REFERENCE:
H&WB/8/13

HEALTH AND WELLBEING BOARD

Date: THURSDAY 29TH AUGUST 2013

Time: 6.00 pm

Place: Committee Room 3, Town Hall, Luton

Members: **Councillor Simmons (Chair)**

Councillor Akbar
Councillor Ashraf
Councillor Campbell
Pam Garraway (Director of Housing & Community Living)
Linda Hennigan (Community Safety Executive)
Councillor M. Hussain
Nisar Mohammed (Healthwatch Luton)
Dr Nina Pearson (Luton Clinical Commissioning Group)
Martin Pratt (Director of Children & Learning)
Gerry Taylor (Director of Public Health)
Dr Sarah Whiteman (NHS England)

Quorum: **7 of the members listed above, in person.**

Emergency Evacuation Procedure – Room 3

Proceed straight ahead through two sets of double doors, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St. Georges Square.

INFORMATION FOR THE PUBLIC

This meeting is open to the public and you are welcome to attend.

AGENDA

Agenda Item	*Subject*	*Page No.*
1.	**Apologies for Absence**	
2.	**Minutes from the last meeting on: 17th July 2013**	2.1/1-2.1/12
3.	**Introductions**	
4.	**Disclosable Pecuniary Interests** Members to declare any disclosable pecuniary interests in any item to be considered at the meeting.	
5.	**Urgent Business** To consider any urgent business and determine when, during the meeting, any items should be discussed.	
6.	**References from Other Committees etc. if any**	
7.	**NICE – National Institute for Health and Clinical Excellence** **1. Development Session for all Members (Presentation) (Speaker:** Deborah O'Callaghan**)** **2. Report with web links NICE resources mapped against local priorities (Speaker:** Deborah O'Callaghan)	7.2/1-7.2/14
8.	**Presentation by Heather Wicks on NHS England** **1. NHS England** (**Presentation by:** Heather Wicks)	
9.	**Reports of the Director of Children and Learning - LBC** **1. Health Child Programme – Early Intervention Outcomes (Presentation by** – Jo Fisher) **2. Disabled Children's Charter – Brief Paper/Oral Report** (Author: Jo Fisher)	9.2/1-9.2/3
10.	**Reports of the Director of Housing & Community Living** **1. Winter Pressures -** (Author: Simon Pattison) **2. Better Together – Health and Social Care Integration** (Author: Michael Scorer)	"To Follow" 10.2/1-10.2/10
11.	**Reports of the Director of Public Health** **1. Addressing the Recommendations of Scrutiny Health and Social Care Review Group – Update** (Author: Gerry Taylor)	11.1/1-11.1/7
12.	**Report of the Clinical Commissioning Group** **1. Update on Luton Clinical Commissioning Group's Commissioning Intentions for 2014/15 (**Author: Carol Hill)	12.1/1-12.1/7
13.	**Work Programme** **1. To review and update the work programme** (Author: Bren McGowan)	13.1/1-13.1/4
14.	**Exclusion of Public** 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 the item(s) listed below as 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 paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.	
15.	**Report of the Clinical Commissioning Group** **1. Update on Luton CCG's intentions to re-commission Community Health Services and Mental Health Services (**Author: Carol Hill) **(Members only – despatched separately)**	

Contact Officer: Eunice Lewis **Direct Line: (01582) 547149**

AGENDA ITEM

2.1

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

PRESENT:

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

In Attendance:

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

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

29.	NHS ENGLAND - (REF: 8.1)

Heather Wicks the Assistant Director Medical Directorate NHS England, Herts and South Midlands Area Team, gave a presentation on the role of NHS England in the new NHS system. At the start of the presentation, a brief video specifically designed from the patient's perspective was shown to Members.

Heather Wicks gave a quick overview of NHS England and its wider architectural picture, where it sits including its functions and responsibilities. She stated that the grounding principle was absolute patient focus and to ensure a sense of fairness and equality. An important element of the change is the culture in which the NHS works with other organisations and itself. She further stated that this was a time of real opportunity to provide a cultural steer.

Members were informed that the new NHS England structure delivers its functions through its 27 local area teams which delivers its services through 3 broad elements of the area teams namely;

- Developing, enabling supporting CCGs
- Co-commissioning with partners
- Assurance and oversight.

Following questions and comments from Members regarding failing services and what steps NHS England would take to ensure a better service, Heather Wicks responded as follows:

- Ensure that a workable plan was developed
- NHS England would consider removing the relevant service from good performance list where necessary and be thorough to ensure sanctions if standards dropped below expectation
- The intension is to work collaboratively and where it was deemed to have more intent discussions and conversations, such will be taken back to ensure co-commissioning and integration.

The Chair of the Local Healthwatch advised of planned visits to 37 practices over the next few months to look at service providers and the focus would be from physical access to patients' experience and the outcome of this would be reported back to the HWBB when completed.

The Director of Children's Services commented that Children's Services was already jointly commissioning many services. Health Visiting is currently sitting with NHS England but will move into the local authority in 2015. He asked whether there was an intention to work together to ensure current concerns were addressed and the future transfer smooth.

The Director of Public Health also commented that NHS England had been very keen and open to co-commissioning to ensure that health visiting services provided were robust.

Resolved: (i) That thanks to the Assistant Director, Medical Directorate NHS England, Herts and South Midlands Area Team be recorded;

(ii) That progress update and outcome of the visit by Luton's Local Healthwatch to 37 practices be reported at a future meeting of the Board.

30.	HEALTH CHILD PROGRAMME – EARLY INTERVENTION OUTCOMES - (REF: 9.1)

The Head of Prevention and Early Intervention gave a presentation and highlighted some of the key activities and focus of the Healthy Child Programme both nationally and locally.

The key issues are highlighted below:

- Aim to improve the health and wellbeing of children and young people 0-18 years with part 1 of the programme being 0-5 years and part 2 being 5-18 years.
- It identifies key points and what should be provided including screening, assessments and interventions from conception to age 19 years.
- Focus on universal prevention programmes for all, progressive model for targeting additional needs and multiagency responsibility of GPs, midwives, Health Visitors, and Children Centres.

Also a key corner stone for Luton was adopting a multi-agency approach for the delivery of the Healthy Child Programme, and currently Luton was undertaking a mapping exercise of the 0-5 programme and exploring all options in terms of working jointly with partners. She further stated that the outcome and findings of this mapping exercise would be reported at a future meeting of the Board.

The Head of Prevention and Early Intervention stated that the multi-agency approach being adopted sits nicely with the Big Lottery bid which was now through to the final stage of the bid. The Service was currently working through a detailed business plan with a range of partner organisation.

One of the key aims of the Big Lottery funding was to improve the life chances of children by investing in their earliest years, and achieve positive outcomes in three main areas of child development as follows: communication and language development, social and emotional development, and nutrition. Also working with wards with a total population of 62,000 people selected based on four key indicators of need: child poverty; low birth weight births; child development at age 5 etc. In the Luton these wards are identified as the five most deprived wards namely; Biscot, Dallow, Farley, South and Northwell.

Other key areas included how its workforce would be delivered and how to integrate the school curriculum with prevention.

Members of the Board were further advised as follows:

- Need to identify interventions that work
- Concept of social finance
- How to demonstrate that we as a Council are making a difference

In terms developing early intervention, a paper had already been delivered on how early intervention could be demonstrated to ensure that we are making a difference. There was a need to work continuously to achieve high level of outcome to show key indicators and to set out how the evidence could be collected.

The Head of Prevention and Early Intervention stated that this would be reported back through the Children and Young People's Trust Board and Health and Wellbeing Board in future.

	Dr. Nina Pearson stated that the programme was about identifying the most appropriate families and ensuring that everyone out there knows how the system works and are aware of what to do when situations arise. **Resolved:** (i) That the presentation on the Healthy Child Programme – Early Intervention Outcomes (Ref: 9.1) be noted and that thanks to the Head of Prevention and Early Intervention be recorded. (ii) That an update on the Healthy Child Programme on making a difference be reported at a future meeting of the Board.
31.	**DISABLED CHILDREN'S CHARTER – BRIEF PAPER - (REF: 9.2)**
	The Head of Prevention and Early Intervention submitted a brief paper on the Disabled Children's Charter and asked the Board to confirm support for the Disabled Children's Charter which the Council had previously signed up to. Luton Borough Council was one of 99 Local Authorities that had previously signed up to it and at present 38 Local Authorities have now already signed up to it. **Resolved:** (i) That the recommendation for the Health and Wellbeing Board to support the Disabled Children's Charter be agreed and supported by the Board and that the Chair be delegated the authority to sign the Charter. (ii) That an annual report on progress be agreed and received by the Board.
32.	**WINTER PRESSURES - (REF: 10.1)**
	Carol Hill provided an update on Winter Pressures detailing current uncertainties regarding funding stream and proposed process for agreeing spending of any available monies. She explained that previously commissioning organisations received Winter Pressures Monies from the then Strategic Health Authorities for investment in extra capacity to manage the increased demand over winter. Last year the Shadow CCG was responsible for the apportionment of any funding and it was anticipated that similar funding would be available this year to tackle challenging winter periods in Luton. She highlighted the following implications: • In the absence of any funding, Luton will be open to risk during the winter period and partners would have some tough decisions to make in terms of performance as services available to patients could be affected; • No confirmation as of yet whether the traditional winter pressure monies would be available to high performing Trust, of which Luton is one; • The Luton system's continued high performance against the 4 hour standard has, through the winter months, been partially predicated upon the availability of winter pressures monies. The Chair advised that a letter could be sent to the Secretary of State requesting for funding, but asked how things could be managed during the winter period in the absence of funding. Pam Garraway explained that winter pressure will happen as they happen every

	year. She stated that last year the request for a plan came up within a very short period so it was vital to get a plan together and there was need to highlight the implication if there was no funding available to manage the winter period. It was intended to come up with a plan early in September and take it through the organisation to look at any cost implications. The Board was being requested to support and sign up to it, before its detailed plan which would be presented to the Board in September. **Resolved:** (i) That the report on Winter Pressures and the risk associated with the potential lack of winter pressures monies (Ref:10.1) be noted. (ii) That the Chair be requested to send a letter to the Secretary of State to request winter funding for Luton. (iii) That Pam Garraway be requested to work on a detailed plan of how Winter Pressures will be managed and that the detailed plan be reported to the Board in October 2013.
33.	**BETTER TOGETHER - (REF: 10.2)**
	Michael Scorer submitted his report (Ref: 10.2) on Better Together; Luton's health and social care integration programme, which sets out steps for better integration of partners comprising of Luton CCG, Luton and Dunstable University Teaching Hospital Foundation Trust, Cambridgeshire Community Services NHS Trust, etc. The Better Together programme proposes to establish the programme with three important principles as set out below; • Build on existing work, i.e, recommendations from Scrutiny Task and Finish Group review on Hospital Discharge • Use of existing organisation structure, groups and meetings to govern, manage, inform and validate change proposals. • Better health and care outcome for Luton residents and reducing health inequalities trumps other considerations that are driven by individual organisational interests or establishing ways of doing things. The report also sought the views of the Board in regards to identifying a definition for "Integration" and asked the Board to agree the proposals drawn up by the CCG and the local authority taking into consideration some of the existing work. The Chair of Local Healthwatch stated that Healthwatch would welcome conversation as they were in the process of developing their own action plan but was slightly uneasy about being seen as responsible for public engagement as their role was that of a critical friend. **Resolved:** (i) That the Better Together programme purpose, governance (including Board Membership) and management arrangements be agreed; (ii) That the Board adopt the NHS England definition of "Integration" as the working definition for Better Together programme as set out in the report; (iii) That the Better Together Draft Terms of Reference be noted by the Board.

34.	**ADDRESSING THE RECOMMENDATIONS FROM SCRUTINY HEALTH AND SOCIAL CARE REVIEW GROUP – UPDATE - (REF: 11.1)**
	Gerry Taylor, Director of Public Health submitted a brief update (Ref: 11.1) on the progress of the recommendations from Scrutiny Health and Social Care Review Group on the Coroner's Procedure and Practice. The Health and Wellbeing Board had requested the Director of Public Health to chair a meeting between the Coroner, LBC and partners and this meeting was held on 17th July 2013 to note progress and to agree the remaining actions in response to the review. Councillor A. Khan asked whether a new Coroner had been appointed and in response the Director of Public Health advised that a new Coroner was not yet in post but all recommendations would be passed to the new Coroner when they took up their post **Resolved:** That the progress update (Ref: 11.1) be noted and that a progress report be provided to the Scrutiny Health and Social Care Review Group in November 2013.
35.	**UPDATE ON LUTON CLINICAL COMMISSIONING GROUPS COMMISSIONING INTENTIONS FOR 2014/15 (REF: 12.1)**
	Carol Hill presented the report (Ref: 12.1) on the Luton CCG's commissioning intentions for 2014/15. She stated that at the Board's meeting held on 17th July 2013, Members asked to received details of the proposed plan by the CCG and today's meeting was to inform the Board of the details on the themes the CCG was developing. She said that the CCG intentions for the coming year were due to be published by end of September 2013. The timing of the HWBB and the coming intentions was tricky as this was still work in progress. She further advised: • CCG has now set out sufficient information for the Board to be aware of areas that they were working on and the direction of travel. • As work continues more details would be brought to the HWBB • The report tonight was to enable the HWBB to make comments that will inform the CCG's ongoing work • With regards to consultation, engagement will take place as part of the development process for the commissioning intentions with views from patient working group • There is a deliberative event on 9th Sept to test proposal with the wider public Councillor A. Khan enquired whether the event had been well advertised and in response Members were advised that there could be up to 60 attendances and that this deliberative event was to enable conversation between service users and providers. **Resolved:** (i) That the report (Ref: 12.1) on the update on the development of the CCGs commissioning intentions for 2013/14 be noted by the Board.

