

NOTICE OF MEETING**SCRUTINY HEALTH AND SOCIAL CARE REVIEW
GROUP**

Date : TUESDAY, 25 SEPTEMBER 2018

Time : 18:00

Place : COMMITTEE ROOM 3
TOWN HALL, LUTON, LU1 2BQ

Members : AGBLEY (CHAIR) MOLES
CAMPBELL PEDERSEN
LEWIS PETTS
T. MALIK RAFIQ

Co-Opted Members: Norris Bullock (Healthwatch Luton)
Stephanie Power (Healthwatch Luton)

Quorum: 3 Elected Members

Eunice Lewis (01582 547149)

Purpose: To discharge Luton Council's powers under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to ensure that the planning, provision and operation of health and social care services for Luton residents are in their best interest and to advise/ make recommendations to inform and enhance decision-making on any matters affecting these services.

Public Information: Members of the public are entitled to take photographs, film, audio-record and report on all public meetings in accordance with the Openness of Local Government Bodies Regulations 2014. People may not however act in any way considered to be disruptive and may be asked to leave. Notice will be given verbally at the meeting.

EMERGENCY EVACUATION PROCEDURE**Committee Rooms 1, 2, 4 & Council Chamber:**

Turn left, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St George's Square.

Committee Room 3:

Proceed straight ahead through the double doors, follow the green emergency exit signs to the main Town Hall entrance and proceed to the assembly point at St George's Square.

AGENDA

<i>Agenda Item</i>	<i>Subject</i>	<i>Page No.</i>
1	APOLOGIES FOR ABSENCE	
2	MINUTES	
	2.1 - 1st August 2018	5 - 13
3	DISCLOSURES OF INTEREST <p>Members are reminded that they must disclose both the existence and nature of any disclosable pecuniary interest and any personal interest that they have in any matter to be considered at the meeting unless the interest is a sensitive interest in which event they need not disclose the nature of the interest.</p> <p>A member with a disclosable pecuniary interest must not further participate in any discussion of, vote on, or take any executive steps in relation to the item of business.</p> <p>A member with a personal interest, which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest, must similarly not participate in any discussion of, vote on, or take any executive steps in relation to the item of business.</p> <p>Disclosable pecuniary interests and Personal Interests are defined in the Council's Code of Conduct for Members and Co-opted members.</p>	
4	URGENT BUSINESS <p>The Chair to report on any business which is considered to be urgent and which should be discussed at the meeting in accordance with Section 100B(4)(b) of the Local Government Act 1972 and to determine when, during the meeting, any such business should be discussed.</p>	
5	REFERENCES FROM COMMITTEES AND OTHER BODIES	
6	CHAIR'S UPDATE <p>Chair to report on issues since the last meeting.</p> <p>REPORTS</p>	
7	LUTON COMMUNITY BASED CARE WHOLE-SYSTEM STRATEGY <p>(Report of the Accountable Officer Luton CCG)</p>	14 - 34

8	WORK PROGRAMME REPORT 2018-19 & EXECUTIVE FORWARD PLAN (Report of the Service Director Policy, Communities & Engagement) INFORMATION ITEMS	35 - 53
9	HEALTHWATCH LUTON UPDATE (SEPTEMBER 2018) (Report of Healthwatch Luton)	54 - 58
10	LUTON & DUNSTABLE UNIVERSITY HOSPITAL INPATIENT FALLS MONTHLY REPORTS (TO FOLLOW ITEM) (Report of the Director of Nursing, Luton & Dunstable Hospital)	
11	LOCAL GOVERNMENT ACT 1972, PART VA To consider whether to pass a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting during consideration of any item listed above if it is likely that if members of the public were present during those items there would be disclosure to them of exempt information falling within the Paragraphs of Part 1 of Schedule 12A to the Local Government Act 1972.	

MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP

1st August 2018 at 6.00 p.m.

PRESENT: Councillor Agbley (Chair), Councillors Lewis, T. Malik, Moles and Pedersen.

CO-OPTED MEMBERS: Mr. Norris Bullock - Healthwatch Luton
Ms. Stephanie Power – Healthwatch Luton

IN ATTENDANCE:

**SUPPORT OFFICERS/
ADVISORS:**

Michelle Bradley	Director, Beds & Luton Mental Health and Wellbeing Services, ELFT
Steve Malusky	Mental Health Programme Lead, Luton CCG
Jennie Russell	Deputy Director of Nursing, Luton CCG
Bert Siong	Democracy and Scrutiny Officer, Luton Council
Gerry Taylor	Director of Public Health, Commissioning and Procurement, Luton Council

PUBLIC: Euan Duncan – Johnson Press

ACTION

43.	APOLOGIES FOR ABSENCE (REF: 1)	
	Resolved: Apologies for absence from the meeting were received on behalf of Councillors Campbell, Petts and Rafiq.	
44.	MINUTES (REF: 2.1)	
	Resolved: That the minutes of the meeting held on 6 th June 2018 be taken as read, approved as a correct record and the Chair be authorised to sign them.	
45.	CHAIR'S UPDATE	
	<p>Luton Community Based Care Whole-System Strategy</p> <p>The Chair expressed concerns that the place-based Luton Community Based Care Whole-System Strategy appeared to have been signed off without passing through the Scrutiny HSCRG for review and comments.</p> <p>Jennie Russell from Luton CCG and Gerry Taylor, Director of Public Health informed HSCRG that the strategy was a live document, which had not been signed off. Gerry Taylor added that some prevention elements were yet to be included in the document.</p>	

	<p>The Chair was informed that the matter was subject of discussion at the meeting on 6th June 2018, when he was absent and the document was requested to be circulated to Members.</p> <p>As the matter was on the agenda, the Chair requested that it be dealt with as a substantive item.</p> <p>STP Update</p> <p>The Chair requested that the standing item on the STP be included on every meeting's agenda as a substantive item for an update and discussion, not purely for information only.</p> <p>Windrush Generation Issues</p> <p>HSCRG was informed that enquiries with health and social care partners had revealed that there had not been any known cases in Luton connected to the Windrush Generation.</p> <p>Resolved: That the Chair's updated be noted.</p>	
46.	LUTON MENTAL HEALTH CRISIS REVIEW (REF: 7)	
	<p>Steve Malusky, Luton CCG and Michelle Bradley, East London Foundation Trust (ELFT), presented the report (Ref: 7), providing HSCRG an oversight of progress the Mental Health Crisis Review that was being undertaken in Luton.</p> <p>A number of key points were highlighted, including the following:</p> <ul style="list-style-type: none"> • The project plan was presented to HSCRG in February 2018, setting out the scope and the method to be used to develop an improved mental health crisis service for the people of Luton; • The review set out to obtain stakeholders' views of the current state of crisis services in Luton and what was needed locally and STP wide; • Mental Health Crisis Teams nationally had been surveyed, the results of which would be ready in early September to feed into the evidence base; • The analysis would be shared with stakeholders to find out what was lacking, what people needed and/ or wanted to see in their crisis service in the future; • Gaps in services were identified, which the community would be asked how to fill them; • GPs would like to see a 24/7 crisis service, which could take referrals direct from family members or carers, but not directly from service users; • GPs did not know about Street Triage, probably because it operated out of hours. GPs would be briefed; • There was currently no perinatal mental health provision in place, which would be addressed, having secured £1.1m funding for the STP. The service, which would benefit 180 women at high risks, would be shared across Luton and Bedfordshire. It was planned to be implemented by October 2018, with staff recruitment started; 	

	<ul style="list-style-type: none"> • The Approved Mental Health Professional (AMHPS) service was provided by ELFT 9am – 5pm and by Central Beds Council out of hours. Following an independent review of the service, a new leadership team was put in place to implement the recommendations of the review and make progress; • The Mental Health Street Triage pilot had secured funding for another year. It had been successful in preventing some people in crisis going to A&E or taken to a police cell and was expected to become business as usual from next year; • Psychiatric Liaison Service had been expanded to operate 24/7 in A&E and on hospital wards, providing a response within one hour of referral. All referrals were being examined to identify what triggered the crisis and what could be done to avoid them. Many were caused by social problems, including relationship breakdown, debts and eviction notices, requiring a system wide look to enable early interventions to prevent the problems. An event on these issues was planned for September 2018 to add to the evidence base. <p>The Officers stated there was a lot more work to be done to the end of 2018, to co-produce a crisis service offer that all stakeholders could sign up to and take forward.</p> <p>Following questions, comments and discussions, further information was noted, including the following key points:</p> <ul style="list-style-type: none"> • In relation to hard to reach groups, including black and ethnic minority groups, 'Our minds matter' was a small family group working to reach out to community groups, arranging workshops in religious institutions and other locations to help the community recognise what mental health looked like and how families could help themselves keep well. There was a trend of more women accessing the services; • Support needed for those who abused alcohol and drugs, who did not wish to access services, but needed help to move on; • The Recovery College was helping to break down the mental health stigma. Presentations given to faith groups leaders to help them understand how to sign post people to services. No-one was turned away; • The increase in Mental Health Street Triage cases in April could not be explained, but it was thought that a change from dealing with cases on the telephone to actually going to deal with them face to face could be a reason; • About a third of cases dealt with by the Street Triage team was drugs/ alcohol related; • A large increase to admission units seen, where psycho active substances and alcohol were high factors. This was a significant issue, due to availability and low price of the tablets. These people needed time to recover, not A&E admission; • The Mental Health Street Triage team worked across Luton and Bedfordshire; 	
--	---	--

	<ul style="list-style-type: none"> • There was a need to work closer with the local authority in relation to the social causes of mental health, e.g. housing, loss of jobs relationship breakdown; • The only data available on self-harming by children would be that kept by the hospital on admissions and by social services for those who accessed services; • It was suggested that, as social media had a major impact on the number of self-harming cases, it was important for children to get the right support as a prevention measure; • Mental Health Street Triage was providing a gate-keeping service for potential Section 136 patients, preventing about half of those seen from going into hospital. Without it they would be admitted at a cost of £450 per bed day; • Street Triage was thought to be a first class service, which took years to be rolled out. GPs were being visited to remind them of the service, triggered through 999, not referral from GPs; • Street Triage was a partnership initiative, with the team comprising Police Officers, Mental Health Nurses and Paramedics. So, waiting for an ambulance was not an issue; • There was not enough Approved Mental Health Professionals for 24 hour cover, due to increased demand. An AMHP awareness day was held mid county in July 2018, which prompted a good response, but it was a long process to recruit and train AMHPs; • A new manager had been appointed for the AMHP and Crisis Team to take forward the improvement plan; • Response time for the AMHPS was within 4 hours during day time; • Section 12 doctors were available on an on-call basis, while doing their own work, which made it difficult to get one when needed. Discussion taking place across the Beds, Luton and Milton Keynes (BLMK) Sustainable Transformation Partnership (STP) area, with a view to provide access to 30 Section12 doctors; • New GP training no longer included a mental health element, which ELFT was providing to fill the gap; • There was move by Luton CCG to mobilise all GPs in Luton to become Section 12 doctors, as it was mainly their patients who required access to services and bringing doctors from outside the area was not the best way to achieve the gold standard required; • Having Police Officers in the Street Triage Team was essential, as they were the only ones with the Section 136 detention power; • Street Triage only attended to calls of people in crisis; • There was no known data about people with mental health having difficulties accessing GPs, but primary care was geared to have access to hospital consultants to provide support. Many people tended to call an ambulance or Police; • Although more information was needed, it seemed people with mental health issues attended A&E for support. Services were working together, 	
--	---	--

