

**MINUTES OF THE HEALTH AND WELL BEING BOARD
THURSDAY – 29TH AUGUST 2013 AT 6.00PM**

PRESENT:

Cllr. Simmons	- Leader of the Council (Chair)
Cllr. Akbar	- Portfolio Holder – Children’s Services
Pam Garraway	- Director of Housing and Community Living
Beth Gregson	- Substitute for Project Manager, Healthwatch Luton
Cllr. Hussain	- Portfolio Holder - Adult Social Care (Vice- Chair)
Dr Nina Pearson	- Chair, Luton Clinical Commissioning Group (CCG)
Martin Pratt	- Director of Children’s Services – Children and Learning
Gerry Taylor	- Director of Public Health
Heather Wicks	- Substitute for Dr. Sarah Whiteman

In Attendance:

Cllr. Aslam Khan	- Chair, Health & Social Care Review Group
Carol Hill	- Chief Executive Officer, Luton CCG
Bren McGowan	- Partnership Manager
Eunice Lewis-Okeowo	- Democracy and Scrutiny Officer
Penny Fletcher	- Luton CCG
Jo Fisher	- Head of Prevention and Early Intervention
Michael Scorer	- Corporate Advisor

25.	APOLOGIES FOR ABSENCE (REF: 1)								
	<p>Apologies for absence from the meeting were received on behalf of:</p> <table> <tr> <td>Cllr Ashraf</td><td>- Public Health Portfolio Holder</td></tr> <tr> <td>Cllr. Campbell</td><td>- Opposition Groups Representative</td></tr> <tr> <td>Dr Sarah Whiteman</td><td>- Medical Director, NHS England</td></tr> <tr> <td>Linda Hennigan</td><td>- Community Safety Executive</td></tr> </table>	Cllr Ashraf	- Public Health Portfolio Holder	Cllr. Campbell	- Opposition Groups Representative	Dr Sarah Whiteman	- Medical Director, NHS England	Linda Hennigan	- Community Safety Executive
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26.	MINUTES (REF: 2)								
	<p>Resolved: That the Minutes of the meeting of the Board held on the 17th July 2013, be taken as read, approved as a correct record and the Chair be authorised to sign them.</p>								
27.	NICE – NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (DEVELOPING SESSION FOR ALL MEMBERS) (REF: 7.1)								
	Members’ development session								
28.	NICE – NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (DEVELOPING SESSION FOR ALL MEMBERS) – NICE RESOURCES MAPPED AGAINST LOCAL PRIORITIES - (REF: 7.2)								
	Members’ development session								

29.	NHS ENGLAND - (REF: 8.1)
	<p>Heather Wicks the Assistant Director Medical Directorate NHS England, Herts and South Midlands Area Team, gave a presentation on the role of NHS England in the new NHS system. At the start of the presentation, a brief video specifically designed from the patient's perspective was shown to Members.</p> <p>Heather Wicks gave a quick overview of NHS England and its wider architectural picture, where it sits including its functions and responsibilities. She stated that the grounding principle was absolute patient focus and to ensure a sense of fairness and equality. An important element of the change is the culture in which the NHS works with other organisations and itself. She further stated that this was a time of real opportunity to provide a cultural steer.</p> <p>Members were informed that the new NHS England structure delivers its functions through its 27 local area teams which delivers its services through 3 broad elements of the area teams namely;</p> <ul style="list-style-type: none"> • Developing, enabling supporting CCGs • Co-commissioning with partners • Assurance and oversight. <p>Following questions and comments from Members regarding failing services and what steps NHS England would take to ensure a better service, Heather Wicks responded as follows:</p> <ul style="list-style-type: none"> • Ensure that a workable plan was developed • NHS England would consider removing the relevant service from good performance list where necessary and be thorough to ensure sanctions if standards dropped below expectation • The intension is to work collaboratively and where it was deemed to have more intent discussions and conversations, such will be taken back to ensure co-commissioning and integration. <p>The Chair of the Local Healthwatch advised of planned visits to 37 practices over the next few months to look at service providers and the focus would be from physical access to patients' experience and the outcome of this would be reported back to the HWBB when completed.</p> <p>The Director of Children's Services commented that Children's Services was already jointly commissioning many services. Health Visiting is currently sitting with NHS England but will move into the local authority in 2015. He asked whether there was an intention to work together to ensure current concerns were addressed and the future transfer smooth.</p> <p>The Director of Public Health also commented that NHS England had been very keen and open to co-commissioning to ensure that health visiting services provided were robust.</p> <p>Resolved: (i) That thanks to the Assistant Director, Medical Directorate NHS England, Herts and South Midlands Area Team be recorded;</p> <p>(ii) That progress update and outcome of the visit by Luton's Local Healthwatch to 37 practices be reported at a future meeting of the Board.</p>