	(ii) That the plan of the Luton CCG to develop its detailed commissioning intentions by end of September 2013; and its intention to publish their final plan in March 2014 by supported and agreed by the Board.
36.	**WORK PROGRAMME - (REF: 13.1)**
	The Board considered the Work Programme for future meetings as in the table presented in the report pack (Ref: 13.1) submitted by the Partnership Manager. Members were advised to consider including any additional items appropriate to the work of the Health and Wellbeing Board. The Head of Children Services Martin Pratt requested that the Board should delegate the authority of reporting the item on Safeguarding – Adult's and Children's to the Children and Young People's Trust Board who would then report to the Board. The Director of Public Health Gerry Taylor advised that the CQC report on Bedford Hospital had been published today and it demonstrated some serious concerns and that it would be useful to have a report on the implications for Luton to a future meeting of the Board. ***8*--Resolved:** (i) That the work programme be noted. (ii) That the Children and Young People's Trust Board be delegated the authority to oversee the work of the Children Safeguarding Children and later report its outcomes back to the Health and Wellbeing Board meeting on 29th October 2013. (iii) That the following items be included on the Board's work programme: • Report of the CQC and Bedford Hospital • Progress Update and Outcome of GP Practices in Luton - Local Healthwatch • Winter Pressures – Detailed Plan (October 2013) – Luton CCG • LCCG Commissioning Intentions for 2014/15 – Final Plan (HWBB) • Progress Update – Healthy Child Programme (making a difference)
37.	**URGENT BUSINESS - REF: LOCAL GOVERNMENT ACT 1972 – PART VA (REF: 5)**
	The Chair raised the issue of quorum for the Board. Currently the quorum was set at 7 properly appointed members attending meeting in person to ensure that the properly appointed members would always be in the majority. The main issue was that this restriction causes quoracy difficulties as was with the meeting today. In particular, two Members of the Board disclosed pecuniary interest regarding one item today and without being able to use substitutes to fill the membership, it meant that no quorum was formed. There may also be concerns where one or two apologies are received from Members due to other work commitments or holiday periods. The Chair advised that there was need for this to be reviewed in order to avoid the risk of not been able to make decisions at a meeting where a quorum is not formed. Subsequently, Members present felt that the risk of using substitutes to ensure a quorum was formed during decision making was minimal.

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

NICE National Institute for Health and Care Excellence

Luton Health and Wellbeing Board

29th August 2013

Deborah O'Callaghan, Implementation Consultant, East

Introduction to NICE

The role of NICE

- To identify good practice using the best available evidence
- To help resolve uncertainty for the public, patients and professionals
- To reduce variation in the availability and quality of practice and care

April 2013 – social care guidance and standards

Core principles of all NICE guidance

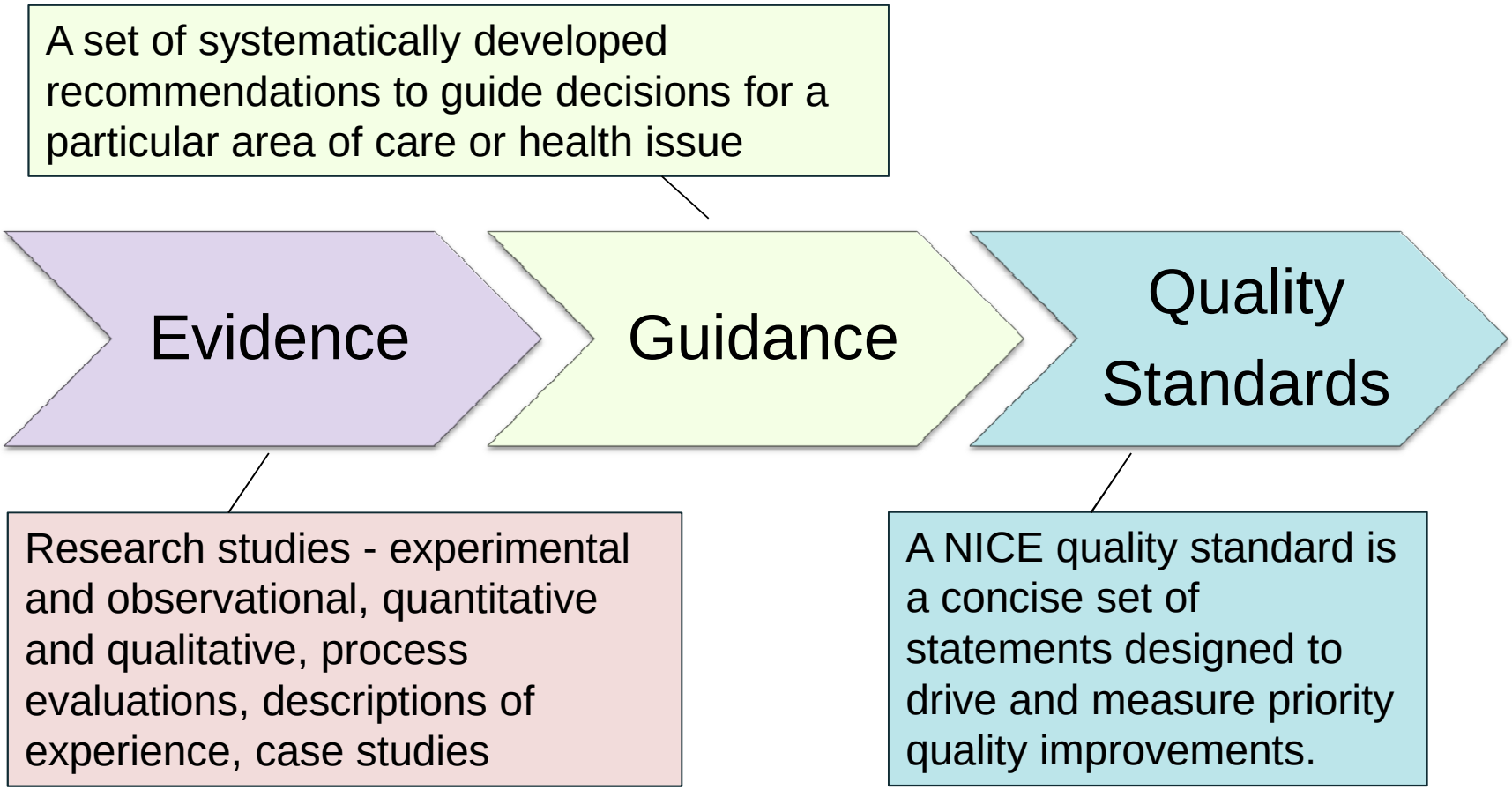
- Comprehensive evidence base
- Expert input
- Public involvement
- Independent advisory committees
- Genuine consultation
- Regular review
- Open and transparent process

NICE and guidance

Social care guidance and QS

Topic	Guidance	QS
Autism in children and adults	Available	2013/14
Mental wellbeing of older people in residential care	Available	2013/14
Managing medicines in care homes	Feb 2014	2015/16
Domiciliary care	July 2015	2016/17
Older people with long-term conditions	Sept 2015	2016/17
Children's attachment	Oct 2015	2016/17
Transition between health and social care	Nov 2015	2016/17
Challenging behaviour in people with learning disability	May 2015	Tbc
Transition from children's to adults' services	Mar 2016	2017/18
Child abuse and neglect	May 2016	2017/18
Mental health problems in people with learning disability	Oct 2016	Tbc

What is NICE guidance and quality standards



Quality Standards – Health and Social Care Act

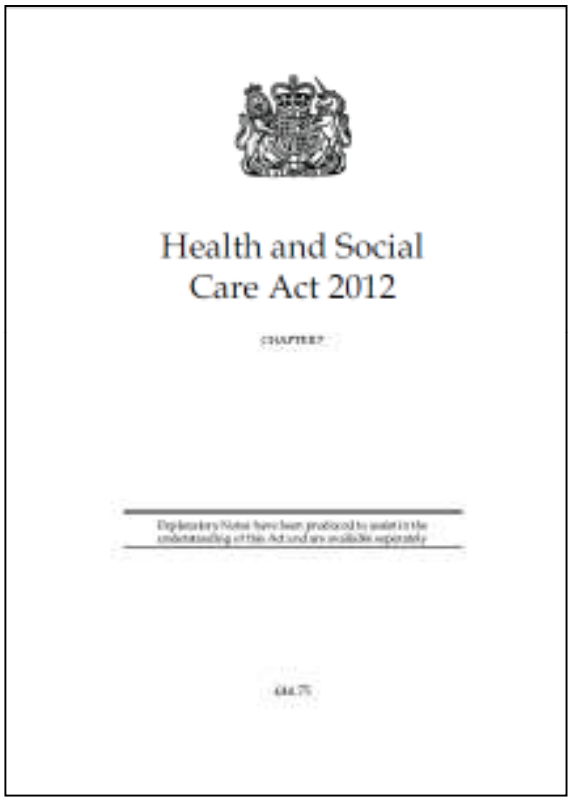
Quality standards

‘The relevant commissioner may direct NICE to prepare statements of standards in relation to the provision of:

a) NHS service
b) Public health services, or
c) Social care in England.

NICE must keep a quality standard under review and may revise it as it considers appropriate.

In discharging its duty, the Board/Secretary of State must have regard to the quality standards prepared by NICE’.



NICE quality standards enable:

- **Health, public health and social care professionals** to make decisions about care based on the latest evidence and best practice
- **People receiving health and social care services, their families and carers and the public** to find information about the quality of services and care they should expect from their health and social care provider.
- **Service providers** to quickly and easily examine the performance of their organisation and assess improvement in standards of care they provide
- **Commissioners** to be confident that the services they are purchasing are high quality and cost effective and focussed on driving up quality.

NICE Evidence linked to the Health and Wellbeing Strategy Priorities

New quality standard for postnatal care

View the quality standard

See the Pathway

Read the news summary

Patients and the public

Putting patients and the public at

Medicines and prescribing

Safety, efficiency and effectiveness

Consultations

Guidance in development

Quality Standards Issued: July 2013

QS37 Postnatal care

View the summary and implementation tools

Next

Select chapters to print, save or share

Introduction

This quality standard covers postnatal care, which includes the core care and support that every woman, their baby and if appropriate, their partner and family should receive during the postnatal period. This includes recognising women and babies with additional care needs and referring them to specialist services. For more information see the scope for this quality standard.

Why this quality standard is needed

Quality statement

Parents or main carers who have infant attachment problems receive services designed to improve their relationship with their baby.

Rationale

Problems with parent-to-baby attachment may result in the baby developing emotional, psychological or behavioural issues in childhood. Providing family-based interventions could improve attachment, thereby providing the building blocks for the child to develop healthy behaviours and mental wellbeing.

Quality measures

Structure

Evidence of local arrangements to ensure that parents or main carers with infant attachment problems receive services designed to improve their relationship with their baby.

Data source: Local data collection.

Process

QS37 Postnatal care (QS37)

Quality Standards QS37
Issued: July 2013

Antenatal and postnatal mental health pathway
Fast, easy summary view of NICE guidance on 'antenatal and postnatal mental health'

VTE prevention (QS3)
Specific, concise statements that act as markers of high-quality, cost-effective patient care

View More

Implementation tools and resources

Support for commissioners

Postnatal care

Quality Standards, QS37 - Issued: July 2013

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

This quality standard covers postnatal care, which includes the core care and support that every woman, their baby and if appropriate, their partner and family should receive during the postnatal period. This includes recognising women and babies with additional care needs and referring them to specialist services

Quality standard formats

Web format

Postnatal care
Information for the public

Quality Standards support for commissioners (and others...)

- Considers the cost of implementing the changes needed to achieve the quality standard at a local level
- Identifies where potential cost savings can be made
- Highlights the areas of care in the quality standard with potential implications for commissioners
- Directs commissioners and service providers to a package of support tools that can help them implement NICE guidance and redesign services.

Published NICE Commissioning Guides

Cardiovascular
Anticoagulation therapy
Commissioning cardiac rehabilitation services
Diagnosis and initial management of acute stroke
Integrated commissioning for the prevention of cardiovascular disease
Services for people with chronic heart failure
TIA service

Central nervous system
NICE support for commissioning dementia care
Services for the diagnosis and management of the epilepsies in adults, children and young people

Endocrine, nutritional and metabolic
Bariatric surgical service
Foot care service for people with diabetes
Insulin pump therapy service
Patient education programme for people with type 2 diabetes

Gynaecology, pregnancy and birth
Quitting smoking in pregnancy and following childbirth
Services for the provision of IUDs and the IUS
Weight management before, during and after pregnancy
Endometrial ablation service
Hysterectomy service

Mental health and behavioural conditions
Alcohol services
Antenatal and postnatal mental health services
Commissioning stepped care for people with common mental health disorders
Service for the diagnosis and management of ADHD in adults
Service for the diagnosis and management of ADHD in children and young people
Service for the treatment and management of schizophrenia in adults

Urogenital
Early identification and management of chronic kidney disease in adults
Paediatric continence service
The management of lower urinary tract symptoms in men
Urinary continence service

A selection of commissioning guides that may be of particular interest

Commissioning Guides

On a topic-specific basis :

- support the commissioning of evidence-based care for target populations
- assist financial modelling through a tool to calculate local service costs
- provides a framework for investment decisions
- highlight and support relevant national priorities
- signpost NICE guidance and other relevant supporting information.