	<p>e.g. having mental health nurses in A&E, to divert mental health patients to other teams, e.g. the Crisis Team;</p> <ul style="list-style-type: none"> Issues with GPs and primary care were also being looked to see how to relieve the pressure on A&E. <p>The Chair moved that the report be noted and that the issues raised through comments and discussions be considered by Officers, as they continued with the Crisis Services Review. He requested for a further update be submitted to the committee at its meeting on 15th January 2019, which was agreed.</p> <p>Resolved: (i) That the joint report of the Luton CCG and East London Foundation Trust on the Luton Mental Health Crisis Review be noted;</p> <p>(ii) That the issues raised through comments and discussions on the report by the committee be taken into consideration by Officers as the review continued on its next phase;</p> <p>(iii) That the relevant Officers from Luton CCG and East London Foundation Trust be requested to submit a further progress report to HSCRG at its meeting on 15th January 2019;</p> <p>(iv) That the thanks of the committee to Steve Malusky and Michelle Bradley for attending the meeting, presenting a comprehensive report on the Luton Mental Health Crisis Review and answering Members' questions be recorded.</p>	
47.	WORK PROGRAMME REPORT AND DATES OF FUTURE MEETINGS (REF: 8)	
	<p>Members of the HSCRG considered the draft work programme and instructed the Democracy and Scrutiny Officer to update it to include the items set out in the below resolutions and any other items in consultation with the Chair, for future HSCRG meetings:</p> <p>Resolved: That the draft work programme be noted and the Democracy and Scrutiny Officer be instructed to update it to include the following items for future HSCRG meetings:</p> <ul style="list-style-type: none"> Luton Mental Health Crisis Review: Progress Report; Meeting date -15th January 2019 (Lorraine Rossati, Luton CCG and Michelle Bradley (ELFT)); Luton Community Based Care Whole-System Strategy – Verbal Update; Meeting date - 25th September 2018 (Nicky Poulain, Luton CCG/ Gerry Taylor, Luton Council); Luton Community Based Care Whole-System Strategy – Full written Report. Meeting date to be determined (Nicky Poulain, Luton CCG/ Gerry Taylor, Luton Council). 	

48.	Luton Community Based Care Whole-System Strategy (REF: 9)	
	<p>The Luton Community Based Care Whole-System Strategy report was considered in full, as Jennie Russell, the Deputy Director of Nursing, Luton CCG in attendance to present it and answer questions.</p> <p>The Director of Public Health, of Luton Council was also in attendance, representing Luton Council.</p> <p>She highlighted keys points, including the following:</p> <ul style="list-style-type: none"> • The Luton Community Based Care Whole-System Strategy document was in draft and not signed off. It was not static, as piloting and testing pathways still underway to see which provided high level of care, which could then be embedded in the strategy; • All agencies could still comment on it to help the CCG ensure the needs of patients were met, while shifting services from hospital to the community, closer to patients' homes, where they would prefer them to be; • The strategy sought to empower all teams in the community to support patients, e.g. nurses or social workers taking forward requests for what was needed without having to refer up and provide a high level of interventions and care within the home, if could be managed at home, to avoid patients going into hospital; • There was a need to develop and educate the population on how to keep healthy and self-manage, so as for people now not to be in need to interventions 30-40 years later; • Some elements of the voluntary sector was very supportive and leading by example; • Isolation, loneliness and chronic diseases were ageing diseases, which needed to be taken into account and addressed; • Capacity and culture were important issues to provide 'hospital care' at home, with rapid responses from nurses and social care; • Prevention objectives needed to be added to the strategy; • GPs visiting patients should be able to phone one number to refer patients to social care or nurses; • There was a need to 'flex' and share resources to provide services, up-skilling staff as required; • Secondary care would support primary care, with GPs being able to speak to hospital consultants for advice in some specialist cases, to avoid having to refer all patients to hospital to see specialists; • Quality Team in the CCG would assess work in hospital, to ensure services were complementary and to stop duplication; • There was a need to remove barriers across health and social care, so that patients would know who was treated them. <p>The Deputy Director of Nursing re-iterated that the strategy document was a working one, which would change, as it passed through the Transformation Board. She assured Members that the views of the committee were important. Changes were expected in the next few years and further to ensure good integration.</p> <p>Following questions, comments and discussions, further points were</p>	

noted, including the following:

- In relation to closer working, it was confirmed that relationships between Luton CCG and Luton Council were good and work would still be proceeding, despite any alleged issues at BLMK STP level;
- The STP was looking at the combined area across BLMK, but the integration of health and social care in Luton, including the prevention elements, was a matter of Luton Council and Luton CCG working together to deliver for Luton;
- The BLMK STP, comprising the 16 NHS commissioners and providers and local authorities across the STP area was chaired by Richard Carr, CEO of Central Beds Council. The STP had no executive powers, but could make recommendations to the Luton CCGs or Luton Council, to take through their decision-making process. Commissioning would not be affected, with each organisation taking decisions in relation to the patients in Luton;
- The strategy document was a Luton one, not STP;
- In terms of funding, there were already some areas where budgets were pooled, e.g. Section 75, and working to pool and align additional budgets in the next few years. Budgets for sexual health were not allowed to be pooled;
- Members were re-assured that there was a weekly collective review of 'failed discharges', which the hospital was accountable for, to learn lessons and ensure prevention and seamless transition of transfer. Seamless transfer still did not always succeed, but lessons were learnt;
- Review and learning of lessons from what went wrong and re-admission rates undertaken;
- It seemed that the hospital sometime waited too long to plan for discharge, which should start be right from admission;
- Prevention work from the Wellbeing Service, e.g. re weight loss and stop smoking, IAPT and social prescriptions, were not yet in the strategy, which would help keep people disease free. These would be included in the next iteration of the strategy document;
- Social prescriptions included issues around self-care e.g. to address social isolation as well as for long-term conditions, and needed to be sustainable for the individual referred;
- There was a need to use services already commissioned with be-spoke ones being the exception, to get the most for the most people within the budget;
- As the budget was limited, Social prescription was more about encouraging people to change their life styles;
- There were provisions in place for people with limited budget, e.g. walking groups;
- People should be informed of what was available.

The Chair moved that the report be noted and that Luton CCG be requested to provide a verbal update at the next HSCRG meeting on 25th September 2018, which was agreed.

He also requested a more detailed written update be submitted for review and comments to a future HSCRG meeting, on a date to be arranged with Democratic Service, after the strategy had undergone more significant development, which was also agreed.

	<p>Resolved: (i) That the Luton CCG's report on the Luton Community Based Care Whole-System Strategy and the fact that it is still under development, be noted;</p> <p>(ii) That the comments of the committee be taken into consideration as the strategy continued to be developed;</p> <p>(iii) That the Accountable Officer, Luton CCG be requested to arrange for HSCRG to be provided with a verbal update on any development with the Luton Community Based Care Whole-System Strategy at its meeting on 25th September 2019;</p> <p>(iv) That the Accountable Officer, Luton CCG be requested to arrange for the committee to be provided with a comprehensive written progress report on the Luton Community Based Care Whole-System Strategy for consideration and comments to a future meeting of HSCRG (date to be confirmed in liaison with Democratic Services);</p> <p>(v) That the thanks of the committee to Jennie Russell, Luton CCG for attending the meeting, presenting the Luton Community Based Care Whole-System Strategy report and answering Members' questions be recorded.</p>	
	INFORMATION ITEM ONLY	
49.	PROPOSAL TO MERGE BEDFORD HOSPITAL AND L&D UNIVERSITY HOSPITAL - STAKEHOLDER UPDATE (REF: 10)	
	<p>Resolved: That the stakeholder update on the proposal to merge Bedford Hospital and L&D University Hospital be received.</p>	
50.	L&D HOSPITAL PATIENT FALLS REPORT (REF: 11)	
	<p>The in-patients' falls report from the Luton and Dunstable Hospital was received. Comments were made about the decrease in the number of falls in May compared with April, but there were concerns about the number of falls during toileting.</p> <p>Jennie Russell informed the committee about an ongoing wide ranging review of in-patients falls at the hospital going back to 2014 commissioned by the Safeguarding Adults Board. She agreed to arrange for a report on the findings of the review to be provided to HSCRG on 15th January 2019 for scrutiny and comments.</p> <p>Resolved: (i) That the standing item on L&D Hospital's monthly report on in-patients' falls be received and noted;</p> <p>(ii) That Jennie Russell, Luton CCG be requested to arrange for a report on the findings of the review of in-patients falls at the L&D hospital</p>	

	commissioned by the Luton Safeguarding Adults Board, to be provided to HSCRG on 15th January 2019 for scrutiny and comments.	
51.	UPDATE ON CHANGES TO PRESCRIBING OF OVER THE COUNTER MEDICINES AND GLUTEN FREE FOODS (REF: 12)	
	<p>Resolved: (i) That the update on changes to prescribing of over the counter medicines and gluten free foods be received and noted;</p> <p>(ii) That Tess Dawoud, Luton CCG be requested to provide by e-mail, a list of medicines and products now excluded from NHS prescriptions in Luton for Members' information.</p>	DSO
52.	HEALTHWATCH LUTON ANNUAL REPORT 2017-18 (REF: 13)	
	<p>Resolved: That the Healthwatch Luton Annual Report 2017-18 be received.</p>	
	<p>Note: (i) Cllr Pedersen declared non-pecuniary interests, in her role as a volunteer driver for Keech Hospice;</p> <p>(ii) The meeting ended at 8.15 p.m.)</p>	

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM 7
<p>DATE OF MEETING: Tuesday 25th September 2018</p> <p>REPORT OF: Nicky Poulain Accountable Officer Luton CCG</p> <p>REPORT AUTHOR & CONTACT TEL NO.: Fiona McMillan Shields TEL: 07802 655999</p> <p>SUBJECT: Luton Community Based Care Whole-System Strategy</p>	

PURPOSE

1. The purpose of this report is to give an overview of the Luton Community Based Care Whole System Strategy. The strategy has been developed through the membership of the Luton “transformation board”. The Luton Primary, Community and Social Care Transformation Board (LPCSCTB) is the forum where partners and stakeholders from across the Luton health and social care system undertake collaborative planning, regular reviews and assessment of the impact of Primary, Community and Social Care Services. These transformation boards have also been set up across the BLMK STP, (including a Pan -Bedfordshire board and a Milton Keynes board).

RECOMMENDATION

2. **For the group to review and provide feedback on the Luton Community Based Care Whole-System Strategy.**

REPORT

3. The purpose of the Luton community based care whole system strategy is to set out the vision of how the Transformation Board partners (a wide range of commissioning and provider stakeholders working across the Luton system) envisage the health and social care system of Luton operating in the future.
4. This strategy does not look to detail the shape of the way services will be delivered in terms of models of care, as there are currently a number of initiatives already underway across the system that, when added together, will make a significant difference to the way services are delivered to

patients and the public. These initiatives, such as 'Primary Care Home Collaborative' and the 'Frailty and Complex Care' programmes, need time to develop and embed. This transformation strategy is designed to describe how the system will wrap these initiatives within a broader programme of change designed to better support the population to self-care, access the most appropriate service and reduce duplication.

5. One of the main focuses of the Luton transformation strategy is the need to radically alter the shape of the way the health and social care system operates in the future. This means that when we are describing a shift in settings of care from an acute to a community or primary care setting, it is not to simply relocate the existing services and operate in the same way as before in a new location, but rather to think about working in a completely different way.
6. The main themes addressed by the strategy include;
 - Developing a clear picture of what's available at place
 - Accountability and understanding risk
 - Making the alternatives more attractive
 - Enabling better transfers of care back to primary care
 - Developing community networks
 - Carer support
 - Social prescribing in acute settings
 - Self-management and empowering people
7. Luton Stakeholders, including members of the HSCRG, are invited to help shape both the strategy and the Luton implementation plan – which will bring the strategy to life. The development and execution of the systems' delivery plan will require a series of coordinated activities and includes the following components;
 - i. System feedback and approval of strategy
 - ii. Whole-system delivery plan developed
 - iii. Priority actions agreed
 - iv. Task and finish groups established
 - v. Rapid improvement team established
 - vi. Communications plan developed
 - vii. System competencies programme launched

PROPOSAL/OPTION

8. This group is requested to review the Luton transformation strategy and the delivery plan with the intention to provide feedback in order to support the further development of the Luton plan, focussing ultimately on supporting and sustaining people in the community, with less reliance on hospital-based models of care.