30.	HEALTH CHILD PROGRAMME – EARLY INTERVENTION OUTCOMES - (REF: 9.1)
	<p>The Head of Prevention and Early Intervention gave a presentation and highlighted some of the key activities and focus of the Healthy Child Programme both nationally and locally.</p> <p>The key issues are highlighted below:</p> <ul style="list-style-type: none"> • Aim to improve the health and wellbeing of children and young people 0-18 years with part 1 of the programme being 0-5 years and part 2 being 5-18 years. • It identifies key points and what should be provided including screening, assessments and interventions from conception to age 19 years. • Focus on universal prevention programmes for all, progressive model for targeting additional needs and multiagency responsibility of GPs, midwives, Health Visitors, and Children Centres. <p>Also a key corner stone for Luton was adopting a multi-agency approach for the delivery of the Healthy Child Programme, and currently Luton was undertaking a mapping exercise of the 0-5 programme and exploring all options in terms of working jointly with partners. She further stated that the outcome and findings of this mapping exercise would be reported at a future meeting of the Board.</p> <p>The Head of Prevention and Early Intervention stated that the multi-agency approach being adopted sits nicely with the Big Lottery bid which was now through to the final stage of the bid. The Service was currently working through a detailed business plan with a range of partner organisation.</p> <p>One of the key aims of the Big Lottery funding was to improve the life chances of children by investing in their earliest years, and achieve positive outcomes in three main areas of child development as follows: communication and language development, social and emotional development, and nutrition. Also working with wards with a total population of 62,000 people selected based on four key indicators of need: child poverty; low birth weight births; child development at age 5 etc. In the Luton these wards are identified as the five most deprived wards namely; Biscot, Dallow, Farley, South and Northwell.</p> <p>Other key areas included how its workforce would be delivered and how to integrate the school curriculum with prevention.</p> <p>Members of the Board were further advised as follows:</p> <ul style="list-style-type: none"> • Need to identify interventions that work • Concept of social finance • How to demonstrate that we as a Council are making a difference <p>In terms developing early intervention, a paper had already been delivered on how early intervention could be demonstrated to ensure that we are making a difference. There was a need to work continuously to achieve high level of outcome to show key indicators and to set out how the evidence could be collected.</p> <p>The Head of Prevention and Early Intervention stated that this would be reported back through the Children and Young People's Trust Board and Health and Wellbeing Board in future.</p>

	<p>Dr. Nina Pearson stated that the programme was about identifying the most appropriate families and ensuring that everyone out there knows how the system works and are aware of what to do when situations arise.</p> <p>Resolved: (i) That the presentation on the Healthy Child Programme – Early Intervention Outcomes (Ref: 9.1) be noted and that thanks to the Head of Prevention and Early Intervention be recorded.</p> <p>(ii) That an update on the Healthy Child Programme on making a difference be reported at a future meeting of the Board.</p>
31.	DISABLED CHILDREN'S CHARTER – BRIEF PAPER - (REF: 9.2)
	<p>The Head of Prevention and Early Intervention submitted a brief paper on the Disabled Children's Charter and asked the Board to confirm support for the Disabled Children's Charter which the Council had previously signed up to. Luton Borough Council was one of 99 Local Authorities that had previously signed up to it and at present 38 Local Authorities have now already signed up to it.</p> <p>Resolved: (i) That the recommendation for the Health and Wellbeing Board to support the Disabled Children's Charter be agreed and supported by the Board and that the Chair be delegated the authority to sign the Charter.</p> <p>(ii) That an annual report on progress be agreed and received by the Board.</p>
32.	WINTER PRESSURES - (REF: 10.1)
	<p>Carol Hill provided an update on Winter Pressures detailing current uncertainties regarding funding stream and proposed process for agreeing spending of any available monies. She explained that previously commissioning organisations received Winter Pressures Monies from the then Strategic Health Authorities for investment in extra capacity to manage the increased demand over winter. Last year the Shadow CCG was responsible for the apportionment of any funding and it was anticipated that similar funding would be available this year to tackle challenging winter periods in Luton.</p> <p>She highlighted the following implications:</p> <ul style="list-style-type: none"> • In the absence of any funding, Luton will be open to risk during the winter period and partners would have some tough decisions to make in terms of performance as services available to patients could be affected; • No confirmation as of yet whether the traditional winter pressure monies would be available to high performing Trust, of which Luton is one; • The Luton system's continued high performance against the 4 hour standard has, through the winter months, been partially predicated upon the availability of winter pressures monies. <p>The Chair advised that a letter could be sent to the Secretary of State requesting for funding, but asked how things could be managed during the winter period in the absence of funding.</p> <p>Pam Garraway explained that winter pressure will happen as they happen every</p>