NICE's approach to Return on Investment

- Report health and non-health outcomes and costs in disaggregated format
- Report a range of economic metrics for short, medium and long term time horizons
- Develop scenario analyses around different intervention options
- Review existing models and costing tools to supplement initial cost impact project

What the tobacco return on investment model allows the user to do

- Use local data to count the cost of smoking
  - Public sector costs
  - Wider society

- Use local data to explore “what happens if” scenarios
  - impact of different packages of interventions against a baseline of “do nothing”
  - impact of different packages of interventions against each other
  - impact of adding sub-national strategy
  - Impact of adding GP brief advice

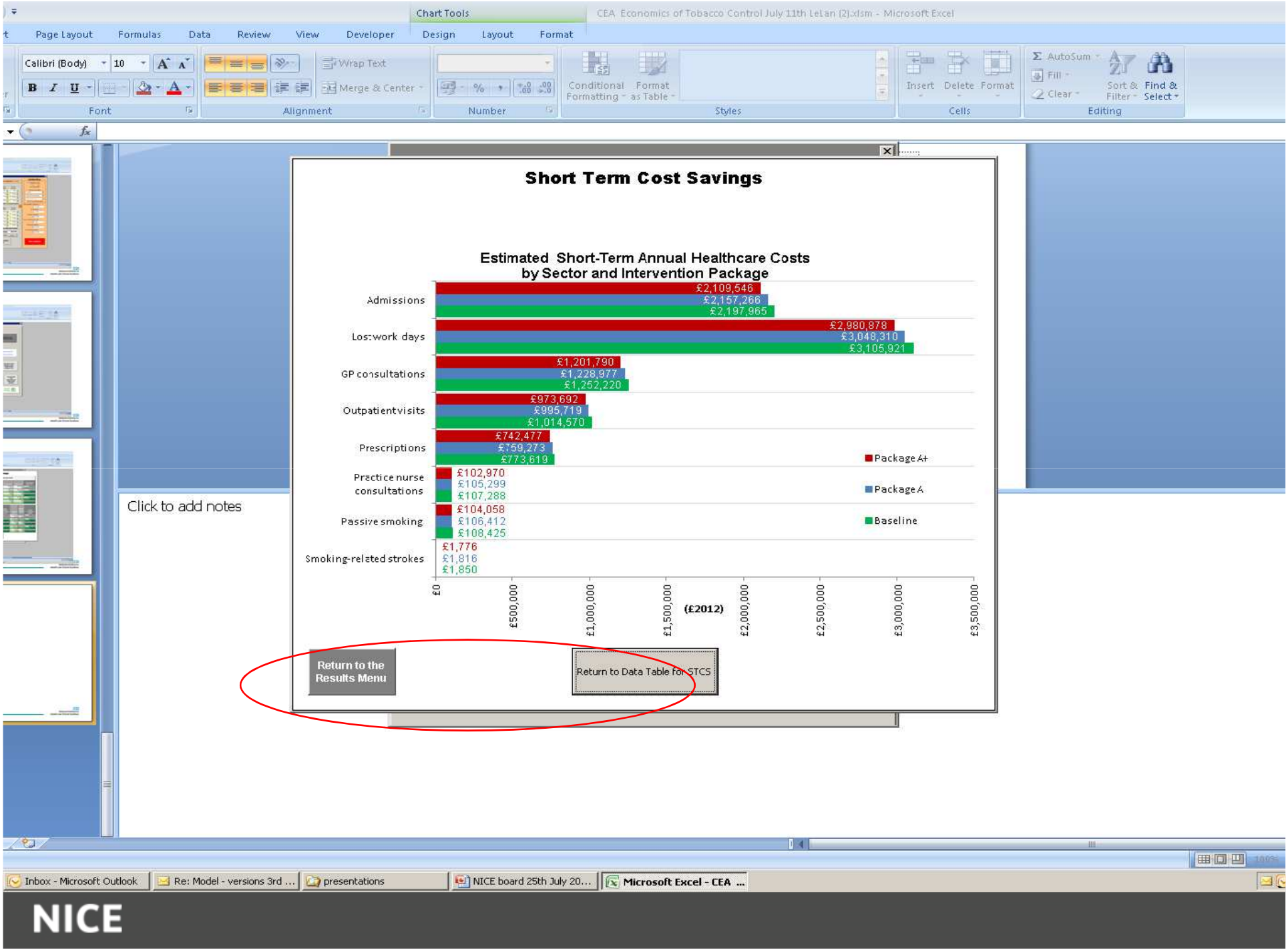


Chart Tools
CEA Economics of Tobacco Control July 11th Lelan (2).xlsm - Microsoft Excel
Page Layout
Formulas
Data
Review
View
Developer
Design
Layout
Format
Short Term Cost Savings
Estimated Short-Term Annual Healthcare Costs
by Sector and Intervention Package
Admissions
£2,109,546
£2,157,266
£2,197,965
Lost work days
£2,980,878
£3,048,310
£3,105,921
GP consultations
£1,201,790
£1,228,977
£1,252,220
Outpatient visits
£973,692
£995,719
£1,014,570
Prescriptions
£742,477
£759,273
£773,619
Practice nurse consultations
£102,970
£105,299
£107,288
Passive smoking
£104,058
£106,412
£108,425
Smoking-related strokes
£1,776
£1,816
£1,850
Package A+
Package A
Baseline
£0
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Return to the Results Menu
Return to Data Table for STCS
Click to add notes
Inbox - Microsoft Outlook
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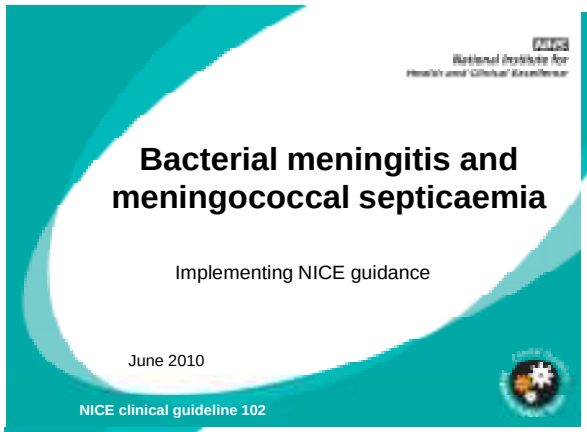
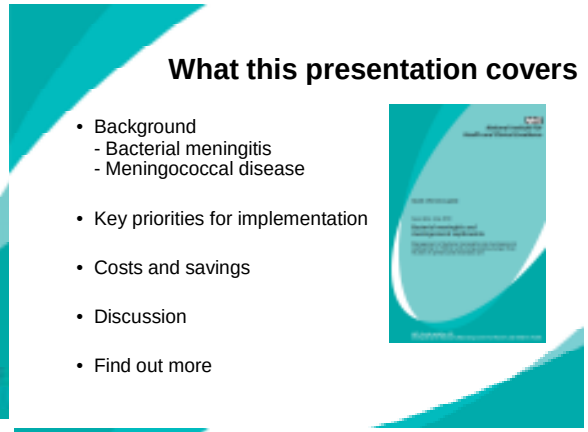
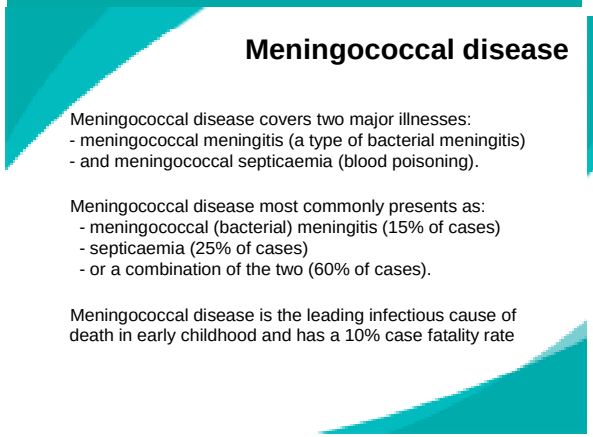
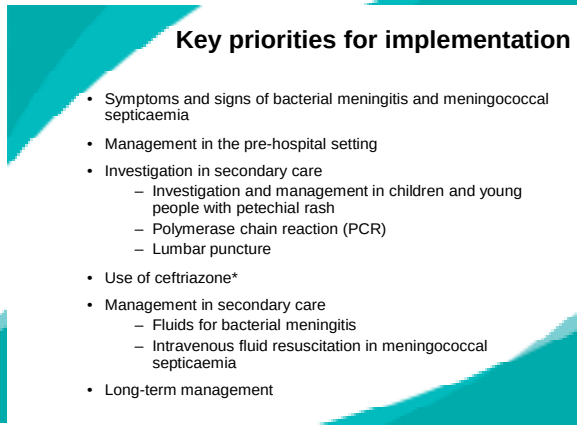
presentations
NICE board 25th July 20...
Microsoft Excel - CEA ...
NICE

Slide Sets









www.nice.org.uk/slidesets

Slide sets are a support tool for the lead implementers that contain a summary of the key messages from guidance in a ready-to-present format.

Slide Sets:

- Deliver basic information about specific guidance that can be adjusted for different audiences and provide a framework for discussion
- Provide you with a format that you can adjust with your own logos, other slide sets and additional text
- Include notes with additional information to assist you in your presentation

The slide sets are suitable for use with those involved in service planning or implementing NICE guidance.

Slide sets do not replace the full guidance, or the quick-reference guide, but act as a prompt to the detail within these documents.

Public Health Briefings

Short, easy to read and jargon-free, here are the first few topics :

TOPIC	PUBLICATION
Physical activity	July 2012
Workplace health	July 2012
Tobacco	July 2012
Alcohol	October 2012
Health inequalities and population health	October 2012
Behaviour change	January 2013
Walking and Cycling	January 2013
Obesity	May 2013
Contraceptive services	TBC
Spatial Planning	TBC
Return on investment	TBC

Aimed particularly at local government councillors, our range of concise public health briefings set out the key issues, suggest effective interventions, share examples of good practice and signpost further information to help you improve the health of your local population.

NICE guidance and public health outcomes

Select chapters to print, save or share

Introduction
Domain 1: improving the wider determinants of health
Domain 2: health improvement
Domain 3: health protection
Domain 4: healthcare public health and preventing premature mortality
Rationale for the indicators
About this briefing

View all NICE's local government public health briefings

Help

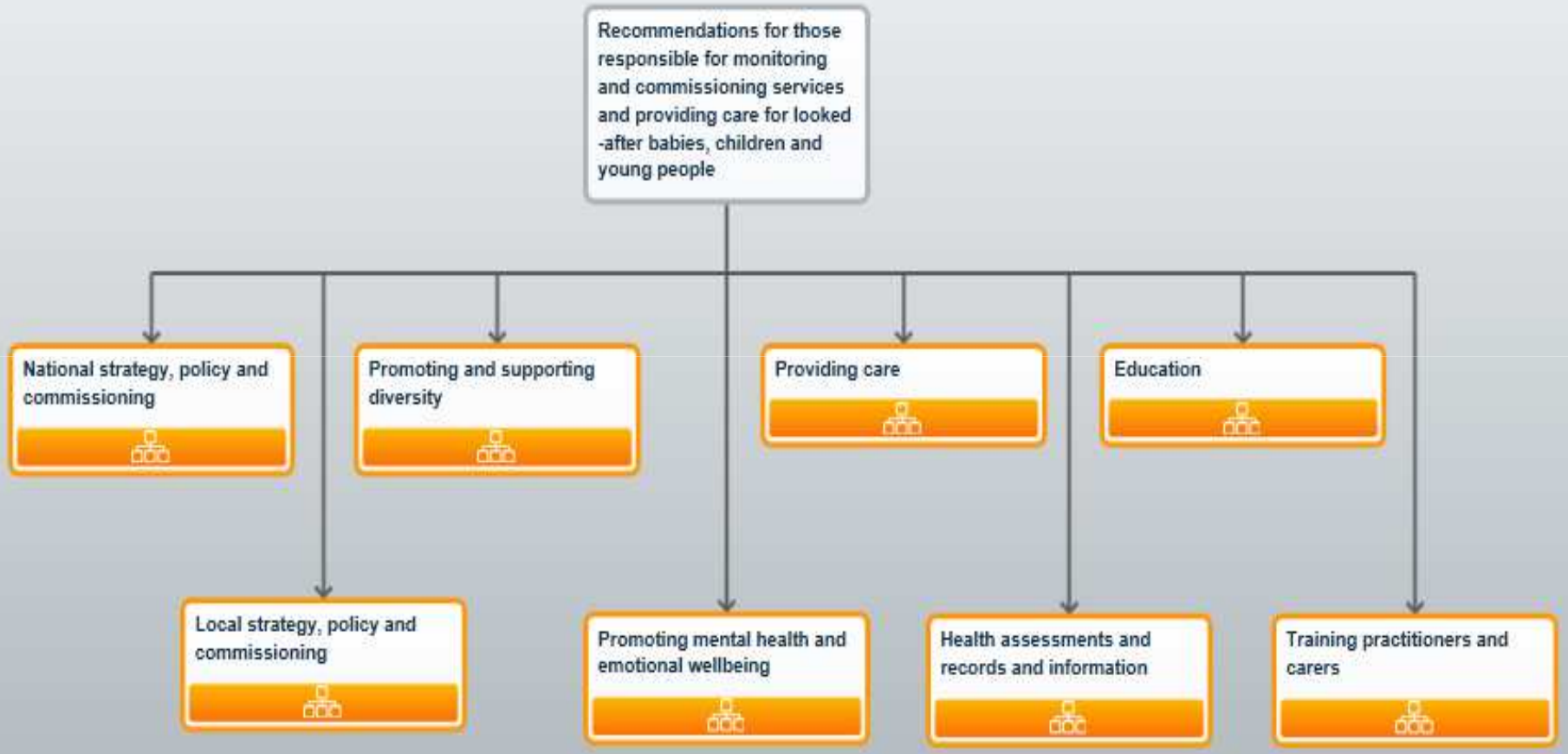
Domain 1: improving the wider determinants of health

Objective: improvements against wider factors that affect health and wellbeing and health inequalities.