APPENDIX

Appendix A – Luton System Delivery Plan - Updated 10/09/18

Appendix B – Luton Community Based Care Whole-System Strategy

LIST OF BACKGROUND PAPERS (if any)

None



Area of focus	Delivery Board Owner	Projects	Milestones	Expected Completion Date	Project RAG Status	Summary Update
Respiratory Transformation	PCSC	Multidisciplinary community-based integrated service delivery / pathways	Develop business case for Integrated Consultant-led Community Service	25/05/2018	GREEN	
			Develop implementation plan	15/06/2018		
			Develop communication strategy (all stakeholders)	15/06/2018		
			Mobilisation commences	29/06/2018		
			Development of practice training and development materials	29/06/2018		
			Develop roll out plan for all practices	29/06/2018		
			Review and evaluation of impact	29/09/2018 28/12/2018 29/03/2019		
		Improving levels of self-care	Increase awareness and take up of structured education for patients (pulmonary rehab) through targeted engagement with practices and clusters	29/06/2018	GREEN	
			Review take up of flu and pneumonia vaccinations	29/06/2018		
			Increase take up levels through targeted engagement with practices and clusters	31/12/2018		Ongoing
			Proactive identification programme for at-risk groups	29/06/2018		Ongoing
			Alignment with Total Wellbeing offer - weight management, physical activity and IAPT	29/06/2018		
Dermatology Transformation	PCSC	Multidisciplinary community-based integrated service delivery / pathways	Development of tele-dermatology model	25/05/2018	GREEN	L&D Model
			Agree specification with providers	29/06/2018		
			Implementation of model	27/07/2018		
Gastroenterology Transformation	PCSC	Multidisciplinary community-based integrated service delivery / pathways	Development of pathways for anaemia, dyspepsia and IBS	01/10/2018	GREEN	
			Development of education programme to support launch of pathways for primary care	01/11/2018		
			Implementation of pathways	01/11/2018		
Diabetes Transformation	PCSC	Multidisciplinary community-based integrated service delivery / pathways	Develop business case for Integrated Consultant-led Community Service	29/06/2018	GREEN	
			Develop implementation plan	20/07/2018		
			Develop communication strategy (all stakeholders)	20/07/2018		
			Mobilisation commences	31/08/2018		
			Development of practice training and development materials	29/06/2018		
			Develop roll out plan for all practices	29/06/2018		
			Review and evaluation of impact	28/12/2018 29/03/2019		
Primary Care Home collaboration	PCSC	Cluster development - accelerated clusters	Complete Primary Care Home assessment tool	27/04/2018	GREEN	
			Develop map of related community-based support services within accelerated cluster areas	29/06/2018		
			Identify and agree priority segment	27/04/2018		
			Design working assumption delivery model	25/05/2018		
			Develop detailed implementation plan	29/06/2018		
			Undertake workforce assessment - current and required	29/06/2018		
			Identify wider workforce to improve support to segment	01/10/2018		Workforce Primary Care Lead starting Sept 2018.
			Formalise cluster working arrangements	01/10/2018		
		Cluster development - second wave	Complete Primary Care Home assessment tool	29/06/2018	GREEN	
			Identify learning from accelerated clusters	28/09/2018		
			Identify and agree priority segment	28/09/2018		
			Design working assumption delivery model	26/10/2018		
			Develop detailed implementation plan	26/10/2018		
			Undertake workforce assessment - current and required	30/11/2018		
			Identify wider workforce to improve support to segment	30/11/2018		
			Formalise cluster working arrangements	30/11/2018		
		Infrastructure development	Clinical system interoperability	28/09/2018	GREEN	
			Establish requirements for linked data-sets, reporting and information governance	28/09/2018		
			Fully implemented linked data sets, reporting etc.	29/03/2019		
			Evaluation and review of incentive schemes linked to Primary Care Home development	27/04/2018		
			Establish governance arrangements through the Luton Provider Alliance	27/04/2018		
			Develop communications and engagement strategy and plan	28/09/2018		
			Develop workforce communications strategy and plan	29/06/2018		
			Map all community-based support services linked to Primary Care Home delivery models (incl. vol sector)	28/12/2018		
			Map of current primary care and community estates / premises and future need	28/12/2018		
		Frailty framework - Frailty identified and managed as a long term condition	Finalise frailty framework	27/04/2018	GREEN	
			Agree primary care funding routes for early identification, assessment and proactive care planning in line with Primary Care Home development	25/05/2018		
			Development of implementation plan	30/06/2018		Over-arching frailty framework implementation plan agreed which encompasses enhanced health in care homes schemes.
			Mobilisation commences	01/07/2018		
			Early impact review	31/01/2019		
		Enhanced health in care homes	Refreshed assessment against NHSE framework	25/05/2018	COMPLETE	
			Refresh local work programme in line with frailty and other programmes	29/06/2018		Over-arching frailty framework implementation plan agreed which encompasses enhanced health in care homes schemes.



Area of focus	Delivery Board Owner	Projects	Milestones	Expected Completion Date	Project RAG Status	Summary Update
Frailty and complex care programme	PCSC	Falls prevention and coordination	Development and roll out of falls prevention awareness campaign	29/06/2018	GREEN	Postcards and posters developed and issued as part of raising awareness of selfcare. Roadshows scheduled for September to engage public.
			Review of pathways and access points	29/06/2018		
			Simplified integrated pathways developed	28/09/2018		
			Roll out of revised SystmOne templates	28/09/2018		
		Intermediate care and rehabilitation	Review of community and bed-based rehab provision and pathways	27/04/2018	GREEN	
			Develop revised specification for step-up and step-down provision - bed-based and community	29/06/2018		
			Implementation plan development	27/07/2018		
			Mobilisation commences	01/08/2018		
		Transforming Community Cancer Care	Develop model for enhanced community cancer care	27/04/2018	AMBER	
			Development of revised cancer and palliative care specification	25/05/2018		Awaiting guidance from EoE Cancer Alliance
			Implementation plan development	30/06/2018		
			Mobilisation commences	01/10/2018		
		Implementation of FIT testing in primary care	Pathway developed and agreed with primary care and secondary care	29/06/2018	GREEN	
			Development of commissioning model	29/06/2018		
			Development of comms plan including education and training	29/08/2018		
			Implementation plan development	29/06/2018		
		Coordinated end of life care	Mobilisation commences	01/10/2018	GREEN	
			Assessment against national framework	13/04/2018		
			Development of workplan against identified priorities	13/06/2018		
			Review discharge planning at end of life	28/09/2018		
			Development of training and education for specific environments to help people talk about end of life care	28/09/2018		
			Development of local awareness campaign to engage communities in talking about end of life care	28/09/2018		
Personalised care closer to home	PCSC	Patient activation measure	Agree MOU with NHSE across BLMK for personalisation programme including targets for PAM	27/04/2018	COMPLETE	Funding from NHSE (£300k) for project support
			Develop improvement plan with CCS to increase uptake of PAM	27/04/2018		Quarterly meetings with CCS.
			PAM mobilised as part of Total Wellbeing Service	31/05/2018		Technical issues ongoing with online version.
		Person-centred care plans for top 20% most complex patients	Scope current care planning across the Luton health and social care system	31/05/2018	COMPLETE	Ongoing and expanding.
			Gap analysis to identify where person-centred care planning needs to be put in place or improved	29/06/2018		Part of MOU
			Develop detailed action plan to address areas of development	27/07/2018		
		Personal Health Budgets across an increased number of service areas	Audit current level of offer through CHC of PHB's - all ages	29/06/2018	GREEN	
			Develop improvement plan including staff training	27/07/2018		
			Implement improvement plan	31/03/2019		
			Develop strategy for the broader use of PHBs	29/06/2018		Completed with NHSE - Sustainability and Expansion Plan.
		Continuing Healthcare (all ages)	Develop stakeholder map for all age continuing healthcare	28/09/2018	GREEN	In progress
			Develop strategy for all age continuing healthcare involving all stakeholders to bring CHC in to Primary Care Home Model	28/12/2018		Away Day in October to develop further.
		Learning disabilities community support	Scope existing support available	29/06/2018	GREEN	
			Audit use of personal budgets to see where funding is currently being used and impact	29/06/2018		
			Identify top 10 service users by consumption of health and social care by cost	29/06/2018		
			Develop plan to address top 10 service users and agree trajectory for repatriation of OOA patients	28/09/2018		
		Acquired brain injury / traumatic brain injury community support	Develop process for regular reviews	28/09/2018	GREEN	
			Review current service offer in conjunction with planned care / Virgin Care service	29/06/2018		Transition arrangement in place.
			Undertake needs assessment	28/09/2018		
			Gap analysis need against service offer	28/09/2018		
			Develop improvement plan	28/12/2018		
Mental health	PCSC	Consultant-led team in Primary Care	Develop business case with ELFT in line with Primary Care Home development	30/09/2018	GREEN	
			Develop service model including secondary care discharge support	27/10/2018		
			Develop implementation plan	28/12/2018		
		Crisis support	Mobilisation	01/04/2019	GREEN	
			Scope all points of access to services by people (all ages) in mental health crisis including voluntary sector	27/07/2018		
			Develop multi-organisational support for people in mental health crisis based on person-centred approach	28/09/2018		Co-production meetings arranged to develop model.
			Develop implementation plan	27/10/2018		In progress
			Mobilisation	01/04/2019		
		Children's mental health (CAMHS) - Implement the mental health and emotional wellbeing strategy and framework for ACE Work; increasing the access for CYP into universal and specialist services to promote their resilience, health and wellbeing	Further develop the CYP MH and emotional wellbeing strategy	Commences 01/04/2018	GREEN	
			Develop the service offer at all levels of need that works with children, their families and schools, and work together around the child and family to get the best outcomes.	Commences 01/04/2018		
			The CAMHS Specification will be updated to reflect need with clear performance including meeting access targets for CYP.	01/04/2019		
			Complete review of eating disorder service and transition arrangements to adult services	01/04/2019		
		Older adults mental health support	Develop business case with ELFT for expanding support to older adults in the community using parity of esteem funding	27/04/2018	GREEN	
			Develop implementation plan with ELFT	27/04/2018		
			Mobilise enhanced service	01/10/2018		