	<p>year. She stated that last year the request for a plan came up within a very short period so it was vital to get a plan together and there was need to highlight the implication if there was no funding available to manage the winter period. It was intended to come up with a plan early in September and take it through the organisation to look at any cost implications. The Board was being requested to support and sign up to it, before its detailed plan which would be presented to the Board in September.</p> <p>Resolved: (i) That the report on Winter Pressures and the risk associated with the potential lack of winter pressures monies (Ref:10.1) be noted.</p> <p>(ii) That the Chair be requested to send a letter to the Secretary of State to request winter funding for Luton.</p> <p>(iii) That Pam Garraway be requested to work on a detailed plan of how Winter Pressures will be managed and that the detailed plan be reported to the Board in October 2013.</p>
33.	BETTER TOGETHER - (REF: 10.2)
	<p>Michael Scorer submitted his report (Ref: 10.2) on Better Together; Luton's health and social care integration programme, which sets out steps for better integration of partners comprising of Luton CCG, Luton and Dunstable University Teaching Hospital Foundation Trust, Cambridgeshire Community Services NHS Trust, etc.</p> <p>The Better Together programme proposes to establish the programme with three important principles as set out below;</p> <ul style="list-style-type: none"> • Build on existing work, i.e, recommendations from Scrutiny Task and Finish Group review on Hospital Discharge • Use of existing organisation structure, groups and meetings to govern, manage, inform and validate change proposals. • Better health and care outcome for Luton residents and reducing health inequalities trumps other considerations that are driven by individual organisational interests or establishing ways of doing things. <p>The report also sought the views of the Board in regards to identifying a definition for "Integration" and asked the Board to agree the proposals drawn up by the CCG and the local authority taking into consideration some of the existing work.</p> <p>The Chair of Local Healthwatch stated that Healthwatch would welcome conversation as they were in the process of developing their own action plan but was slightly uneasy about being seen as responsible for public engagement as their role was that of a critical friend.</p> <p>Resolved: (i) That the Better Together programme purpose, governance (including Board Membership) and management arrangements be agreed; (ii) That the Board adopt the NHS England definition of "Integration" as the working definition for Better Together programme as set out in the report; (iii) That the Better Together Draft Terms of Reference be noted by the Board.</p>

34.	ADDRESSING THE RECOMMENDATIONS FROM SCRUTINY HEALTH AND SOCIAL CARE REVIEW GROUP – UPDATE - (REF: 11.1)
	<p>Gerry Taylor, Director of Public Health submitted a brief update (Ref: 11.1) on the progress of the recommendations from Scrutiny Health and Social Care Review Group on the Coroner’s Procedure and Practice.</p> <p>The Health and Wellbeing Board had requested the Director of Public Health to chair a meeting between the Coroner, LBC and partners and this meeting was held on 17th July 2013 to note progress and to agree the remaining actions in response to the review.</p> <p>Councillor A. Khan asked whether a new Coroner had been appointed and in response the Director of Public Health advised that a new Coroner was not yet in post but all recommendations would be passed to the new Coroner when they took up their post</p> <p>Resolved: That the progress update (Ref: 11.1) be noted and that a progress report be provided to the Scrutiny Health and Social Care Review Group in November 2013.</p>
35.	UPDATE ON LUTON CLINICAL COMMISSIONING GROUPS COMMISSIONING INTENTIONS FOR 2014/15 (REF: 12.1)
	<p>Carol Hill presented the report (Ref: 12.1) on the Luton CCG’s commissioning intentions for 2014/15. She stated that at the Board’s meeting held on 17th July 2013, Members asked to received details of the proposed plan by the CCG and today’s meeting was to inform the Board of the details on the themes the CCG was developing. She said that the CCG intentions for the coming year were due to be published by end of September 2013. The timing of the HWBB and the coming intentions was tricky as this was still work in progress.</p> <p>She further advised:</p> <ul style="list-style-type: none"> • CCG has now set out sufficient information for the Board to be aware of areas that they were working on and the direction of travel. • As work continues more details would be brought to the HWBB • The report tonight was to enable the HWBB to make comments that will inform the CCG’s ongoing work • With regards to consultation, engagement will take place as part of the development process for the commissioning intentions with views from patient working group • There is a deliberative event on 9th Sept to test proposal with the wider public <p>Councillor A. Khan enquired whether the event had been well advertised and in response Members were advised that there could be up to 60 attendances and that this deliberative event was to enable conversation between service users and providers.</p> <p>Resolved: (i) That the report (Ref: 12.1) on the update on the development of the CCGs commissioning intentions for 2013/14 be noted by the Board.</p>