Public health outcomes framework	Local authority commissioning responsibility	NICE Pathway with recommendations	NICE guidance document links
1.2 School readiness Rationale for including this indicator	Public health aspects of local initiatives to tackle social exclusion.	Social and emotional wellbeing for children and young people	**Published** Social and emotional wellbeing in early years (NICE public health guidance 40)
1.3 Pupil absence Rationale for including	Public health aspects of local	Social and emotional wellbeing	**Published** Social and

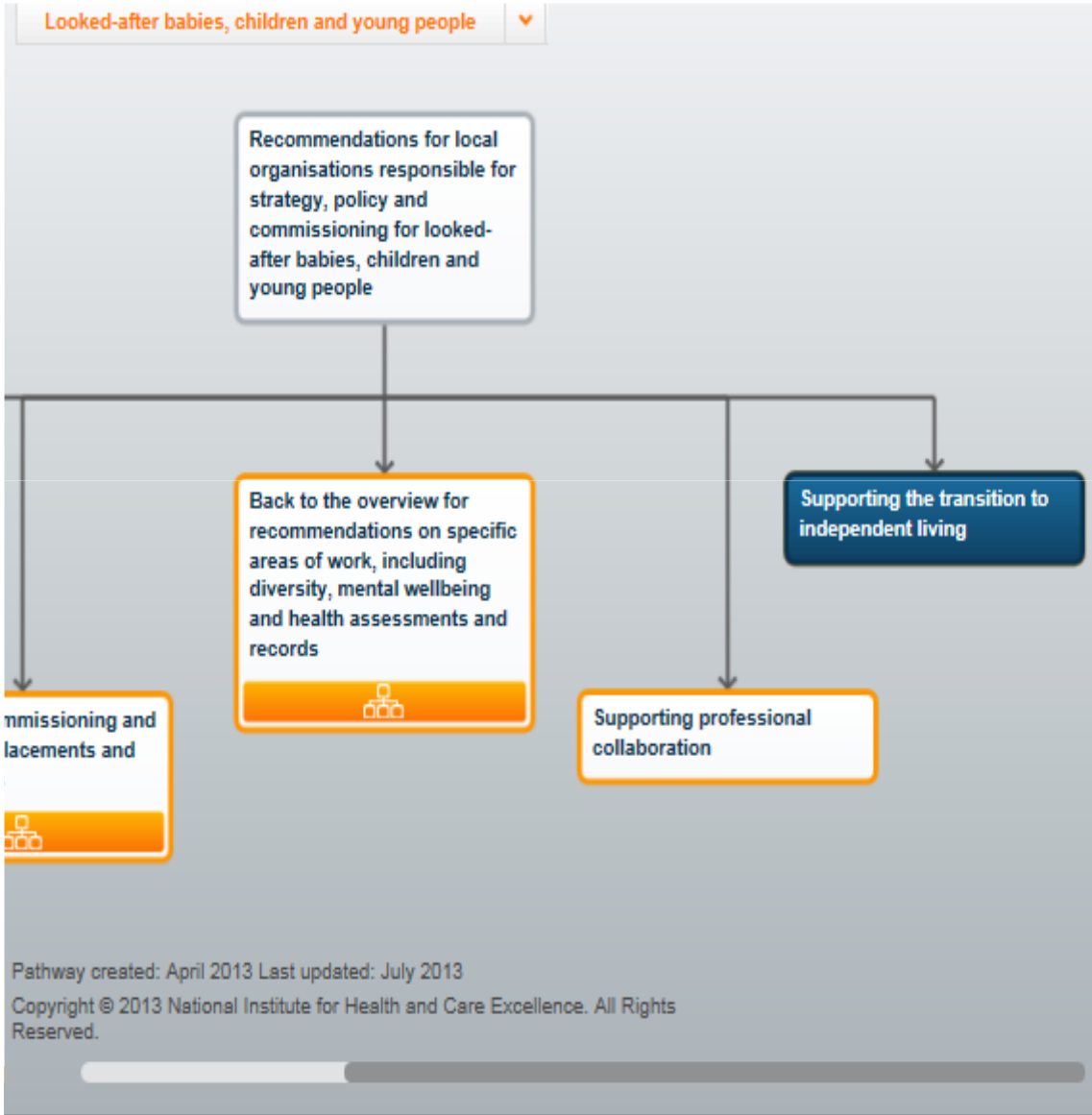
Looked-after babies, children and young people overview

Looked-after babies, children and young people



Pathway created: April 2013 Last updated: July 2013

Local strategy, policy and commissioning for looked-after



Pathway created: April 2013 Last updated: July 2013

Supporting the transition to independent living

Background on preparing for independence

Preparing for adulthood

Directors of children's services should:

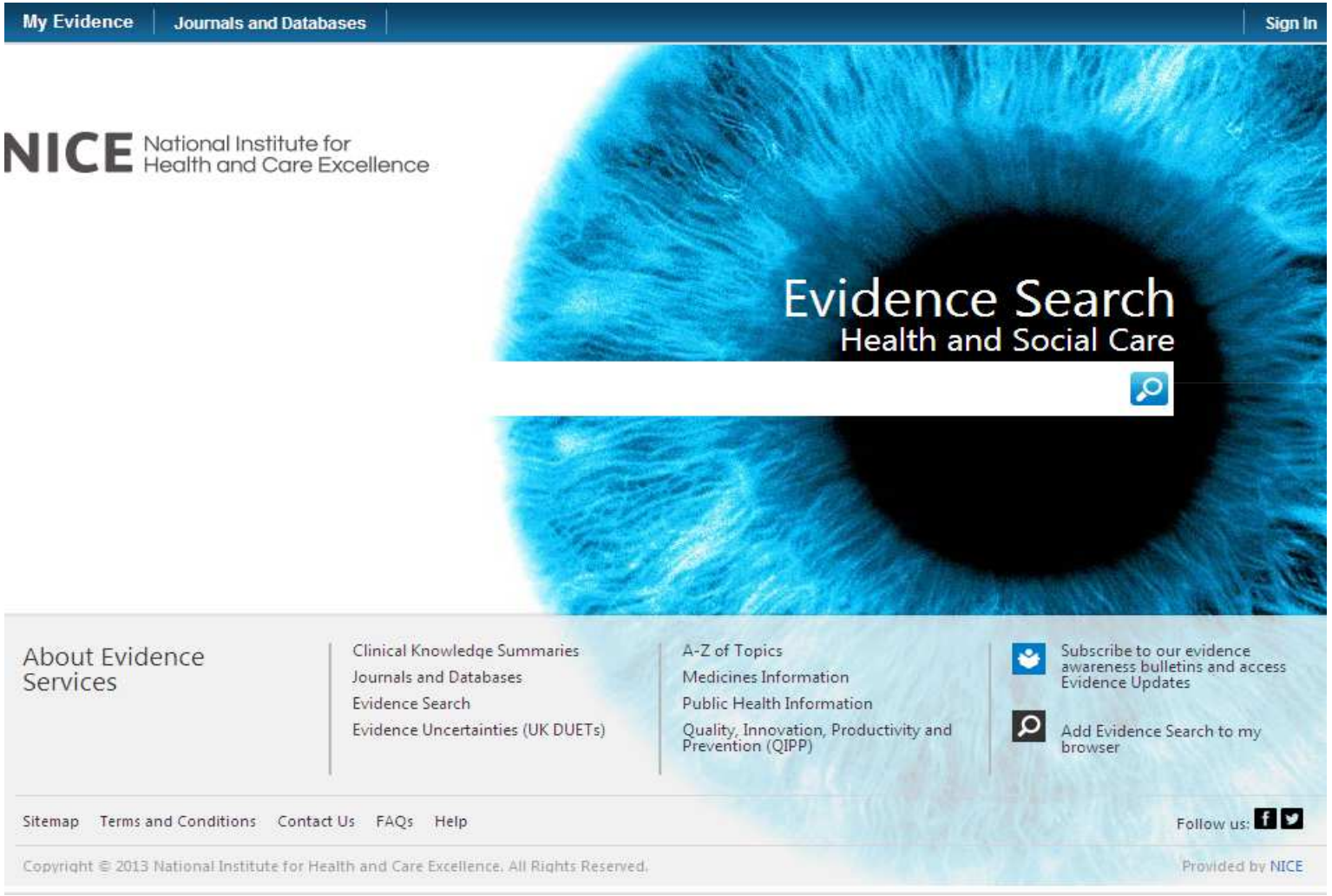
- Refer to and implement the statutory guidance, Planning transition to adulthood for care leavers.
- Ensure preparation for adulthood is part of care planning for children and young people of all ages and abilities who are looked after, in a way that is appropriate to age and supports them to mov at their own pace and feel integrated and secure within their local communities.
- Establish protocols with housing, health and adult social care partners that help identify young people moving to independent living as a priority group for accessing adult services.
- Ensure supported housing commissioned for care leavers enables them to remain until they are ready to take the next step towards independence and a secure tenancy, or other suitable arrangement. Supported housing should not be unduly constrained by set periods of time or a predetermined age at which the young person must move on; it should be provided based on the best interests and needs of the individual.
- Give young people the option to remain in a stable foster home or

Quality standards

Source guidance

NICE Evidence Services

- www.evidence.nhs.uk



Published date

Search History

early intervention
dementia
Alcohol
end of life
Obesity
maternity
Vulnerable groups
looked after children
early intervention children
children

turn off . clear

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accredited

Issues in earlier intervention: identifying and supporting children with additional needs

... Title: Issues in **earlier intervention**: identifying... Abstract: **Earlier intervention** is a cornerstone of government...what is meant by **earlier intervention**; to draw together literature...understanding of **earlier intervention** with children who have...need; effectiveness of **interventions**; and the cost-effectiveness...that, although valuable, **early intervention** on its own...

Social Care Online, 01 January 2010 - Publisher: Great Britain. Department for Children, Schools and Families

Read Summary

Parent implemented early intervention for young children with autism spectrum disorder: a systematic review

...NIHR Parent implemented **early intervention** for young children...parent-implemented **early intervention** for young children with...successfully contribute to **early intervention**, though better quality...parent-implemented **early intervention** for young children with...year or less. Specific **interventions** included in the review ...

Database of Abstracts of Reviews of Effects, 09 August 2008 - Publisher: Centre for Reviews and Dissemination - Publication type: Systematic reviews

Read Summary

Early interventions involving parents to improve neurodevelopmental outcomes of premature infants: a meta-analysis

...Dissemination NIHR **Early interventions** involving...in participants, **interventions** and outcome measures...ascertain whether **early interventions** teaching parenting...and include an **intervention** involving parents...the importance of **early intervention** and teaching parents...the most effective **interventions** for environmentally...