Area of focus	Delivery Board Owner	Projects	Milestones	Expected Completion Date	Project RAG Status	Summary Update	
			Review and update Luton Dementia Strategy and Action Plan	28/09/2018		In progress	
		Eating disorder support	Review current service with ELFT and BCCG	28/09/2018	GREEN		
			Develop revised specification (if needed)	28/09/2018			
			Implement changes	27/10/2018			
		Total wellbeing service (including IAPT)	Ensure service developments for LTC consider integration with Total Wellbeing Luton	Ongoing	GREEN	In progress in conjunction with planned care	
Enabling a shift to Out Of Hospital care	PCSC	CCS capacity and capability	Determine how we move to outcome based commissioning for community services	28/09/2018	GREEN		
			Development of a single specification for adult community services	28/09/2018	GREEN		
			Development of a single point of access for community services	28/09/2018	GREEN		
Integrated Urgent Primary Care Transformation and Extended Access	PCSC	Integrated Urgent Care	Manage and maintain activity and performance	Ongoing	GREEN		
			Undertake Gap Analysis 24/7 Clinical Advisory Service delivery.	30/03/2019		24/7 CAS go live with effect from 18th December	
			Development of IUC and ambulance CQUIN to support integration between the Integrated Urgent Care Service and the Ambulance Trust	01/10/2018			
			Implementation of CQUIN	01/10/2018			
			Tracking against CQUIN delivery	31/03/2019			
			Review of 2017/18 Winter (including schemes and effectiveness)	25/05/2018			
			Development of 2018/19 Winter Plan	31/08/2018			
		* 6 Care Homes	Roll out *6 Care Homes Support	30/03/2019	COMPLETE		
		NHS 111 Online	Agree model for NHS 111 Online	31/12/2018	GREEN		
			Commence Roll out of NHS 111 online	30/01/2019			
		Directly bookable appointments in Primary Care	Configure practices to accept directly booked appointments in hours	29/06/2018	GREEN		
			Configure IUC and DOS to enable in hours appointments	29/06/2018			
			Identify gaps and agree next steps for full coverage	31/10/2018			
		Urgent GP Clinic	Develop revised delivery model	01/10/2018	GREEN		
			Determine whether procurement is needed	02/10/2018			
			Develop implementation plan	03/10/2018			
			Commence implementation	01/01/2019			
		GP Extended Access	Prior information notice issued for extended access capacity	27/04/2018	GREEN		
			Contract award	27/07/2018			
			Mobilisation complete	01/09/2018			
Urgent Treatment Centre	Revise specification in line with the national requirement including development of front door triaging	01/10/2018	GREEN				
	Sign off new specification and contractual route	01/10/2018					
Emergency care pathways	A&E DB	Alternatives to A&E	Development of communications plan based around "Is A&E for me"	31/12/2018	GREEN	Ongoing comms plan in place including promoting 111	
			Agree a strategic approach to the development and use of DoS by partner organisations e.g. EEAST	15/09/2018		Full review of the DOS in place and due for completion by end of August.	
		Emergency pathways	Review current model of delivery of Ambulatory Care and effectiveness	25/05/2018	GREEN	In partnership with GP Liaison Team and ACC to agree criteria	
			Develop revised delivery model	30/09/2018			
			Develop implementation plan	31/10/2018			
			Commence implementation	31/10/2018			
			Review ED front door to include NHS Pathways and implement	01/10/2018		Reception Point modelling to establish pilot by 1st October	

Luton Community Based Care Whole-System Strategy

V1.2

4.9.18

APPENDIX B

1. Executive Summary

This strategy has been developed by the Luton Transformation Board and its key partners to outline how it envisions the Luton Health and Social Care system operating in the future. It outlines the way of working and cultures that need to change, challenges how we might shift expectations of the public and address perceptions of risk – of the public, for staff and of organisations – to enable the change that is needed to improve health, improve care and deliver a sustainable system. The Transformation Board has considered how communication is key to these developments, and how we will need to radically change the way that we communicate, share information and remove the barriers that this currently poses to staff working effectively across organisations.

The strategy does not commit the Luton system to a future model, or replace or redirect any of the initiatives already underway. The Transformation Board considers it important that these initiatives, e.g. Primary Care Home, Complex Care and A New Way of Commissioning for Community Based Care and Support, are allowed to develop and embed before we try to articulate what other models would complement them. It does not replace or redirect any work already underway, but does inform how they might be developed and delivered to enable this vision of a different way of working.

The Transformation Board will continue to evolve and develop this strategy as models are developed and outcomes are designed and delivered.

2. Introduction and purpose

2.1 Purpose of the Luton Out of Hospital Whole System Strategy

The purpose of this strategy is to set out the vision of how the Transformation Board partners (the system) envisage the health and social care system of Luton operating in the future. It builds on the work already underway to set out how the system plans to address the challenges it faces whilst delivering the priorities set out in the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan.

This strategy does not look to detail the shape of the way services will be delivered in terms of models of care. There are a number of initiatives already underway across the system that, when added together, will make a significant difference to the way services are delivered to patients and the public. These initiatives need time to develop and embed, and so this strategy is designed to describe how the system will wrap these initiatives within a broader programme of change designed to better support the population to self-care, access the most appropriate service and reduce duplication.

It does not capture constitutional or five year forward view deliverables, as these are already captured within operating plans, work stream strategies and delivery plans. However, this strategy is related in that it should inform the way that these are approached and implemented.

2.3 Scope of the strategy

The scope of this strategy has not been restricted as it needs to consider all cohorts of the population including children, adults and older people, and cover both physical and mental health. It is focussed on how we will, as a system, transform how services are delivered moving many of the services currently delivered in a hospital setting to an appropriate setting in the community.

APPENDIX B

2.4 Shifting the settings of care

One of the main focuses of this strategy is the need to radically alter the shape of the way the health and social care system operates in the future. This means that when we are describing a shift in settings of care from an acute to a community or primary care setting, it is not to simply relocate the existing services and operate in the same way as before in a new location. We need to ensure that we do not automatically replace a 1:1 relationship delivered in an acute setting with a 1:1 relationship in a community setting, instead focusing on the right care in the right place. Instead it will consider how organisations work differently in the future to deliver more joined up services, where organisational boundaries do not interfere, and the system is incentivised to work as one to meet the specific needs of individuals whilst delivering value for money and minimising duplication.

2.5 Development of the strategy

The Luton Transformation Board has led the development of this strategy for the Luton system. A workshop was held in June 2018 with Transformation Board members to explore what needed to be captured, and this was further refined with partners and tested with the Luton Provider Alliance.

This strategy is reflective of the STP direction of travel and the Joint Operating Plan developed in March 2018.

3. Understanding the population

3.1 Population and patient level need

Understanding the needs of the population is key to developing appropriate services. The Joint Strategic Needs Assessment (JSNA) is currently in the process of being refreshed, led by Luton Borough Council. A sub-set of the JSNA information will be made available to the teams that are reviewing service models which contains relevant information. In addition, there may be a requirement to understand the specific needs of cohorts of people that are affected by the changes to services. Service change teams will be expected to collect this information, and ensure that Quality Impact Assessments and Equality Impact Assessments are carried out to establish benefits and dis-benefits.

3.2 Prevention

Prevention, both primary and secondary, needs to be at the centre of our future planning for services. Primary prevention – keeping people disease free – is essential to reducing the burden on health and social care and is led by Luton Borough Council. Secondary prevention – reducing the risk of worsening of known conditions – is a key focus for the way services of the future need to operate, as we need to keep people as well as possible to reduce the need for increasing levels of clinical intervention. This means that as we develop new services, their ability to look at the holistic needs of the person is essential, as is their ability to flex their offer to respond to those changing needs quickly to prevent worsening.

APPENDIX B

4. What we need to do

4.1 Developing a clear picture of what's available at place

There are a whole host of services already in place, although the awareness of what is available needs to be improved for both the public and professionals. Clear, straight forward information on when and how to access services is needed, particularly as services change or more options are made available.

We need to develop mechanisms to hold and maintain this information, ensuring that it is appropriate for the audience and easy to access / navigate. It is particularly important to keep this up to date as services change and different options are available. This needs to include how we explain the relationship between the previous way of working and the new so that people can understand what has changed and the difference made to how it might be accessed and used.

Where possible, this should inform patient direction and flow e.g. by making more services directly available to people through NHS 111 etc. without the person having to go to their GP for a referral where it is appropriate to do so.

4.2 Accountability and understanding risk

Discussions around how we would like the system to work differently in the future often came back to accountability and how we will be asking people to consider and handle risk differently. In order to enable the system to move away from an episodic response to health and social care to a more holistic, longer term approach, we need address the way risk is perceived on a number of levels.

Public	Staff	Organisations
<ul style="list-style-type: none">•Risk variation in cohorts of patients e.g. children•Changing the perception of urgency•Supporting people that are afraid	<ul style="list-style-type: none">•Doing more than "the spec"•Enabling people to do what makes sense for the patient, within their clinical competencies•Reducing the risk of blame	<ul style="list-style-type: none">•Building trust across organisational boundaries•Enabling reward for working differently•Supporting their staff to do what's best

We know that people are accessing urgent and emergency care inappropriately when there are other alternative services available that are able to meet their clinical need. However, the public perception of risk is complex, and varies depending on the individual. We need to help people to understand when a situation is urgent, and when they can, with reassurance, wait for a planned appointment. Some individuals are genuinely afraid and anxious, and we need to ensure that there is adequate support for these people to change their perception of risk / urgency. Conversely, there are some people that do not seek help in time to prevent exacerbation and deterioration, and so we need to be clear with people when we would expect them to seek support in relation to the management of existing conditions to give them clear mandate and make sure they know who to go to for that help.

Pathways and models of care have historically developed around specific conditions, but increasingly the health needs of a multi-morbid, frail, ageing population cross multiple services. Staff need to be able to recognise and respond / adapt to unnecessary or unhelpful duplication for patients under the care of several specialist services. Staff are sometimes nervous to do what they think is right for the

APPENDIX B

patient because it is “not their job” or “outside of the spec”. We need to change this and make sure that organisations support staff that identify and act on what would make a positive difference for the individual without fear of blame, as long as this is within their competencies.

In order to allow staff to work differently, organisations need to build trust across the system. Staff should be encouraged by their organisations to work differently, across boundaries where this makes sense. Where there are contractual issues that prevent this, these should be challenged, and the system will develop a contracting mechanism that makes this possible.

4.3 Making the alternatives more attractive

Where we’re looking for the public to make different choices, we need to make sure that the alternatives available are made more attractive. The benefits to the individual of using the alternative need to be clearly and regularly communicated, and the alternative service needs to routinely meet, and where possible, exceed these expectations. For example, alternatives to A&E need to be more responsive in terms of waiting times offer at least the same level of access to clinical input, be able to meet their needs and be in a more convenient location. It is only through making the alternatives as attractive that we will be able to persuade the public to make the alternative choice for themselves.

4.4 Enabling better transfers of care back to primary care

Much progress has already been made on improving discharge processes, particularly discharges from acute admissions by use integrated discharge teams. An improved level of support on discharge from A&E and outpatient intervention is needed to improve the levels of support for patients and primary care to help keep people out of hospital. The principle of a ‘transfer’ or ‘handover’ as opposed to ‘discharge’ should be the focus for specialist teams in the acute hospital; by setting the framework for an ongoing out of hospital care plan and ensuring continuity with primary and community care services, the likelihood of readmission or deterioration is very much reduced.

4.5 Community networks

There is a great deal of support available for people within the community, and whilst there is some use of the community and voluntary sector in specific care pathways, there is potential for this to play a much greater role. We need to explore ways to increase access to community capacity e.g. faith groups, VCS, community groups, and maximise the role they can have in supporting individuals.

Effective communities are key to building individual and collective resilience. We need to encourage better community cohesion and ensure that local health and social care services are recognised at this level.

A stay in an acute hospital can lead to anxiety about returning home. We need to explore ways to provide support for people that don’t want to go home from hospital, addressing isolation and anxiety with support from their local community, so that they can be discharged sooner and feel better about their recovery.

4.6 Carer support

Carers need to be better supported with better Information and advice as they are a key network to keeping people as well as possible in the community. At the moment for example, there is a lack of parity across the Luton & Dunstable hospital patient cohort, with people caring for Luton registered

APPENDIX B

patients receiving a different level of support to those caring for Central and South Bedfordshire patients. This needs to be addressed to ensure that all carers have effective support. This includes routing support as well as being signposted to more intensive support if it is required, taking in to account their holistic needs. This should include voluntary and community sector support that is available.

4.7 Social prescribing in acute settings

Social prescribing is already available in primary and community care settings giving an opportunity for patients to be referred to a range of local non-clinical services. There are many people that access A&E and other acute services for whom this would also be useful. We need to ensure that acute clinicians have access to information on the range of social prescribing opportunities available to make the most of this support.