	<p>(ii) That the plan of the Luton CCG to develop its detailed commissioning intentions by end of September 2013; and its intention to publish their final plan in March 2014 by supported and agreed by the Board.</p>
36.	<p>WORK PROGRAMME - (REF: 13.1)</p> <p>The Board considered the Work Programme for future meetings as in the table presented in the report pack (Ref: 13.1) submitted by the Partnership Manager. Members were advised to consider including any additional items appropriate to the work of the Health and Wellbeing Board.</p> <p>The Head of Children Services Martin Pratt requested that the Board should delegate the authority of reporting the item on Safeguarding – Adult’s and Children’s to the Children and Young People’s Trust Board who would then report to the Board.</p> <p>The Director of Public Health Gerry Taylor advised that the CQC report on Bedford Hospital had been published today and it demonstrated some serious concerns and that it would be useful to have a report on the implications for Luton to a future meeting of the Board.</p> <p>*8*--Resolved: (i) That the work programme be noted. (ii) That the Children and Young People’s Trust Board be delegated the authority to oversee the work of the Children Safeguarding Children and later report its outcomes back to the Health and Wellbeing Board meeting on 29th October 2013. (iii) That the following items be included on the Board’s work programme:</p> <ul style="list-style-type: none"> • Report of the CQC and Bedford Hospital • Progress Update and Outcome of GP Practices in Luton - Local Healthwatch • Winter Pressures – Detailed Plan (October 2013) – Luton CCG • LCCG Commissioning Intentions for 2014/15 – Final Plan (HWBB) • Progress Update – Healthy Child Programme (making a difference)
37.	<p>URGENT BUSINESS - REF: LOCAL GOVERNMENT ACT 1972 – PART VA (REF: 5)</p> <p>The Chair raised the issue of quorum for the Board. Currently the quorum was set at 7 properly appointed members attending meeting in person to ensure that the properly appointed members would always be in the majority. The main issue was that this restriction causes quoracy difficulties as was with the meeting today. In particular, two Members of the Board disclosed pecuniary interest regarding one item today and without being able to use substitutes to fill the membership, it meant that no quorum was formed. There may also be concerns where one or two apologies are received from Members due to other work commitments or holiday periods.</p> <p>The Chair advised that there was need for this to be reviewed in order to avoid the risk of not been able to make decisions at a meeting where a quorum is not formed. Subsequently, Members present felt that the risk of using substitutes to ensure a quorum was formed during decision making was minimal.</p>

	<p>Members present were in support of reviewing the Board's terms of reference and suggested that a quorum of 4 properly appointed Members and 3 substitutes be considered.</p> <p>Resolved: That the Partnership Manager in liaison with the Chair and Democratic Services be requested to report back to the Board regarding possibility of forming a quorum with 4 Members and 3 substitutes.</p>
37.	LOCAL GOVERNMENT ACT 1972 – PART VA (REF: 14)
	<p>Resolved: That, under Section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting as it was likely that if members of the public were present during the item of business to be considered, there would be disclosure to item of exempt information falling within the Paragraphs of Part 1 of Schedule 12A to the Local Government Act 1972.</p>
38.	UPDATE ON LUTON CCG'S INTENTIONS TO RE-COMMISSION COMMUNITY HEALTH SERVICES AND MENTAL HEALTH SERVICES - (REF: 15.1)
	<p>The item was discussed under Section 100A (4) of the Local Government Act 1972 and members of the public were excluded from the meeting.</p> <p>Resolved: That the item be discussed under Section 100A (4) of the Local Government Act 1972 and that members of the public be excluded from the meeting.</p>
	<p>Notes:</p> <p>(i) Councillor Hussain declared pecuniary interest regarding Ref:15.1 in that he was a Governor of the Luton and Dunstable Hospital and left the room during consideration of the item.</p> <p>(ii) Dr. Nina Pearson declared pecuniary interest regarding item Ref: 15.1 in that she was part of the medical group "Leavale Medical Group" with a business interest in the community health service and mental health services. She left the room during consideration of the item.</p> <p>(iii) It was noted that following the exit of two members of the Board, Dr. Nina Pearson and Councillor Hussain prior to the consideration of the item Ref: 15.1, no quorum was formed, but the Chair and Members present agreed that the item be considered informally.</p> <p>(iv) Item Ref: 7.1 and 7.2 was member's development session that was taken informally.</p> <p>(iv) The meeting ended at 8:30 p.m.</p>