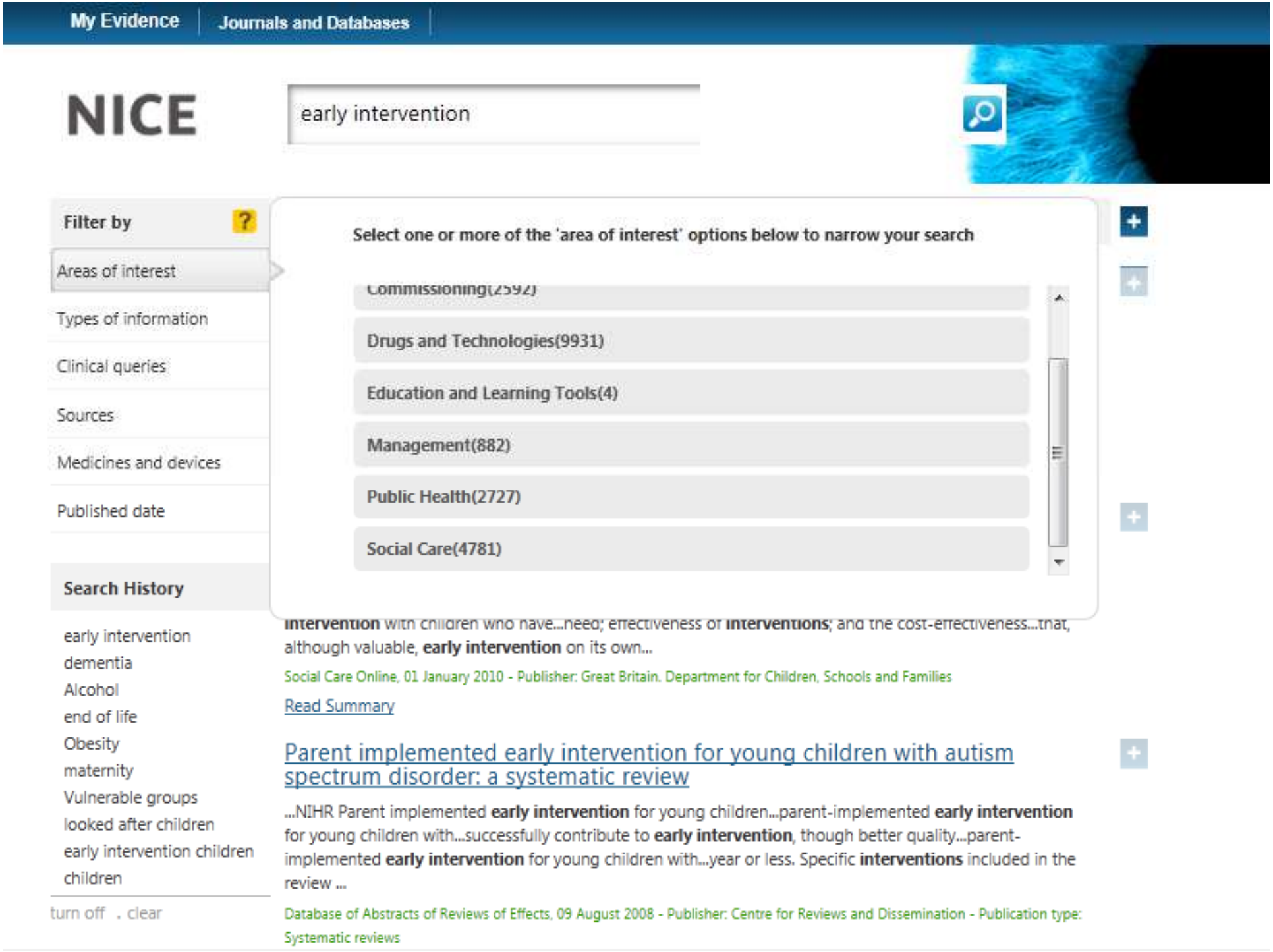
Database of Abstracts of Reviews of Effects, 24 March 2010 - Publisher: Centre for Reviews and Dissemination - Publication type: Systematic reviews

Read Summary

A systematic review of the effects of early intervention on motor development

...of the effects of **early intervention** on motor development...effects of **early intervention** on motor development...benefit most from **interventions** simulating the intra...infant's age (**interventions** beneficial for infants...age at which the **intervention** starts is significant...of the effects of **early intervention** on motor...

Database of Abstracts of Reviews of Effects, 31 May 2006 - Publisher: Centre for Reviews and Dissemination - Publication type:


My Evidence
Journals and Databases
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early intervention
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Sources
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Vulnerable groups
looked after children
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Select one or more of the 'area of interest' options below to narrow your search
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Drugs and Technologies(9931)
Education and Learning Tools(4)
Management(882)
Public Health(2727)
Social Care(4781)
intervention with children who have...need; effectiveness of interventions; and the cost-effectiveness...that, although valuable, early intervention on its own...
Social Care Online, 01 January 2010 - Publisher: Great Britain. Department for Children, Schools and Families
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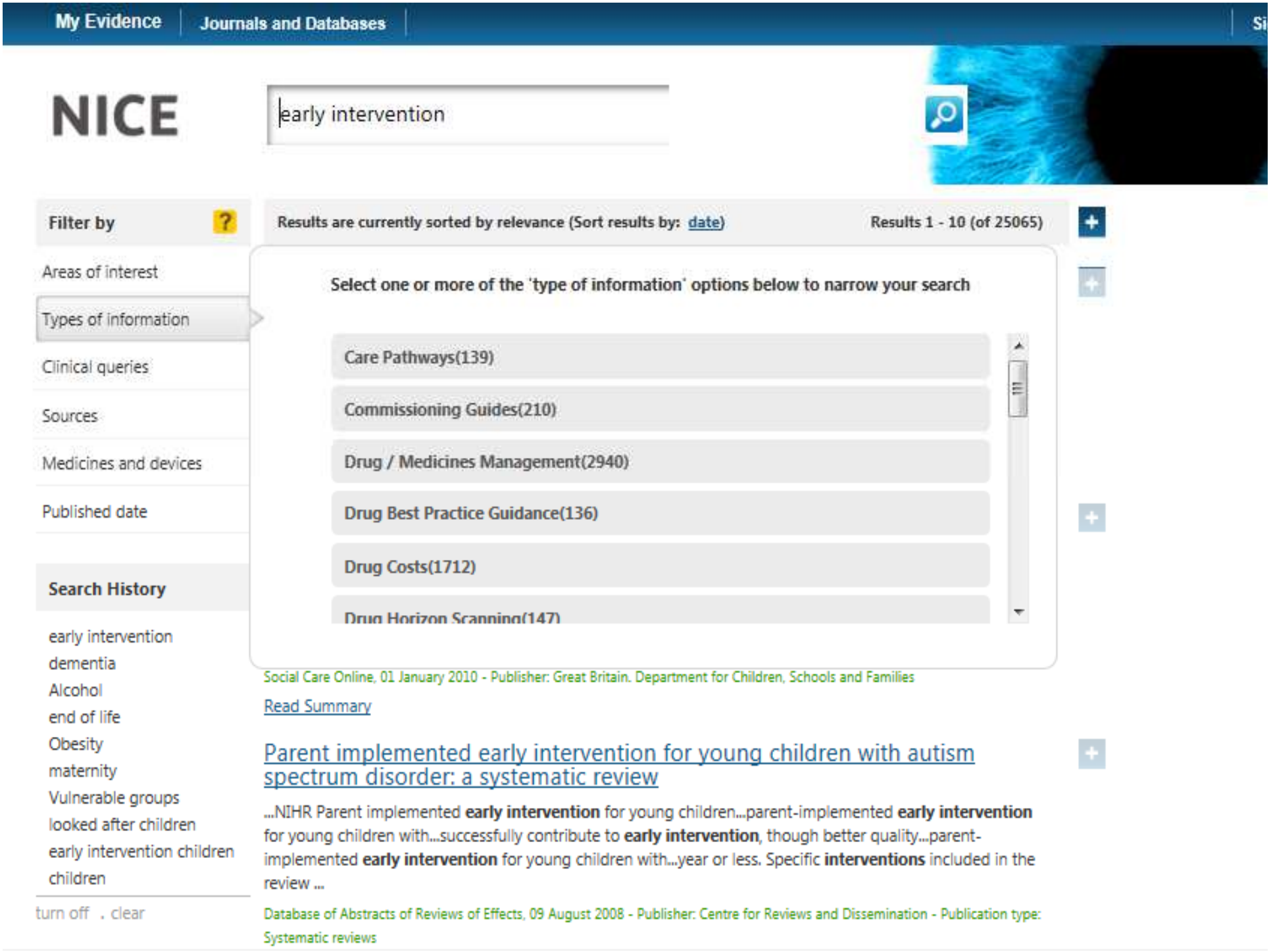
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Results 1 - 10 (of 25065)
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Types of information
Clinical queries
Sources
Medicines and devices
Published date
Select one or more of the 'type of information' options below to narrow your search
Care Pathways(139)
Commissioning Guides(210)
Drug / Medicines Management(2940)
Drug Best Practice Guidance(136)
Drug Costs(1712)
Drug Horizon Scanning(147)
Search History
early intervention
dementia
Alcohol
end of life
Obesity
maternity
Vulnerable groups
looked after children
early intervention children
children
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Social Care Online, 01 January 2010 - Publisher: Great Britain. Department for Children, Schools and Families
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Database of Abstracts of Reviews of Effects, 09 August 2008 - Publisher: Centre for Reviews and Dissemination - Publication type: Systematic reviews

NICE

QIPP

- Quality and Productivity Cochrane topics
- What's New
- Recommended
- Case Studies by Workstream

Home » QIPP

Quality, Innovation, Productivity and Prevention (QIPP)

> There are lots of really powerful examples around things we can do to improve quality while improving productivity.
>
> **Sir David Nicholson**, NHS Chief Executive

dementia Search

Introduction

The Quality, Innovation, Productivity and Prevention (QIPP) collection is intended to be a resource for everyone in the NHS, public health and social care for making decisions about patient care or the use of resources. The collection comprises:

- **QIPP case studies** are examples of how health and social care staff are improving quality and productivity across the NHS and social care. Case studies are evaluated based on quality improvements, savings, evidence and implementation and are peer reviewed.

Service redevelopment:

Integrated whole system services for people with dementia

Provided by: Mersey Care NHS Trust

Publication type: Proposed quality and productivity example

Sharing QIPP practice: What are 'Proposed Quality and Productivity' examples?

QIPP Evidence provides users with practical case studies that address the quality and productivity challenge in health and social care. All examples submitted are evaluated by NICE. This evaluation is based on the degree to which the initiative meets the QIPP criteria of savings, quality, evidence and implementability.

Proposed quality and productivity examples are those predominantly local case studies that meet most of the criteria but lack evidence of impact following implementation. This may be because they are at an early stage of implementation and further evidence is forthcoming. These proposed examples may be of interest, prior to the addition of further information which will be sought within a year period from the point of publication. A summary of findings is provided below along with comments and recommendations about how this case study may be developed.

Overview

This case study is about keeping people with dementia independent for longer so they do not have to access more costly care; and where this is not possible, to ensure people are provided with appropriate support to get them back into the community quicker so they can regain their quality of life.

NICE comment

This case study has estimated net savings of £2.1 million or £246,000 per 100,000 population, providing all services changes are implemented across North Mersey. As this initiative is in the very early stages of implementation information showing how implementation of this case study has actually demonstrated its aims is not yet available.

The initiative is a planned complex whole-system approach and as a result requires a great deal of planning and programme management. A key factor in the success of the initiative is stakeholder support and commitment.

How to find out more

Website www.nice.org.uk

Sign up to receive monthly NICE News

Evidence search www.evidence.nhs.uk

Email deborah.ocallaghan@nice.org.uk

AGENDA ITEM

7.2

Luton Health and Wellbeing Board

NICE resources mapped against H&WB strategy priorities

Author: Deborah O'Callaghan, NICE Implementation Consultant

August 2013

A Healthier Future : Improving Health and Wellbeing in Luton 2012 – 2017

OUR PRIORITY OUTCOME 1: EVERY CHILD AND YOUNG PERSON HAS A HEALTHY START IN LIFE

This priority focuses on ensuring that children and young people have the best opportunities early in life to enable them to become healthy adults. Evidence indicates that health in later life is strongly influenced by childhood experiences and by focusing attention at this stage of life should not only improve the child's health but also that of the whole family.

NICE Resources

Guidance

Strategies to prevent unintentional injuries in under 15s
Preventing unintentional road injuries in under 15s
Preventing unintentional injuries in the home in under 15s
Practical support: checklist, key facts for councillors, costing tool, self-assessment tool, slideset, pathway

Preventing and reducing domestic violence (in development due Feb 14)

Pregnancy and complex social factors
Practical support: self-assessment tool, costing statement, audit tool, training and educational tools, slideset, pathway, casestudy

When to suspect child maltreatment
Practical support: self-assessment tool, costing statement, audit tool, training and educational tools, slideset, pathway, casestudy

Interventions to reduce substance misuse in vulnerable young people
Practical support: costing template, slide set, audit tool, pathway

Promoting physical activity for children and young people
Practical support: audit support, costing statement, guide to resources, slideset, casestudies

School based interventions on alcohol
Practical support: costing report, slide set, pathway and casestudy

Social and emotional wellbeing – early years
Practical support: costing statement, baseline assessment tool and pathway (social and emotional wellbeing in children and young people)

Social and emotional wellbeing in primary education
Practical support: costing statement, slide set and pathway (social and emotional wellbeing in children and young people)

Social and emotional wellbeing in secondary education
Practical support: costing statement, slide set and pathway (social and emotional wellbeing in children and young people)

Preventing the uptake of smoking among children and young people
Practical support: costing statement and return on investment calculator, case studies and smoking pathway

School based interventions to prevent smoking
Practical support: costing statement and return on investment calculator, case studies and smoking pathway

Quitting smoking during pregnancy and following childbirth
Practical support: costing statement and return on investment calculator, self-assessment template, e-learning tool, case studies and smoking pathway

Reducing differences in the uptake of immunisations
Practical support: costing template, audit tool, FAQs, guide to resources, case studies and pathway

Alcohol use disorders – preventing harmful drinking
Practical support: costing statement and self-assessment template, e-learning tool, case studies, guide for commissioners and pathway

Weight management before, during and after pregnancy
Practical support: costing statement, financial planning tool and self-assessment template, e-learning tool, case studies, guide for commissioners and pathway

Overweight and obese children and young people – lifestyle weight management
In development, due October 2013

Maternal and child nutrition
Practical support: costing report, slide set, baseline assessment tool, commissioning guide, pathway and case study

Looked after children and young people
Practical support: costing report, slide set, baseline assessment tool, guide to resources, pathway and case study

Conduct disorder in children and young people
Practical support: baseline assessment tool, costing report, slide set, pathway and podcast

Psychosis and schizophrenia in children and young people
Practical support: baseline assessment tool, costing report, slide set, pathway, treatment manuals and intervention framework

Quality Standards
Health and wellbeing of looked after children and young people
Practical support: Action planning tool, data collection tool, support for commissioners and pathway

Attention deficit hyperactivity disorder
Practical support: pathway and support for commissioners

Bacterial meningitis in children and young people
Practical support: training resources, pathway and support for commissioners

Antenatal care
Practical support: pathway and support for commissioners

Postnatal care
Practical support: pathway and support for commissioners

Case studies
Shared learning database – 37 examples including implementation of the Looked After Children guidance in a Local Authority; implementation of promoting physical activity in children guidance; 'becoming a pushy corporate parent' (re Looked after children guidance); community engagement to increase childhood immunisations; developing a co-ordinated interagency parent training programme…

QIPP Collection – 2 examples including Specialist equipment provision for children with special educational needs:

Other evidence from www.evidence.nhs.uk

OUR PRIORITY OUTCOME 2: REDUCED HEALTH INEQUALITIES WITHIN LUTON
This priority focuses on those communities, groups and individuals who have the worst health outcomes in Luton. We will prioritise prevention and early detection of cardio vascular disease (CVD), cancer, respiratory disease and diabetes – the conditions most strongly related to health inequalities. Currently the areas with the poorest health outcomes in Luton fall mainly within the wards of Biscot, Challney Dallow, Farley (men), High Town, Leagrave (women).Northwell and South.