4.8 Self-management and empowering people

In order to reduce the pressures on health care services, individuals, particularly those with Long Term Conditions, need to be supported to increase their levels of self-management. Self-management is a team effort, linking the person to a network of support including healthcare professionals and peers. This means helping the person to identify what they can do, how they can build on that to achieve their potential and how they can maintain motivation through challenging times and finding ways to support. This is less about the improvement of clinical markers, but more about helping the person to improve their quality of life, responding to what's most important to them at that time. People are helped to develop skills like problem solving, goal setting, accepting change, developing coping strategies, managing relationships through communication and finding quality of life in difficult circumstances.

Delivery of self-management requires a different response to health and care than is currently routinely provided, putting the needs and ambitions of the person at the centre of their care. This requires a less episodic response, instead offering a flexible level of continuous support to ensure that the individual is able to maximise their quality of life despite their challenges.

This also requires a different relationship to develop with those involved in an individual's care, where there is continuity to facilitate trust. It is important that people have timely access to the right level of support and advice if things aren't going so well, as this can mitigate the risk of further deterioration and the need for urgent clinical intervention.

5. Building capacity and culture

5.1 Ensuring the right level of supply

As we build a better picture of the needs of the population and what services are currently available, we need to ensure that there is the right level of provider supply / capacity to deliver the new way of working. This includes considering where teams can work together to provide additional capacity regardless of organisational boundaries. Where we are looking to shift where services are delivered, we need to ensure that the receiving organisations have capacity to deliver e.g. where we determine primary care can deal with patients with acute support to save an acute referral; we need to ensure that primary care has the additional capacity to support those individuals effectively.

APPENDIX B

Many health and social care services currently operate on a 9-5 Monday to Friday basis with little to no out of hours cover as standard operating hours have not been flexed to adjust to need. For those services that support patients with potentially urgent need, operating hours need to be reviewed to ensure that capacity mirrors demand. This will reduce the burden on 24/7 services like A&E that are sometimes currently used as a default because there is no other support available when it's needed.

5.2 Changing cultures

To enable organisations and teams to work differently, we need to change the cultures as well as the way we work. We need to facilitate and encourage transparency of the challenges across the system without there being a perception of blame. We need to understand the baseline cultures and establish a system-wide way of working that supports individuals and teams to develop towards the cultures and competencies that the system wants.

5.3 Organisations supporting each other

At times of increased demand or decreased capacity, the system needs to find a way to flex its resource to ensure that risks to delivery are mitigated. Whilst this is in place with some parts of the system through winter planning, this needs to become business as usual with organisations flexing their delivery to support each other and the residents that we collectively serve.

We also need to address the decision making processes that are currently in place that make the system's ability to flex limited e.g. escalation to commissioners. The system needs to know where it can flex its response to meet demand, removing as many barriers as practical.

5.4 Supporting staff to work differently

We will need a system-wide approach to helping staff to understand the changes that we're making and the effect it has on their role and how it interacts with others. Some staff will be asked to work very differently, and we need to be supportive and listen to any concerns around mandate or competency. This will need to link to the work to develop system identity and the new cultures of flexibility and support.

6. How we will enable the change

6.1 Service development and continuous improvement

Luton's approach to service development will be to:

- Learn from others
- Give change time
- Be brave
- Stop what's not working
- Expand what's working well
- Co-produce where possible and practical

We will ensure that staff have a voice in how to work differently and feel empowered to share their improvement ideas.

APPENDIX B

We will develop a rapid response to system issues – organisations will work collectively across health and social care within rapid improvement environment. This will mean small task and finish teams that have the mandate to make change based on recognised methodology, for example PDSA:

Plan: During this phase, it is important to not jump to solution; in fact, it's often said that half of the time in a PDSA improvement cycle should be spent on this stage. The plan should identify the individuals who will be involved in testing the improvement and those who will be impacted by it, and should include a time line and a communication plan.

Do: Once you've completed the planning phase and made a hypothesis about specific changes that are expected to lead to measurable improvement, the “do” step can begin. This part of the cycle should be considered experimental - and as with a scientific experiment, careful observation and data collection is just as important as the action itself.

Study: The study step is arguably the most important of the PDSA cycle, during which the results of the experimental improvement are compared against the hypothesis, and we look to make sure that there weren't any side effects created by the change. The data gathered is analysed to determine if a measurable improvement was achieved and if it meets the expectations defined in the planning phase.

Adjust: If the study phase reveals that the change was implemented as expected and resulted in the anticipated improvement (without causing any new problems), then you can begin to adjust. The improved process becomes the new baseline for future processes, standard work documents are adjusted to include the change, and performance expectations can be modified.

6.2 Pathways that fit patients rather than organisations

We need to develop pathways that fit the needs of individuals, flexing to meet different demands regardless of organisational boundaries or responsibilities. We need to find ways that staff can act in a way that means the patient gets the best outcome whilst feeling safe and supported to do so by their employing organisation and the broader system.

6.3 Reducing duplication

There are a number of areas of duplication across health and social care, and where possible, we need to reduce these. This includes pathway developments across the L&D patient flow regardless of commissioner areas that reduces the complexity of dealing with multiple systems and organisations.

6.4 Secondary care expertise to support community provision

Keeping people well in the community will require some additional support from the acute trust in to community and primary care provision. By working across organisational boundaries, we can ensure that specialist clinical expertise can be provided where it is needed. This may be through clinics being provided in the community, support to local clinicians, or virtual clinics. This will also build on the Needs Based Care model that is currently being implemented within the acute trust in which a senior clinician with the right specialist knowledge sees the patient early in their acute pathway to improve care and reduce delays in the pathway.

APPENDIX B

6.5 The Luton Provider Alliance

The Luton Provider Alliance is a key stakeholder in the development of new ways of working and working across contracts / commissioned arrangements. It brings together the major providers across the Luton system, and facilitates a multi-provider conversation. The Provider Alliance is well represented on the Transformation Board. The Transformation Board will look to the Provider Alliance to develop multi-organisational provider-led solutions to the challenges identified by the Transformation Board.

6.6 System design principles

The following system design principles have been adopted by the Transformation Board as a prompt for consideration by teams developing out of hospital services. It summarises many of the elements of this strategy, ensuring that the priorities of the Transformation Board are carried through.

1. The design of services will be led by clinicians, putting the needs of patients and their carers at the centre, whilst ensuring value for money and effective outcomes	2. Partners will integrate wherever possible to improve support to patients and broader society	3. Service developments will maximise opportunities for continually reducing waste and all non-value-added requirements and activities for patients, families and clinicians	4. Services will be designed to be responsive and proportionate, ensuring proactive demand management for non-elective and management of elective care in settings outside of hospitals
5. Workforce strategies will set out the capacity and skill sets required, and ensure that staff affected by service change will be proactively and effectively supported, maintaining their wellbeing and addressing any training gaps	6. Prevention will be central to services as they develop, focussed on primary and secondary prevention (aligned to P1)	7. Services will maximise the technology available to them, both in terms of shared records and innovation in remote monitoring	8. Services will be designed without the constraints of current organisational forms or boundaries to encourage transformation
9. People with long term conditions and complex needs will be supported to self-manage their condition and will be proactively monitored to ensure they are kept as well as possible, with services responding early to signs of deterioration or exacerbation	10. Service design will not be constrained by the current ownership and of use of estates - all estates will be considered as system assets for the purpose of design to ensure that they are placed at the most suitable location based on the clinical and patient need	11. Contracting form will be considered through design based on the emerging new models of care, and where no suitable mechanism is available, the system will work together to develop one	12. Service development will be based on evidence wherever it is available, and a critical success factors will be to reduce inequality and improve quality and outcomes for patients
	13. Patients and carers will be directly involved in the design of solutions, wherever possible through a co-production approach	14. As services develop and embed, they will foster a culture of continuous improvement and evolution, proactively looking for opportunities to make better the services they offer and the way that they work	

6.7 Closer working between the CCG and Luton Borough Council

Both Luton CCG and Luton Borough Council have agreed a joint vision to create a health and wellbeing partnership for Luton and a way of working that will drive improved outcomes across health and social care for Luton citizens.

Bringing the expertise of both organisations together, with a shared commitment for a healthier Luton will:

- Put people right at the heart of health and social care decision making
- Enable alignment and pooling of budgets and make decisions together to ensure that public money is spent more efficiently and for the benefit of Luton residents

APPENDIX B

- Enable investment in new and better local neighbourhood facilities e.g. the Luton health and care hubs
- Enable the facilitation of more joined up working between health and social care providers to deliver improved services and outcomes for Luton residents.

Five delivery principles have been agreed:

- 1) Focussing on improving the health and wellbeing outcomes for the people of Luton
- 2) Making better use of the Council and local NHS resources
- 3) Working in partnership with providers
- 4) Collaborating with organisations outside Luton where it makes sense
- 5) Supporting and investing in changes at a local level

The arrangements for joint leadership and governance are being worked through, and teams have begun to work thorough an Organisational Development process to explore opportunities for closer working.

One of the priority areas is mental health, with both the CCG and Luton Borough Council currently have separate commissioning teams that deal with many of the same providers, and commission services for the same cohort of patients. Work to align these teams under single leadership has commenced. This work will not affect which organisation staff work for but, through shared leadership, there should be a reduction in duplication and a more holistic approach to commissioning.

6.8 Access to the right information

Sharing information between commissioners and providers has long been a challenge across health and social care. The fragmentation of information and patient records has a demonstrably negative effect on the management and delivery of care.

As a system, Luton will, aligned to the STP Digital workstream, seek to reduce and where possible remove this barrier by sharing information on the following:

- Population health
- Patient records
- Service usage and performance

Where teams are working across organisations, we will enable shared care plans / records, and we will ensure that these are accurate, up to date and accessible wherever they are needed by the teams by utilising the technology available to us.

7. Communication

7.1 Communications plan

We need to establish an effective Luton communication plan, ensuring that it captures how we will approach the following:

- Communicating with staff
- Communicating with the public
- System development, public engagement and consultations
- Stakeholder engagement

APPENDIX B

7.2 Staff engagement and letting people drive the changes

In our engagement and communication with staff, we need to be clear about what is changing and the impact that it will have on individuals and the way that they work. Individuals have a different appetite for change, and we need to recognise and address any anxieties that people may have. Staff need to feel in control, and need to be allowed to feel that they are driving the changes, so staff engagement from an early stage of development will be critical. However, this should not be done in an uncoordinated way, as consistency of message and timeliness of communication across partners is vital.

7.3 Making health and social care truly easy to navigate

Health and social care is challenging to understand and navigate for both professionals working in the system and the public. The ambition in Luton is to simplify it as much as possible and to develop tools that support people in finding their way around.

7.4 Removing barriers through collective identity

One way that we can remove organisational barriers is to identify as the Luton system through common branding. It will help staff to feel that they are working for the same “organisation” regardless of their employer. It will also help to describe challenges and performance issues as system issues under this branding to enforce a collective responsibility for resolution.

7.5 Sharing good news and what works well

We need to make sure that we communicate regularly with the public and staff around system developments and what is working well. For example, where we make changes that have a positive impact on patient / public experience, we need to publicise that it is available e.g. the availability of bookable primary care appointments through NHS 111. If we are to effect changes in public perception and behaviour, we need to communicate more.

7.6 Addressing public expectations

Some segments of the population have very different expectations of the way that health and social care works, and when to access specific services. In some countries, primary care type services would be accessed through a hospital, and therefore these individuals use the hospital as their first point of contact. There are also variations generationally on how we approach and use healthcare, and there are a number of other factors that influence an individuals’ expectations. We need to ensure that our communications plan takes this in to account, and we plan how to address this through consistent messages that feed in to a broader programme of patient education.

8. Implementation plan

8.1 Alignment of existing plans

The Luton Delivery Plan: The Luton Delivery Plan is an iterative document and has been developed to bring together the schemes already in train that the CCG is overseeing that support to the shift of services from an acute to a community setting in its broadest sense, including schemes that are part of the BCF / iBCF. The Delivery Plan will be expanded to include related Luton schemes to formulate a system programme of work. The plan is intended to show to the Transformation Board members the breadth of the schemes already underway. The plan is a standalone document that is routinely updated.