NICE Resources – Prevention (Weight management)

Guidance
Promoting physical activity for children and young people
Practical support: audit support, costing statement, guide to resources, slideset, casestudies and pathway

Weight management before, during and after pregnancy
Practical support: costing statement, financial planning tool and self-assessment template, e-learning tool, case studies, guide for commissioners and pathway

Overweight and obese children and young people – lifestyle weight management
In development, due October 2013

Maternal and child nutrition
Practical support: costing report, slide set, baseline assessment tool, commissioning guide, pathway and case study

Physical activity and the environment
Practical support: costing statement, guide to resources, slideset, casestudies and pathway

Preventing type 2 diabetes – population and community interventions
Practical support: audit support, costing statement, guide to resources, slideset, casestudies and pathway

Obesity – working with local communities
Practical support: baseline assessment, costing statement, guide to resources, casestudies and pathway

BMI and waist circumference - black, Asian and minority ethnic groups
Practical support: baseline assessment, costing statement, casestudies and pathway

Overweight and obese adults - lifestyle weight management
In development due May 2014

Overweight and obese children - lifestyle weight management
In development due October 2013

Obesity Clinical Guideline
Practical support: baseline assessment, costing statement, commissioning guides, guide to resources, casestudies and pathway

Quality standards
None yet

Other
Public health briefings for councillors: Physical activity and obesity

Case studies
11 case studies on topic of obesity

Other evidence from www.evidence.nhs.uk

NICE Resources – Prevention (Smoking/tobacco)

Guidance
Preventing the uptake of smoking among children and young people
Practical support: costing statement and return on investment calculator, case studies and smoking pathway

School based interventions to prevent smoking
Practical support: costing statement and return on investment calculator, case studies and smoking pathway

Quitting smoking during pregnancy and following childbirth
Practical support: costing statement and return on investment calculator, self-assessment template, e-learning tool, case studies and smoking pathway

Brief interventions and referral for smoking cessation
Practical support: costing statement and return on investment calculator, implementation advice and smoking pathway

Smoking cessation in the workplace
Practical support: costing statement and return on investment calculator, business case, implementation advice and smoking pathway

Smoking cessation services
Practical support: costing statement and return on investment calculator, commissioning guide, implementation advice and smoking pathway

Smokeless tobacco cessation – South Asian Communities
Practical support: costing statement, baseline assessment tool and audit tool, podcast and smoking pathway

Tobacco Harm Reduction
Practical support: costing statement, baseline assessment tool, casestudy and pathway

Quality standards
None published yet

Case studies
11 shared learning examples including information for employers and Open wide project: raising awareness of the risks of smokeless tobacco and shisha pipe smoking and the signs and symptoms of mouth cancer.

1 QIPP case study – relapse prevention in smoking cessation interventions

Other evidence from www.evidence.nhs.uk

NICE Resources - Long Term Conditions

Guidance
Chronic heart failure
Practical support: Audit support,Baseline assessment tool, Clinical case scenarios, costing report, costing template, educational resource, electronic audit tool, Guide for commissioners: services for people with chronic heart failure, case studies and pathway

Chronic kidney disease
Practical support: Baseline assessment tool, costing tool, slide set, audit tool, guide for commissioners, casestudies and pathway

COPD
Practical support: Baseline assessment tool, costing tool, slide set, audit tool, guide for commissioners, casestudies and pathway

Stable angina
Practical support: Baseline assessment tool, costing tool, slide set, audit tool, guide for commissioners, and pathway

Diabetes in adults – there are a few separate pieces of NICE guidance. I would advise they are best accessed via the diabetes pathway found here.

Dementia
Practical support: Baseline assessment tool, costing tool, slide set, audit tool, guide for commissioners, casestudies and pathway

In development: Multimorbidities: system integration to meet population needs

Quality standards
Chronic kidney disease
COPD
Stable angina
Diabetes in adults

Practical support: for each quality standard there is a guide for commissioners and a pathway

Case studies
2 case studies can be found in the shared learning database following a search for long term conditions Others can be found by searching for specific conditions

Other evidence from www.evidence.nhs.uk

NICE Resources – Cancer

Guidance
There are several pieces of NICE guidance (in excess of 100) on the topic of cancer (many of which relate to appraisals of cancer drugs). They can all be found here.

Of note are the Cancer Service Guides:

Brain tumours (CSGBraincns)
Breast (CSGBC)
Children and young people with cancer (CSGCYP)
Colorectal (CSGCC)
Haemato-oncology (CSGHO)
Head and neck (CSGHN)
Sarcoma (CSGSarcoma)
Skin tumours including melanoma (CSGSTIM)
Supportive and palliative care (CSGSP)
Urological (CSGUC)

You may find it easiest to refer to the relevant NICE pathways which incorporate all of the guidance and practical support and are easier to navigate. You can access all cancer pathways here. They include:

- Breast cancer
- Lung cancer
- Preventing skin cancer
- Ovarian cancer
- Prostate cancer

Quality standards
Breast cancer
Lung cancer in adults
Ovarian cancer
Colorectal cancer

Practical support: all of the above quality standards come with associated pathways and support for commissioners

Case studies
12 case studies in the shared learning database and 17 QIPP (Quality Innovation Productivity and Prevention) casestudies can be found here.

Other evidence from www.evidence.nhs.uk

OUR PRIORITY OUTCOME 3: HEALTHIER AND MORE INDEPENDENT ADULTS AND OLDER PEOPLE
This priority sets out our intention not only to extend life, but also to improve the quality of life (i.e. "adding years to life and life to years"). A focus on people with long term conditions (i.e. chronic health conditions such as diabetes or heart disease) and how they can be better supported to live independently will be a key aspect of this priority action.

NICE Resources

Long term conditions resources as listed above. Additionally:

Supporting people to live longer in their own home

Guidance

Quality standards
Supporting people to live well with dementia
Practical support: Action planning tool, data collection tool, commissioning support and pathway

Nutrition support in adults
Practical support: guide for commissioners and pathway

In development:
The transition between health and social care, including discharge planning, admission avoidance, reducing readmissions and reducing unnecessary bed occupancy

Management of physical and mental co-morbidities of older people in community and residential care settings

Case studies
2 good case studies can be found here

Other evidence from www.evidence.nhs.uk

NICE Resources – preventing unnecessary admissions/readmission

Guidance
Stroke
Practical support: costing template, slide set, audit tool, pathway, commissioning guide and casestudies

Stroke rehab
Practical support: costing template, baseline assessment tool, pathway, commissioning guide

Lower urinary tract infections in men
Practical support: costing template, slide set, audit tool, pathway, commissioning guide and casestudies

Falls – assessment and prevention of falls in older people
Practical support: costing template, baseline assessment tool, audit tool, pathway, podcast and casestudies

Osteoporosis – fragility fracture
Practical support: slide set, audit tool, pathway, implementation advice and casestudies

Head injury
Practical support: slide set, audit tool, pathway, implementation advice and casestudies

Quality standards
Stroke
Practical support: support for commissioners, slide set, audit tool, pathway, commissioning guide and casestudies

Hip fracture in adults
Practical support: guide for commissioners, pathway, slide set

In development: The transition between health and social care, including discharge planning, admission avoidance, reducing readmissions and reducing unnecessary bed occupancy

Case studies
9 case studies can be found in the shared learning database following a search for 'falls'
6 case studies can be found in the shared learning database following a search for 'stroke'
9 case studies can be found in the shared learning database following a search for 'rehab'

Other evidence from www.evidence.nhs.uk

NICE Resources – Mental wellbeing

Guidance
Mental wellbeing in older people
Practical support: Action planning tool, data collection tool, commissioning support and pathway

Promoting mental wellbeing at work
Practical support: Action planning tool, data collection tool, business case template and pathway

Other evidence from www.evidence.nhs.uk

NICE Resources – Mental health

Guidance
Post traumatic stress disorder
Practical support: Action planning tool, data collection tool, commissioning support (Commissioning guide for common mental health conditions) and pathway

Obsessive compulsive disorder and body dysmorphic disorder
Practical support: Baseline assessment tool, data collection tool, commissioning support (Commissioning guide for common mental health conditions) and pathway

Antenatal and postnatal mental health
Practical support: Baseline assessment tool, data collection tool, commissioning support and pathway

Antisocial personality disorder
Practical support: Baseline assessment tool, data collection tool, costing tool and pathway

Borderline personality disorder
Practical support: Baseline assessment, data collection tool, costing tool and pathway

Depression in adults
Practical support: Baseline assessment tool, data collection tool, commissioning support (Commissioning guide for common mental health conditions) and pathway

Anxiety
Practical support: Baseline assessment tool, data collection tool, commissioning support (Commissioning guide for common mental health conditions) and pathway

Social anxiety disorder
Practical support: Baseline assessment, data collection tool, costing tool and pathway

Quality standards
Service user experience of mental health services
Depression in adults
Self harm
Practical support: guide for commissioners

Case studies
26 QIPP casestudies can be found here

Other evidence from www.evidence.nhs.uk

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 9.2
DATE OF MEETING:	**29 August 2013**
REPORT AUTHOR & CONTACT NUMBER:	**Jo Fisher joanne.fisher@luton.gov.uk**
SUBJECT:	**Disabled Children's Charter**

WARD(S) AFFECTED: ALL

PURPOSE

To confirm support for the Disabled Children's Charter.

RECOMMENDATION(S)

The Health and Wellbeing Board is recommended to:

(i) support the Disabled Children's Charter.

(ii) receive annual reports on progress

BACKGROUND

The Children's Trust and Every Disabled Child Matters (EDCM) have developed a charier to support Health and Wellbeing Boards meet their responsibilities towards disabled children, young people and their families, including children and young people with special educational needs (SEN) and health conditions.

REPORT

The charter (Appendix 1) highlights seven key areas where progress is expected. The expected benefits include:

- Publicly articulate a vision for improving the quality of life and outcomes for disabled children, young people and their families
- Understand the true needs of disabled children, young people and their families in the local area and how to meet them
- Have greater confidence in targeting integrated commissioning on the needs of disabled children, young people and their families
- Support a local focus on cost-effective and child-centred interventions to deliver long-term impacts
- Build on local partnerships to deliver improvements to the quality of life and outcomes for disabled children, young people and their families
- Develop a shared local focus on measuring and improving the outcomes experienced by disabled children, young people and their families
- Demonstrate how the area will deliver the shared ambitions of the health system set out by the Government in 'Better Health Outcomes for Children and Young People'.

PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY PRINCIPLES:

Promoting Integration/Pooled Budgets/Joint Commissioning

Integration between health, social care and education is a key principle of the charter.

Improving Quality and Efficiency – Service/Pathway Redesign

Addressing the Wider Determinants of Health

Focussing on Early Intervention and Prevention

Early intervention is a key principle of the charter, particularly in relation to the transition between children's and adults' services.

IMPLICATIONS

The main driver for this charter is to ensure that children with disabilities receive services which meet their needs.

CONSULTATIONS

APPENDIX

Appendix 1 – Copy of charter.

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

Set out here the public papers used in the compilation of this report, which may be viewed by the public.