APPENDIX B

A new way of commissioning for community based care and support: This scheme is looking at how we can improve how we organise, co-ordinate and pay for the most effective care models for Luton residents. It is a programme of work being led by the Luton Provider Alliance to develop:

- A defined cohort of patients – agreed upon between system partners and then managed through innovative new contract arrangements
- New contractual arrangements to incentivise tailored service design focussed on patient needs for the defined cohort agreed
- A professional model that proactively manages the identified cohort of patients using proactive case finding, assessment, care planning and care co-ordination for patients with long term conditions, putting them, their families and carers at the centre of decision making
- A supporting data architecture that provides real time information and supports professionals working with the defined cohort of patients seven days a week

This links closely with the programme developing the frailty pathway.

It is hoped that this programme will act as a stimulus in the local system in starting the move away from the historic delineation between commissioners and providers and the NHS and Local Authority towards the more collaborative and co-operative approach needed for a successful Integrated Care System.

Primary care home: Developed by the National Association of Primary Care, the Primary Care Home model brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. Staff come together as a complete care community – drawn from GP surgeries, community, mental health and acute trusts, social care and the voluntary sector – to focus on local population needs and provide care closer to patients' homes.

There are four key characteristics to the Primary Care Home model:

- An integrated workforce, with a strong focus on partnerships spanning primary, secondary and social care
- A combined focus on personalisation of care with improvements in population health outcomes
- Aligned clinical and financial drivers through a unified, capitated budget with appropriate shared risks and rewards
- Provision of care to a defined, registered population of between 30,000 and 50,000

In Luton, four clusters are developing their local approach to adopting the Primary Care Home model.

Luton Borough Council Adult Social Care Commissioning Framework: Luton Borough Council have articulated their plan to enable citizens of Luton to lead full, active lives and to play a full part in their local communities. Their plan describes Luton's approach to strategic commissioning over the next four years. It provides the context to drive future commissioning, and integration of health and social care at place. This plan provides the direction for that common purpose.

Vision: *We will enable our community to live full, active lives; to live independently for as long as possible, and to play a full part in their local communities.*

APPENDIX B

Our values:

- We will provide strong leadership at place and empower our workforce to make informed decisions
- We will make the best use of our resources, being insight driven to get maximum value of our investments for the people we serve
- We will invest to empower people to look after themselves utilising local assets
- We will take a population perspective and look to predictive opportunities to maintain peoples wellbeing and reduce the burden of disease in Luton
- We will make sure that people receive appropriate, high quality support when needed that meets their needs in a way that is timely and safe and ensures a personalised approach to safeguarding
- We will ensure that everything we do is developed through the participation with our local population, and key stakeholder including the design, monitoring and evaluation of investment
- We are committed to making changes to systems to make these a reality.

Team Standards:

- To communicate expectations and objectives for all work programmes within the Adults' Commissioning Team remit
- To understand that communication channels can be both virtual and face to face and to take responsibility to seek any clarity and understanding if anything is unclear
- To be adaptable to changing needs and priorities within both the team and directorate
- To establish and work to a work and / or project plan for all work activity, stipulating responsible areas and working to a matrix management approach, where required, in accordance with the Line Management structure
- To undertake work activity in accordance with the Commissioning Framework
- Adopt a strategic commissioning approach, working with service providers while ensuring close engagement with directorates/stakeholders that commission individual services/packages
- To inform all stakeholders of the work activity from the outset and avoid silo working
- To escalate any contentious issues or decisions outside the remit of role and / or work activity in accordance with the team / matrix management structure
- To submit information and / or support requests formally using any standardised pro formas in use
- To operate a forward plan for team meetings where each team member will have an opportunity to give a detailed presentation on a work plan activity for shared learning purposed, identify development opportunities and share any updates and good practice with colleagues
- To be responsible for diary management and attendance at meetings when operating agile working procedures
- To learn from successes and failures of the team and to embed this into future working practices
- To operate to an ethos of peer support where it is acceptable to request and offer support and guidance through projects
- To respect and build positive working relationships within the team and with external colleagues and stakeholders.

APPENDIX B

8.2 System competencies programme

To deliver against this strategy, individuals and organisations will need to work very differently. We will need to support staff from across key stakeholders to develop strategic development skills including:

- System thinking
- Service development
- Rapid improvement methods
- Programme management
- Project delivery
- Risk management
- Communications and engagement

This needs to be linked to the STP workforce strategy and Organisational Development plans that are developing.

8.3 Implementing the strategy

1. Transformation Board approve strategy – by end June 2018
2. Whole-system delivery plan developed to produce programme overview
3. Priority actions agreed
4. Task and finish groups established
5. Rapid improvement team established
6. Communications plan developed
7. System competencies programme launched

9. Interdependencies

9.1 System interdependencies

- Transport infrastructure – public, specialist
- Access to online content (people without tech)
- Appropriate housing

9.2 Programme interdependencies

- STP/ICS Priority two Board
- Neighboring place-based plans
- Workforce programme
- STP Digital programme
- Estates and strategic use of premises

Last updated 4.9.18

SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM 8
<p>DATE OF MEETING: 25th September 2018</p> <p>REPORT OF: Service Director, Policy, Communities & Engagement</p> <p>REPORT AUTHOR: Eunice Lewis TEL: 01582 547149</p> <p>SUBJECT: Work Programme Report 2018-19 & Executive Forward Plan</p>	

PURPOSE

1. To enable HSCRG to plan and determine its work programme for future meetings.

RECOMMENDATIONS

2. That HSCRG approves its work programme with or without any amendments, as appropriate;
3. That HSCRG determines whether to include for scrutiny on its work programme, any of the items from the Executive Forward Plan and the Health and Wellbeing Board work programme;
4. That HSCRG delegates responsibility for making necessary changes to its work programme between meetings, to the Democracy and Scrutiny Officer, after consultation with the Chair.

REPORT

5. The draft HSCRG work programme 2018-19 with proposed items for future meetings is attached at **Appendix A**.
6. The latest Executive Forward Plan is attached at **Appendix B** for information and consideration.
7. The Health and Wellbeing draft work programme 2018-19, covering items for future meetings, is attached as **Appendix C** for information and consideration.
8. Members are requested to review the documents and determine the items they wish to include on the programme and suggest any other emerging matters not currently listed.

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 21st November 2018	Time: 6.00 pm	Committee Room: 3
Reminder Date: 24/10/18		
Deadline for Titles: 31/10/18		
Deadline for Reports submission: 7/11/18		
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda items	Report Author/ Format and Comments
Chair's Update	Cllr. Agbley Oral Report (Standing item)
Merger of Luton & Dunstable Hospital and Bedford Hospital – Update on progress (tbc)	David Carter, L&D Hospital Written Report (Important strategic development. Contact: Ruth.Adams2@ldh.nhs.uk)
Sustainability Transformation Partnership (STP) – Update	Gerry Taylor, Luton Council & Nicky Poulain, Luton CCG Written Report
Implementation of the Homelessness Reduction Act - Update (If not taken on 25 th Sept. meeting)	Darren Alexander – Head of Housing Needs Written Report
Homeless Reduction Act – Update TBC (Also tentatively included for 21 st Nov meeting, if not ready)	Darren Alexander Written report
NEW – Smoke Free Initiative Report (TBC)	Lisa Hudson Patsy Richardson From AF/EL <i>(deferred from previous meeting – 25th October 2018)</i>
Illicit Drugs Market In Bedfordshire	Nick Underwood Senior Performance and Intelligence Analyst <i>(Moved from previous meeting 24 September 2018)</i>
Work programme and Future meetings	Democracy and Scrutiny Officer Written Report (Standing item)
<u>Information Only Items</u>	
Luton & Dunstable University Hospital Inpatient Falls Monthly Reports	Sheran Oke, L&D Hospital (For information only))
Dates of Future Meetings:	(For information only)

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

15 th January 2018		
6 th March 2019		

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 15th January 2019	Time: 6.00 pm	Committee Room: 3
Reminder Date: 10/12/18		
Deadline for Titles: 17/12/18		
Deadline for Reports submission: 31/12/18		
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda items	Report Author/ Format and Comments
Chair's Update	Cllr. Agbley Oral Report (Standing item)
Mental Health Crisis Services Review -Progress Update	Loraine Rossati, Luton CCG/ Michelle Bradley, ELFT Written Report (Important strategic development)
Sustainability Transformation Partnership (STP) – Update	Gerry Taylor, Luton Council & Nicky Poulain, Luton CCG Written Report
Luton Safeguarding Adults Board Review of In-Patients Falls at the L&D Hospital	Jennie Russell, Luton CCG Written Report
Universal Credit – Progress on implementation	Sue Nelson/ Clive Jones Written Report (Resolved at meeting on 30 th April 2018)
0-25 Disability Service redesign	Amanda Lewis/ Gerry Taylor Written Report (Also going to CSRG, as covers children as well - To be confirmed))
<u>Information Only Items</u>	
Luton Safeguarding Adults Annual report 2017-18	Chair of LSAB & Brickchand Ramruttun Written Report (For information only)
Strategic Vision for Sport and Physical Activity (2018-2022) – Update (tbc)	Adam Divney Written Report (For information only. Requested on 14 th Dec 2017)

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Luton & Dunstable University Hospital Inpatient Falls Monthly Reports	Sheran Oke, L&D Hospital (For information only)
Dates of Future Meetings: 6 th March 2019	(For information only)

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 6th March 2019	Time: 6.00 pm	Committee Room: 3
Reminder Date: 6/2/19		
Deadline for Titles: 13/2/19		
Deadline for Reports submission: 20/2/19		
Democracy & Scrutiny Officer: Bert Siong/ Eunice Lewis-Okeowo		

Agenda items	Report Author/ Format and Comments
Chair's Update	Cllr. Agbley Oral Report (Standing item)
Sustainability Transformation Partnership (STP) – Update	Gerry Taylor, Luton Council & Nicky Poulain, Luton CCG Written Report
Strategic Vision for Sport and Physical Activity (18-22) – Update (tbc)	Adam Divney Written Report (Requested on 14 th Dec 2017)
Performance data – ResoLUTIONs Drug and Alcohol Treatment Service progress update (Moved to draft 2019-20 w/prog)	Sarah Pacey – Public Health Manager (Resolved at meeting on 6th June 2018 that Annual report be submitted to the Committee and not 6 months unless there are urgent matters to be discussed)
East of England Ambulance Service Trust - Performance Update	Simon King, EEAST Written Report
Work programme and Future meetings	Democracy and Scrutiny Officer Written Report (Standing item)
<u>Information Only Items</u>	
Healthwatch Luton - Intelligence Log Summary (Quarterly Updates)	Lucy Nicholson, Healthwatch Luton Written Report (For information only, if available)
Quarterly Luton Council Health and Social Care Performance Indicators (To be sync with performance report to OSB)	Democracy and Scrutiny Officer Extract from OSB Performance Report for information only)
Luton CCG Integrated Quality and	Democracy and Scrutiny Officer

Scrutiny: Health and Social Care Review Group (HSCRG) - APPENDIX A Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Performance Report	(Extract from Luton CCG Board Report for information only)
Luton & Dunstable University Hospital Inpatient Falls Monthly Reports	Sheran Oke, L&D Hospital (For information only)
Dates of Future Meetings:	(For information only)

Potential future items for inclusion in the work programme when arranged:

- Review of Colwell Court Extra Care Service - Maud O'Leary/Patrick Odling-Smee - Item to be considered in conjunction with the older people's housing strategy (New date TBA)
- Ending Adult Exploitation Strategy – Review of Progress (tbc, for meeting in June 2019) - Vicky Hawkes/ Jennifer Wyatt
- Update on Dementia Strategy and Dementia Friendly Town - Tim Hedges/Mike Dolan (Date tba)
- Luton Community Based Care Whole-System Strategy - Nicky Poulain, Luton CCG/ Gerry Taylor, Luton Council (Date tba)

LUTON BOROUGH COUNCIL

FORWARD PLAN OF KEY DECISIONS FROM 17th September 2018

EXECUTIVE MEMBERSHIP: Councillors Simmons (Chair) Akbar, Burnett, Castleman, Hopkins, Hussain, A. Khan, Malcolm, Shaw and Timoney.