Disabled Children's Charter for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** .....
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth
For children with multiple disabilities

HEALTH AND WELLBEING BOARD	AGENDA ITEM: **10.1**
DATE OF MEETING: **29TH AUGUST 2013** **REPORT AUTHOR & CONTACT NUMBER:** **Carol Hill / Simon Pattison 01582 532049** **SUBJECT:** **WINTER PRESSURES**	

WARD(S) AFFECTED: ALL

PURPOSE

1. To provide an update on Winter Pressures detailing current uncertainties regarding funding stream and proposed process for agreeing spend of any available monies. The proposed process & initial list is included as Appendices 1 & 2.

RECOMMENDATION(S)

2. The board is to note the content of this document and risk associated with the potential lack of winter pressures monies.

BACKGROUND

3. Historically Commissioning Organisations (the former PCT's) received Winter Pressures Monies from the then Strategic Health Authorities for investment in extra capacity to manage the increased demand over winter. These monies have been well used in Luton. Last year the Shadow CCG was responsible for the apportionment of any funding and it was anticipated that similar funding would be available this year.

REPORT

4. It has been announced that nationally £500m will be made available to poorly performing Trusts over the next 2 years to improve performance against the 4 hour standard.

5. L&D has consistently performed well against the 4 hour standard.

IMPLICATIONS

6. Thus far there is no confirmation as to whether the "traditional" winter pressures monies will be available to high performing Trust catchments eg Luton.

7. The Luton system's continued high performance against the 4 hour standard has, through the winter months, been partially predicated upon the availability of winter pressures monies.

8. Should the winter pressures monies not be available there is a high risk that performance will suffer and services available to patients will be affected.

CONSULTATIONS

9. LCCG will work with stakeholders across the whole system to agree the priorities for any available funding see appendix 1.

APPENDICES

13. The following appendices are attached to this report:

Appendix 1 – Process for prioritisation for any available funding
Appendix2 – Initial top 5 priorities (pending further consultation
"First cut" submission (un-prioritised).

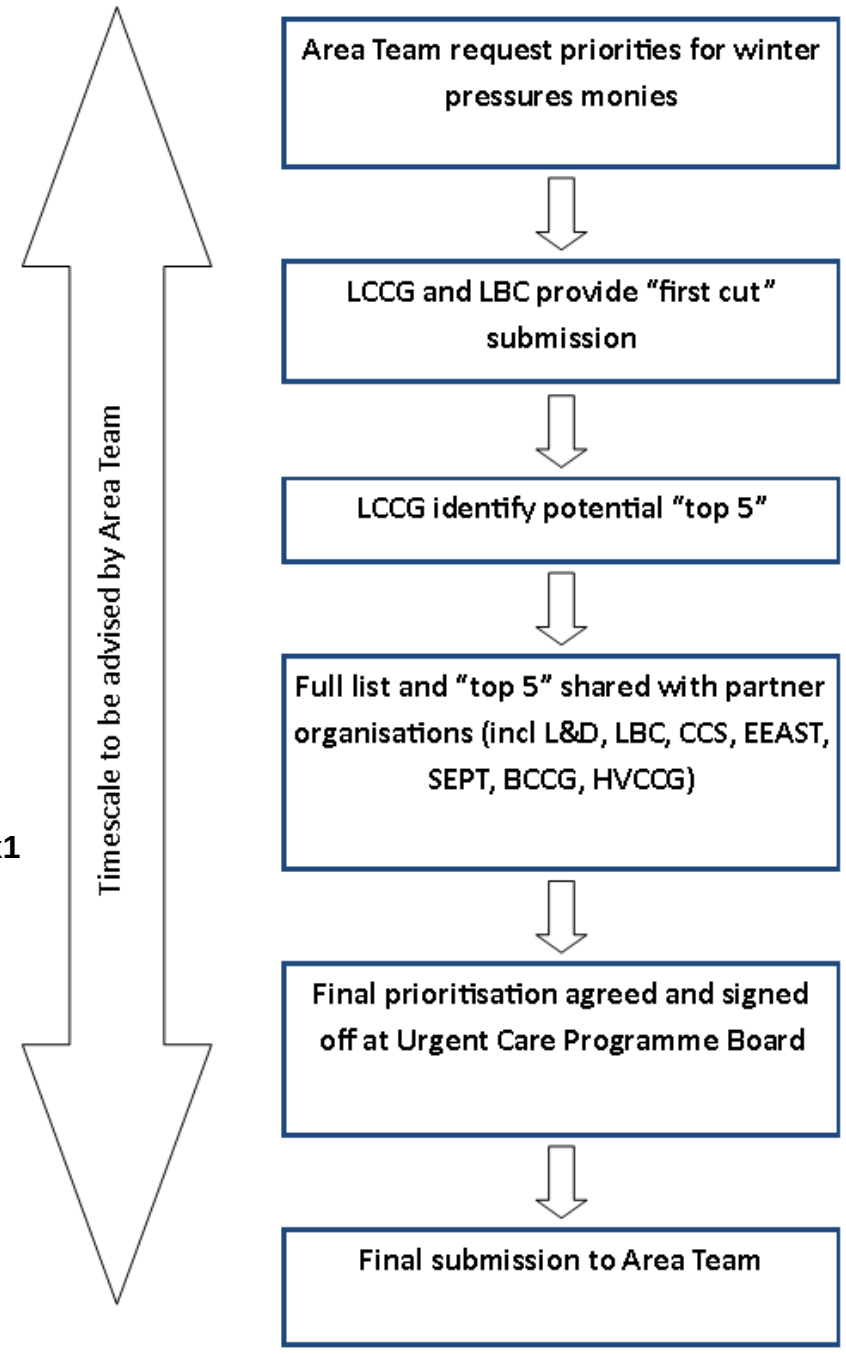
LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

None.

Luton Clinical Commissioning Group

Appendix1

Prioritisation Process for LCCG
Winter Pressures Monies 2013



Appendix 2

Initial Top 5 Priorities for Winter Pressure Monies

- Step up/step down bed provision
- CHC Assessment beds
- Additional GP resource for Urgent Care Centre to reduce pressures on A&E department
- Increasing capacity for patients discharged requiring IV therapy Community Crisis Team
- Increased capacity in Integrated Discharge Team – explore potential for 7 day social care assessments

Full initial submission

NB This needs further development and clarification by partners across the system

Health Care Initiatives

Name of initiative	Dates of operation	Short description of initiative	Methods of monitoring effectiveness of initiative
Frail Elderly Pathway	October – 31st March 2014	System-wide initiative aimed at reducing number of short stay admissions for the frail elderly	SUS data
Community Transport	October until 31st March 2014	To commission additional transport through community services to facilitate timely discharge from hospital and between primary care and community services	Contract Performance Monitoring
Community Crisis Response	October until 31st March 2014	Increasing capacity of team to take patients on discharge from hospital requiring IV therapy.	Contract Performance Monitoring
Support to Chaotic Patients and Frequent attenders	October until 31st March 2014	Increase flexibility across statutory services to manage complex patients not meeting inclusion criteria of current services and additional funding to voluntary sector to support these patients.	Contract Performance Monitoring
Step up/ Step down beds	October - 31st March 2014	Increase number of beds available over winter period;	Contract Performance Monitoring
CHC Assessment beds	October – 31st March 2014	Additional CHC assessment beds	Length of stay. Comparative study of impacts/ patient experience and savings
Nursing beds – short term block	October – 31st March 2014	To facilitate discharge of patients with nursing needs	Length of stay. Patient outcome measures. Readmission rates
Rehab beds – short term block	October – 31st March 2014	To facilitate discharge of higher acuity patients.	
Meet and Greet Supported Hospital Discharge Service	October – 31st March 2014	To provide initial “soft” (e.g. ensuring food is in house, heating is on etc) support to patients upon discharge to facilitate safe and speedy return home avoiding delays.	Length of stay. User feedback
Flex up urgent care centre and Out of Hours as required	October – 31st March 2014	Additional GP resource for Urgent Care Centre to reduce pressures on A&E department	Daily A&E attendance and activity data
Enhanced Liaison Psychiatry Service	October – March 2014	To develop service that facilitates timely discharge for patients with dementia and delirium and reduces unnecessary length of stay	Length of stay. Patient outcome measures. Readmission rates
Primary Care Locum (s)	October – 31st March 2013	To increase primary care GP capacity proportional to list size. Increasing access and timely response to primary care services and home visits to patients at risk of unplanned admissions.	Practice level A&E attendance and activity data.

Social Care Initiatives

Name of initiative	Dates of operation	Short description of initiative	Methods of monitoring effectiveness of initiative

Increase Social Care capacity within hospital discharge team	October until 31st March 2014	To speed up assessment process and facilitate timely assessments	
Hospital Discharge support – OT reablement	October 2013 – April 2014	§ To support patient OT/reablement requirements from Hospital EAU back home § To build reablement skill base and increase operational capacity by developing fit for purpose assessment tools within the reablement team (for ongoing sustainability)	§ Progression of identified goals in the project plan. § Numbers of patients discharge with reablement support. § Numbers of persons assessed with OT input. § Numbers of persons decreased care packages or no care at the end of reablement period.
Transport availability to support safe and appropriate discharges (car based transport)	October to March 14	Short term contract with independent transport providers to support quick turnaround transport need, enabling patients to return home/ next destination in a timely way.	Performance measures- outputs, Numbers of patients requiring short notice transport. Numbers of patients accessing short notice transport and returning home/ next destination within specified time-bands, e.g., 1-2 hours, 2-4 hours, same day, And; patient/carer satisfaction; care outcomes
Home care additional capacity	October to March 14	Further home care to facilitate discharge and improve flow	LOS
Co-ordinator to support implemented winter pressures solutions	January to March 13	Co-ordination currently all based in hospital and extra staffing would be required to support a more disparate operation	LOS

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 10.2
DATE OF MEETING: 29 August 2013 **REPORT AUTHOR:** Michael Scorer, Better Together programme lead **CONTACT NUMBER:** 01582 546204 **SUBJECT:** Better Together: Luton's health and social care integration programme	

WARD(S) AFFECTED: ALL

Introductory note

I recognise that this report is concerned with real people and real lives and that some of the language in this report can give the impression of detachment from that reality. For example, I have used the word 'customer' to mean patient, or service user or potential patient or service user and their friends and family that support them. Similarly I sometimes use the word carer to mean family member or friend. I do not forget that this report is talking about 'Elizabeth Smith', 'Rashid Khan', 'Simone Rogers' and thousands of other real people with names and their own equally valuable and equally important lives.

PURPOSE

To inform the board of progress with the Better Together programme to date.

To ensure that all relevant stakeholder organisations represented at the health and wellbeing board agree that the objective for Better Together is to reduce health
Inequalities, improve outcomes for service users, patients and carers in Luton, reduce duplication and save money.

To ask the board to consider the programme governance and management arrangements.

To ask the board to note and comment on the draft terms of reference for the Better Together board.

RECOMMENDATION(S)

The Health and Wellbeing Board is recommended to:

Agree the Better Together programme purpose, governance (including board membership) and management arrangements.

Adopt the NHS England definition of integration as the working definition for the Better Together programme, in the third paragraph on **page 10.2/3.**

Note the Better Together board draft terms of reference.

BACKGROUND

The number of people in Luton who have health problems requiring both health and social care is increasing. For example, the number of people who are 85 years and older is set to grow by 55% from 2,350 in 2010 to 3,650 in 2030. The number of people living with dementia is also expected to rise significantly. The JSNA predicts a 9% increase in prevalence from 2010 to 2014 and a 29% increase to 2020. This means there are likely to be more people with 'complex health needs' (more than one health problem) who require a combination of health and social care services.

Sometimes these services don't work well together and people are sent to hospital, or they stay in hospital too long, when it would have been better for them to get care at home. In other instances people get the same or similar service twice, with multiple appointments or visits from the NHS and from the Council or other social care provider.

The same is true for children with complex needs, who may receive home and school assessments. It is difficult to gather a precise figure for the number of children with a disability in Luton. Estimates from the PCT (2009) and from Council studies put the number up to around 3,000. Similarly the number of children with complex needs is difficult to ascertain and will be between 700 (the approximate number of severely disabled children) and 3,000 as many disabled children will have multiple health, care, education and housing needs. Additionally, there is an above average rise in the number of under-fives in Luton and above average incidence of congenital disability that is adding to future needs and pressures.

As a result, Luton residents may not get the holistic and cohesive care and health services they need. Some elements may be duplicated and some may be missed. The outcome is a poor use of public money and a worsening of the quality of life or life expectancy of the person needing help and perhaps also their family, friends or carers.

Nationally, although the government has identified £3.8 billion from existing budgets that could be moved from current planned use to help local NHS and social care services to integrate, this money is unlikely to be easy to get hold of in the short term. It has also published a substantial amount of advice and guidance as well as completed and planned legislation to support and enable integration.

The care and support white paper, commits the government to evidence-based integrated care and support over the next five years and it also plans to change the NHS constitution to include a pledge to provide care co-ordination.

The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, clinical commissioning groups, Monitor and health and wellbeing boards to make it easier for health and social care services to work together. The Care Bill gives local councils a duty to promote integrated services.

Luton's health and wellbeing board on 17 July agreed to note the project implementation document for "whole system integration" and asked for progress reports, as appropriate, from the integration project manager.
At their meetings on 29 July and 1 August respectively the Council's Executive and the Executive of the clinical commissioning group (CCG) agreed to continue with the programme under the name of "Better Together".

Our objective is to reduce health inequalities and improve outcomes for service users, patients and carers.