Commencing from Monday 20th August 2018 the Council plans to make key decisions on the issues set out below. Key decisions relate to those which are likely:

- ◇ to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- ◇ to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Borough.

The Forward Plan lists the business undertaken by or on behalf of the Executive and will be published 28 days prior to each Executive meeting. Those items identified for decision more than 28 days in advance may change in forthcoming Plans. There may also be occasions where a key decision is deferred to a later meeting. Each new Plan supersedes the previous Plan. Any questions regarding individual issues should be addressed to the contact specified in the Plan. The agendas and Forward Plans for meetings of the Executive will be published as follows:

<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>	<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>
17 th August 2018	6 th September 2018	17 th September 2018	22 nd February 2019	14 th March 2019	25 th March 2019
14 th September 2018	4 th October 2018	15 th October 2018	22 nd March 2019	11 th April 2019	22 nd April 2019
12 th October 2018	25 th October 2018	12 th November 2018			
1 st November 2018	29 th November 2018	10 th December 2018			
7 th December 2018	20 th December 2018	7 th January 2019			
11 th January 2019	31 st January 2018	11 th February 2019			
1 st February 2019	28 th February 2019	4 th March 2019			

Link to published Executive Agendas, Reports and Decisions: <http://democracy.luton.gov.uk/cm5public/Documents/PublicDocuments.aspx>

Note:

From time to time there will be a necessity to consider issues which will result in key decisions being taken which are not included in the Forward Plan, e.g. items of extreme urgency for Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. (4(2)(a) Confidential information. 4(2)(b) Exempt Information. 4(2)(c) lawful power to exclude person to maintain orderly conduct of the meeting.))

This is a Formal Notice under the Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012 that part of the Executive meeting listed in this Forward Plan will be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

The last page of this document sets out the definitions of Exempt Information under Paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972. Any correspondence to be addressed to: The Service Director, Policy and Performance, Luton Borough Council, Town Hall, Luton, LU1 2BQ unless otherwise stated.

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

APPENDIX B

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Treasury Management decisions on borrowing and investments to optimise the Council's financial position	To borrow and invest, and to restructure borrowings where appropriate, in order to optimise the Council's financial position while minimising risk and ensuring that all actions are in accord with the Council's treasury management policy and strategy.	Head of Corporate Finance	Ongoing with dates dependent on financial market conditions	Record of decisions	N/A	Dev Gopal (01582) 546087 Councillor Malcolm
Central Corridor Growth Bid	To consider and submit to Full Council for approval of the financial contribution for the Council's involvement in the Central Corridor Growth Board	Executive	17 th September 2018 (20 th August 2018 4 th June 2018)	Report	No	Laura Church (01582 546443) Councillor Simmons
NEW – Budget Monitoring Reports 2018/19 Quarter 1	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	17 th September 2018	Report	No	Dev Gopal/Tim Lee (01582 546087/546094) Councillor Malcolm
NEW – Ashcroft and Ramridge TARA	To seek approval to write off £80k of forward funding to the TARA from SRB Objective 2	Executive	17 th September 2018	Report	Yes – Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Laura Church (01582 546433) Councillor Malcolm
Marsh Farm Market – Terms of Operation	To approve the terms of operation	Executive	17 th September 2018 (25 th June 2018)	Report	Yes – Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Vicky Hawkes (01582 546159) Councillor A. Khan

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

APPENDIX B

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Temporary Road Closures for street parties, events and processions – charging policy	To seek agreement to the discount scheme for the charging of temporary road closures for events	Executive	17 th September 2018	Report	No	Laurence Pratt/Christine Davy (01582 546047/6962) Councillor Castleman
Business Growth Initiatives	To agree the principles and options for Business Growth Initiatives	Executive	17 th September 2018 (23 rd April 2018)	Report	No	Laura Church (01582 546433) Councillor Simmons
NEW – Employment Support Package	To seek full approval of the employment support package for an employer in the town.	Executive	15 th October 2018	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Laura Church (01582 546433) Councillor Simmons/ Timoney
NEW – Refresh of the 2013 Street Sex Trade Strategy	To endorse the Strategy	Executive	15 th October	Report	No	Kate Delaney/Vicky Hawkes (01582 394189) Councillor A. Khan
NEW – Highways Infrastructure Asset Management Plan	To seek approval to adopt the Highways infrastructure asset management plan	Executive	15 th October	Report	No	Mark Aaronson (01582 547178) Councillor Castleman
Temporary Accommodation Purchasing Scheme	To seek approval for additional borrowing to fund the next stage of the scheme	Executive	15 th October 2018 (20 th August 2018 4 th June 2018)	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Patrick Odling-Smee (01582 546202) Councillor Shaw

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

APPENDIX B

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Selective Licensing	To report back the results of the re-opened consultation for Selective Licensing and recommend way forward	Executive	15 th October 2018	Report	No	Dave Stevenson (01582 546186) Councillor Shaw
Corporate Performance Report Quarter 1 2018/19	To report the Quarter 1 performance for 2018/19	Executive	15 th October 2018	Report	No	Israr Siddique (01582 547848) Councillor Malcolm
Corporate Debt Strategy	To approve the proposal to share council tax liability orders with the credit reference agency	Executive	12 th November 2018 (17 th September 2018 26 th March 2018)	Report	No	Sue Nelson/Clive Jones (01582 547094/6450) Councillor Malcolm
NEW – Rutland Hall	To seek approval to negotiate the lease term for Rutland Hall	Executive	12 th November 2018	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Mark Davie/ Nazakat Ali (01582 546342/6364) Councillor Timoney/Shaw
London Luton Airport – Debenture Loan	To approve the debenture loan application	Executive	12 th November 2018 (20 th August 2018 16 th July 2018 25 th June 2018 26 th March 2018 12 th February 2018)	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Dev Gopal (01582 546087) Councillor Simmons
Scrutiny Task and Finish Group Debenture Loan – Final Report	To consider the recommendations of the Task and Finish Group	Executive	12 th November 2018 (20 th August 2018 16 th July 2018)	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act	Matt Hussey (01582 546032) Councillor Simmons

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

APPENDIX B

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
					1972	
Compulsory Purchase Order and Side Road Orders, Century Park Access	To seek approval to submit a compulsory purchase order for Century Park Access Road	Executive	12 th November 2018 (20 th August 2018 16 th July 2018 25 th June 2018)	Report	No	Laura Church/Andrew Berry (01582 546433/7318) Councillor Castleman
NEW – Homelessness Prevention Strategy Review	To agree the new action plan	Executive	10 th December 2018	Report	No	Darren Alexander/Patrick Odling-Smee (01582 546202/6293) Councillor Shaw
Corporate Debt Strategy	To approve the proposal to share council tax liability orders with the credit reference agency	Executive	10 th December 2018 (17 th September 2018 26 th March 2018)	Report	No	Sue Nelson/Clive Jones (01582 547094/6450) Councillor Malcolm
Stronger Inclusive Communities Strategy	To approve a new stronger inclusive communities strategy for the council	Executive	10 th December 2018 (15 th October 2018 20 th August 2018)	Report	No	Marek Lubelski/Nicola Monk (01582 548779/6073) Councillor A. Khan
NEW - Budget Monitoring Reports 2018/19 Quarter 2	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	10 th December 2018	Report	No	Dev Gopal/Tim Lee (01582 546087/546094) Councillor Malcolm
Corporate Performance Report	To report the Quarter 2 performance for 2018/19	Executive	10 th December 2018	Report	No	Israr Siddique (01582 547848)

**LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

APPENDIX B

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Quarter 2 2018/19						Councillor Malcolm
Smoke-Free Initiatives Paper	To consider each smoke-free initiatives and approve the direction of travel	Executive	10 th December 2018	Report	No	Lisa Hudson/Patsy Richards (01582 548446/8456) Councillor Hopkins
'Smoke Free Policy'	To approve the changes to the revised Smokefree Policy and NCP Guidance documents for implementation	Executive	10 th December 2018	Report	No	Lisa Hudson/Patsy Richards (01582 548446/8456) Councillor Hopkins
			7 th January 2019			
			11 th February 2019			
NEW - Budget Monitoring Reports 2018/19 Quarter 3	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	4 th March 2019	Report	No	Dev Gopal/Tim Lee (01582 546087/546094) Councillor Malcolm
Corporate Performance Report Quarter 3 2018/19	To report the Quarter 3 performance for 2018/19	Executive	25 th March 2019	Report	No	Israr Siddique (01582 547848) Councillor Malcolm
NEW - Budget Monitoring Reports Period 11	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	22 nd April 2019	Report	No	Dev Gopal/Tim Lee (01582 546087/546094) Councillor Malcolm

EXEMPT INFORMATION
SUMMARY OF THOSE MATTERS WHICH BY VIRTUE OF PART 1 OF SCHEDULE 12A OF THE
LOCAL GOVERNMENT ACT 1972 MAY BE DISCUSSED IN PRIVATE

Paragraph
No.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour related matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT)

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 19th September 2018		Time: 6.00pm	Committee Room: 3
Reminder Date:	21/08/2018		
Deadline for Titles:	29/08/2018		
Deadline for Reports submission:	5/9/18		
Democracy & Scrutiny Officer:	Eunice Lewis		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER
Better Together/ Better Care Fund Update (Including STP work plan and progress)	Gerry Taylor, Director of Public Health, Commissioning and Procurement
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton
Luton system commissioning intentions	Nicky Poulain, Accountable Officer, Luton CCG/ Gerry Taylor, Director of Public Health, Commissioning and Procurement
Health and Wellbeing Strategy - Update	Stephen Gunther / Gerry Taylor, Director of Public Health, Commissioning and Procurement
Luton's Strategic Delivery Plan, including Improvements in Primary Care Services	Paul Lindars, Luton CCG/ Dr Nina Pearson, Luton CCG
Joint Strategic Need Assessment (JSNA) - 6 month Review (To include population churn and its impact)	Zoe Bulmer / Gerry Taylor, Director of Public Health, Commissioning and Procurement
INFORMATION ITEMS	
Work programmes: HWB/HSCRG	Democracy and Scrutiny Officer Board Member: Leader of the Council

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT)

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 5th November 2018		Time: 6.00pm	Committee Room: 3
Reminder Date:	08/10/2018		
Deadline for Titles:	15/10/2018		
Deadline for Reports submission:	22/10/2018		
Democracy & Scrutiny Officer:	Eunice Lewis		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER
Better Together/ Better Care Fund Update (Including STP work plan and progress)	Gerry Taylor, Director of Public Health, Commissioning and Procurement
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton
Luton Safeguarding Adults Board (LSAB) Annual report 2017-18	Fran Pearson, Chair LSAB/ Brickchand Ramruttun, Safeguarding Adults Manager/ Francoise Julian/ Portfolio Holder – Adult Social Services
Bedfordshire Police – Presentation	C/Supt David Boyle C/Supt David Boyle (David.boyle@bedfordshire.pnn.police.uk)
NEW - Local Transformation Plan- Children and Young People's Mental Health	Bridget Moffat Senior Integrated Commissioning Manager Luton Council - Office 01582 548436 (Email received by EL on 15/8/18)
Information Only Items	
Work programmes: HWB/HSCRG	Democracy and Scrutiny Officer Board Member: Leader of the Council

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT)

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 8th January 2019		Time: 6.00pm	Committee Room: 3
Reminder Date:	03/12/2018		
Deadline for Titles:	10/12/2018		
Deadline for Reports submission:	17/12/2018		
Democracy & Scrutiny Officer:			

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER
Better Together/ Better Care Fund Update (Including STP work plan and progress)	Gerry Taylor, Director of Public Health, Commissioning and Procurement
Luton Safeguarding Children Board (LSCB) Annual report 2016-17	Fran Pearson, Chair LSCB/ Vijay Patel, Safeguarding Children Manager/ Portfolio Holder – Children Services
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton
Implementation of Universal Credit	Sue Nelson Markham, Sarah (GCSx) Michael.Loughran Jones, Clive Resolved: HWB meeting on 27th June 2018
Cambridgeshire Community Services (CCS) – Annual Performance Update	Chief Officer, Luton CCG Matthew Winn, CEO, CCS
Information Only Items	
Work programmes: HWB/HSCRG	Democracy and Scrutiny Officer Board Member: Leader of the Council

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT)

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 20th March 2019	Time: 6.00pm	Committee Room: 3
Reminder Date:	20/02/2019	
Deadline for Titles:	27/02/2019	
Deadline for Reports submission:	06/ 03/19	
Democracy & Scrutiny Officer:		

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER
Better Together/ Better Care Fund Update (Including STP work plan and progress)	Gerry Taylor, Director of Public Health, Commissioning and Procurement
Healthwatch Luton Update	Lucy Nicholson, Chief Executive, Healthwatch Luton
Health and Wellbeing Board Governance Review <u>The Amendment relates to Appendix A - PART TWO – PROCEDURE RULES as Below:</u> <u>Chair and Vice-Chair of the Board</u> 5. The Chair of the Board shall be the Executive Leader of the Council. 6. The Vice-Chair of the Board shall be the portfolio holder for People (Adults), The Vice Chair of the Board will be appointed at the first meeting of the Board in each municipal year and will be drawn from amongst the local authority members on the Board.	Debbie Janes, Democracy Manager/ Leader of the Council - Chair
Public Health's Annual report 2017-18	Gerry Taylor, Director of Public Health, Commissioning and Procurement

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT)

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Luton Mental Health and Wellbeing Services – Annual Performance Update	Michelle Bradley, Luton Mental Health & Wellbeing Services, ELFT/ Nicky Poulain, Accountable Officer, Luton CCG/
Cambridgeshire Community Services (CCS)– Annual Performance Update	Matthew Winn, CEO, CCS/ Nicky Poulain, Accountable Officer, Luton CCG
Information Only Items	
Work programmes: HWB/HSCRG	Democracy and Scrutiny Officer Board Member: Leader of the Council

Items to be scheduled:

- Update on Dementia Strategy and Dementia Friendly Town - Tim Hedges/Mike Dolan (Date tba)

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)

AGENDA ITEM
9

DATE OF MEETING: 24th September 2018

REPORT OF: Healthwatch Luton

REPORT AUTHOR: Lucy Nicholson **TEL:** 01582 817060

SUBJECT: Healthwatch Luton Update (September 2018)

PURPOSE

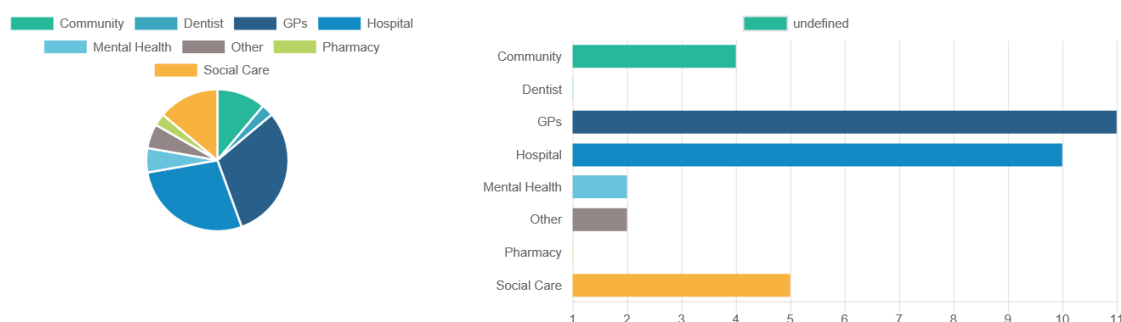
- To update the HSCRG of Healthwatch Luton's workplan and progress

RECOMMENDATIONS

- For the HSCRG to agree the Update, and feedback any issues or concerns to representatives at the Board.

REPORT

3. Current Trends



The main trends in feedback from April 2018-August 2018 have been :

GP – Access, admin and referrals negative; Staff attitudes positive
 Hospital – Access, treatment and care negative; Staff attitudes positive
 Social Care – Treatment and Care and Care Home Management negative
 Mental Health – Treatment and care, staff and referrals negative; staff attitudes positive

GP:

We are currently working with the LCCG on providing information on GP feedback and access. We have run a survey on GP Hub Analysis and will be working on the Priority 2 (STP) meeting on being updated on GP access in Luton.

One of the other areas of feedback has been GP referrals – where people with multiple conditions are awaiting referrals for consultations at the hospital which have to be managed by the GP.

Hospital:

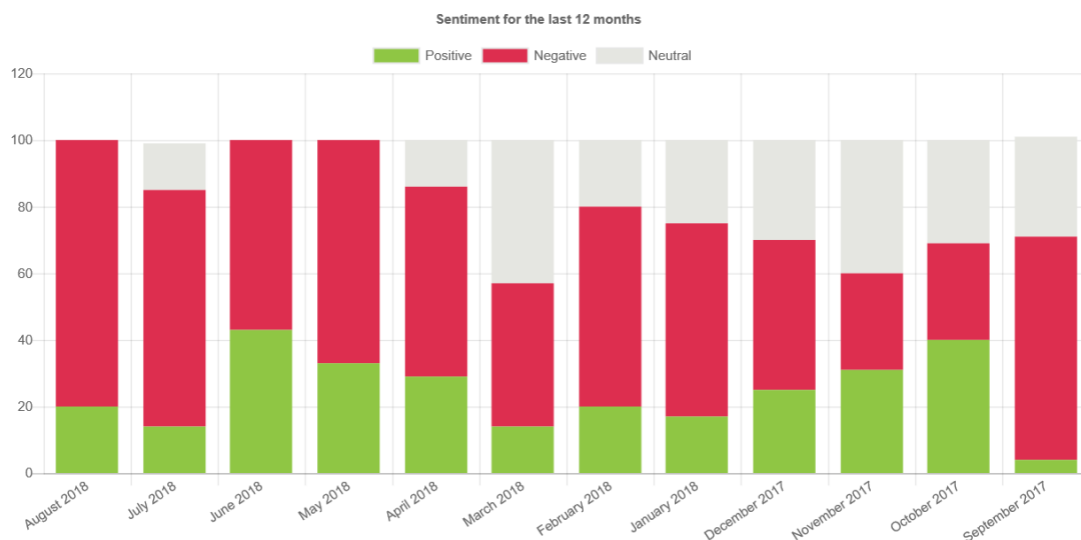
We are meeting with the hospital on a number of trends including access and treatment and care. We ran an Enter and View at the start of the year and will look to run a further one in 2018/2019 for review.

Social Care:

We are feeding into the CQC Information Sharing meetings and informing ASC of our feedback and findings.

Mental Health:

We have met with ELFT and will continue to work with them in providing care for people with MH. We will look at a potential Enter and View on some wards within the L&D in 2018/2019.



Generally, the feedback we have been receiving has been more negative than positive over the last year, although this has fluctuated.

4. Current Concerns

Within our trends there are a few areas of priority HWL will be focusing on this year, including but not limited to:

- **Hospital: Falls and reporting**
- **Mental Health care in the community**
- **Edwin Lobo and LD focus**

These areas are all being dealt with either with providers or commissioners and allow HWL to have a fuller understanding on the negative feedback provided to HWL. Updates can be provided.

Other focus areas for project work are:

- Communications Awareness Campaign
- Dental work with PHE East of England and Healthwatch Network
- Community Cooking (potential for 2019)
- Roma/Traveller working
- Medicines leaflet / Complex Medicines for Children

5. Internal Update

5.1 HWL FOCUS 2018-2019 and Engagement

Healthwatch Luton's main focus for 2018-2019 will be

1. Learning Disability
2. Mental Health

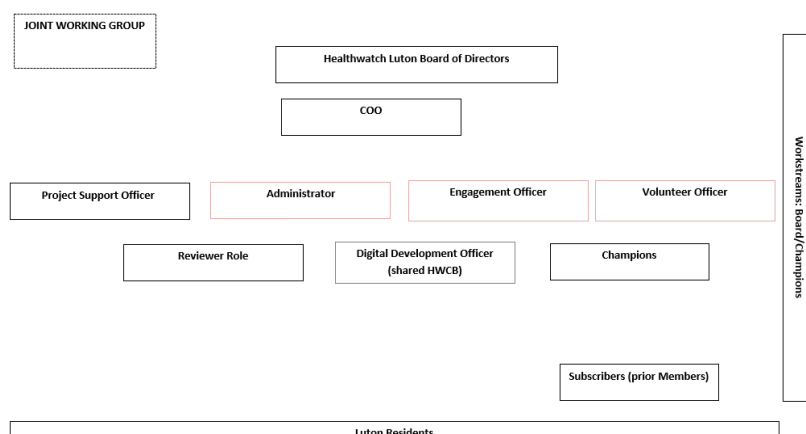
These two areas will be our focus for targeted engagement and will allow us to focus on those areas we have a) had the most feedback on (MH) or b) where we have seen an increase in feedback (learning disability)

We will also retain our focus of BME, young, and older generations, and will develop an Older Person's Forum along with working with LCCG to produce the first Luton's Young Person's Event.

If there are any suggestions from the community of areas covering our focus please speak with Carrie Page (Engagement Officer carrie.page@healthwatchluton.co.uk)

5.2 Recruitment

Healthwatch Luton have now successfully recruited a further Volunteer Officer and will be looking at developing and recruiting more volunteers for HWL. Kathryn Knights will be joining us in September.



We feel we are able, since independence, to be finally fully recruited and hope to focus our work more on recruitment of new volunteers and develop the training for our Board and Champions for 2018-2019.

5.3 AGM

Our AGM this year will also Luton community to ask anyone would like to ask our AGM to the Sudha Auro



have a panel presentation for the questions to our panel speakers. If a question or could help promote community, please send details to

(Sudha.auro@healthwatchluton.co.uk)

Our AGM will take place at **Stockwood Park – on 26th Sept (Wed) between 1215pm-3pm**

Our AGM will be an opportunity for us to share with the public the last year's activities of HWL, our focus and our impact, as well as what we hope to focus on in 2018.

5.4 Luton's Young Person's Event

Following on from our successful Youth Forums held in 2016 and 2017, HWL are delighted to be working with the LCCG to host the first Young Person's Event in Luton. This event is open to all young people to provide information on health and social care in St George's Square.

healthwatch
Luton

NHS
Luton
Clinical Commissioning Group



LUTON'S YOUNG PERSONS EVENT

A FUN & FREE EVENT

'An opportunity for young people in Luton to get their voices heard'
'Find out what health services are available and how to access them'
'How to register with services'
'The importance of attending appointments'

Saturday 22nd September: 12pm-5pm

St George's Square

COLLECT STICKERS TO GET A FREE GOODIE PACK

EMAIL INFO@HEALTHWATCHLUTON.CO.UK

Information and Advice Stalls include:
Healthwatch Luton • ICGG • Health and wellbeing advice
Music and entertainment stage •
Refreshments by Old Skool Pantry