REPORT

NHS England says: "For health, care and support to be 'integrated', it must be person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs that puts the needs and experience of people at the centre of how services are organised and delivered."

The Better Together programme brings together the NHS in Luton, which comprises Luton CCG, Luton and Dunstable university hospital foundation trust, Cambridgeshire Community Services NHS trust (CCS) and South Essex Partnership university NHS foundation trust (Sept), with Luton borough council (LBC or the Council), Luton's voluntary and community sector (VCS) and Luton residents represented by Healthwatch.

It is proposed to establish the Better Together programme as set out in appendix A, with three important principles:

1. The programme will build on existing work, for example the Scrutiny task and finish group report on hospital discharge, and seek to make rapid progress in these areas to deliver demonstrable improvements in health and care to customers.
2. The programme will use existing organisational structures, groups and meetings to govern, manage, inform and validate change proposals. For example the CCG strategic implementation groups (SIGs) and commissioning for quality and innovation (CQUIN) framework will be used to advance some areas of integration. Existing sub groups of the health and wellbeing board can take a lead on relevant work streams; clinical and professional governance and advice can come from the clinical commissioning committee and from existing management team meetings in housing and adult social care; and customer engagement can use existing customer reference groups in addition to calling on Healthwatch.
3. The objective of a better health and care outcome for Luton residents and lessening health inequalities trumps other considerations that are driven by individual organisational interests or established ways of doing things.

Five programme areas will encompass all the work of the programme and each will be led by a CCG director or LBC head of service. They are:

1. Services – this is the heart of the programme and covered in most depth by the Ernst and Young project initiation document. Work in this area will be further divided into work streams that are themed around the customer. Each work stream will be responsible for picking up work already underway in its purview and for determining priority work areas. For example, the frail elderly work stream would pick up responsibility for driving forward and taking strategic ownership of the actions arising from the recommendations of the hospital discharge scrutiny report. Redesign options will go to the clinical commissioning committee to help ensure that integrated services are evidence based and clinically led.

2. Organisation – This programme area will consider structural and management aspects of integration, taking care to preserve clear differentiation and separation of commissioning and delivery functions. It will therefore consider corporate governance, management and policies so that if integration involves integrating processes there is a way of ensuring a genuinely single and cohesive approach from the customer's perspective. It will also cover whole-system purpose and ethos, or culture, which will be essential to develop as a shared condition, focussed around the customer and not the organisation, to ensure that at all times wherever people sit they are pulling in the same direction.

3. Back office and support – If we can save money in this area it will take some of the strain from needing to save money from front-line services. It will consider, for example, whether there is money to be saved by jointly procuring any back office functions such as HR, payroll and facilities management or by providing these as a shared service. Critically in this area will be IT and its enabling role for sharing customer information.

4. Finance and evidence – This area of the programme will be responsible for ensuring that non-clinical decisions have a sound basis in fact and that we all know where we are now before deciding on how we can get to where we think we want to be. Critically this is likely to provide the basis for discussions about management of budgets and inform consideration of pooled budgets.

5. Programme support – where possible the programme will call upon the time of existing people, drawing on their local knowledge and expertise to provide leadership and assurance. However, the programme will need dedicated specialist support and initially this will include an overall programme director, a manager of the programme support team, one or more business analysts, one or more qualified accountants and programme administration. These roles could be a combination of full and part time and the onus will be on demonstrating value for money for any spending.

The above approach chimes with a number of proposed approaches including from "Rethinking the integration agenda" from the Good Governance Institute, "Rewiring public services" from the LGA, "Integrated care and support: our shared commitment" from the national collaboration for integrated care and support.

Timetable – The Ernst and Young PID divides the programme into four phases: Phase one is PID development; phase two is options appraisal; phase three is business case; and phase four is implementation planning. It has already been agreed with the LBC executive and CCG executive that business cases will go to those meetings for approval. Some elements of integration will move faster than others, for example where work to integrate services is already underway and there will not be one business plan for all integration. Rather, there will be business plans relating to specific service change proposals that will be put forward to the

Council executive and CCG board (via the clinical commissioning committee where appropriate) for final decision. The first business cases should be considered by the LBC executive and the CCG board in November.

Programme cost and funding – A programme budget will be developed and presented to the Better Together board. Funding will come from the Council and the CCG and will be a mix of existing budgets and government money that is designed to aid integration and service development.

Governance – the Better Together board will be a subset of the Health and Wellbeing board. Consideration has been given to using existing groups so far as is possible to avoid adding to the burden of already stretched clinicians and others working in this area. As a result, where possible, programme work in individual areas or work streams will be considered through existing groups (see appendix B for details). Strategic commissioning matters, for adults and children) will go through the existing future joint commissioning steering group (FJCSG). However oversight of the overall programme will be the responsibility of the Better Together board. Draft terms of reference and board membership are attached as appendix C.

IMPLICATIONS

Legal, financial and equalities issues will be considered during the development of the programme.

CONSULTATIONS

Public engagement will be critical to the success of the programme and the intention is to work closely with Healthwatch to ensure that the voice of patients, service users, families and carers are heard and listened to in any service change proposals.

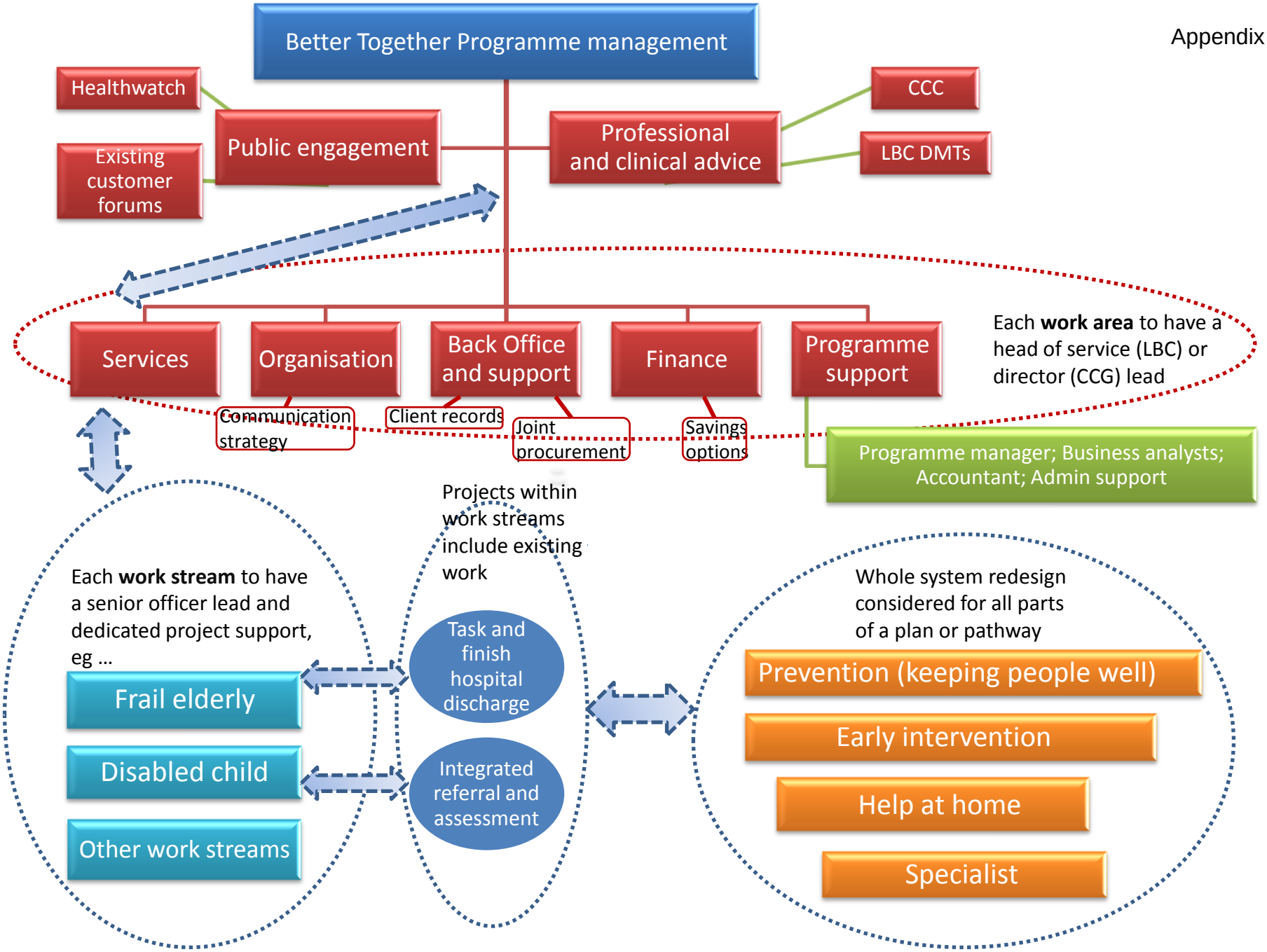
APPENDICES

A: Programme management
B: Governance arrangements
C: Better Together board draft terms of reference

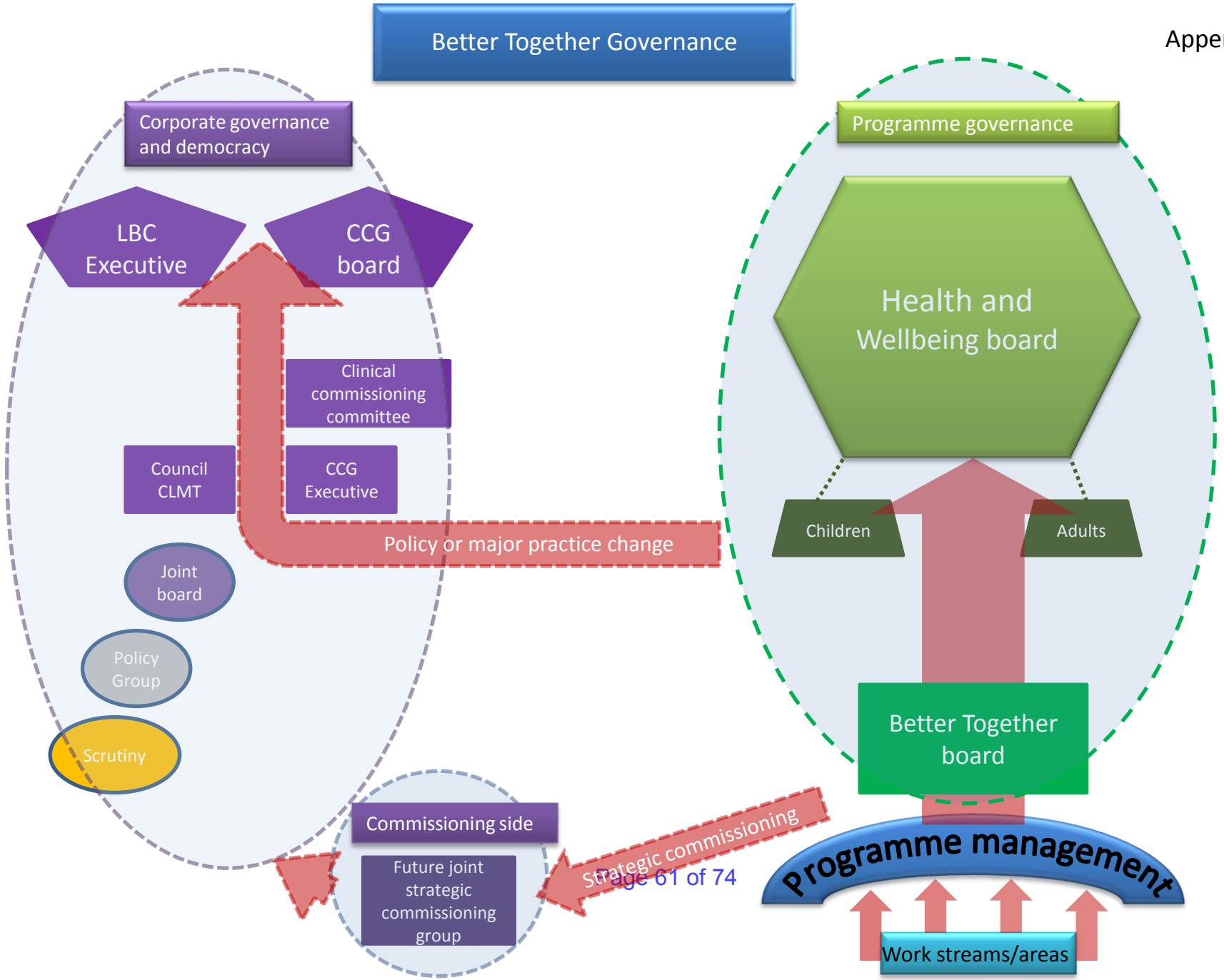
LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

No papers that require listing were used in the preparation of this report.

Appendix A


Better Together Programme management
Healthwatch
Existing customer forums
Public engagement
Professional and clinical advice
CCC
LBC DMTs
Services
Organisation
Back Office and support
Finance
Programme support
Each work area to have a head of service (LBC) or director (CCG) lead
Communication strategy
Client records
Joint procurement
Savings options
Programme manager; Business analysts; Accountant; Admin support
Each work stream to have a senior officer lead and dedicated project support, eg …
Frail elderly
Disabled child
Other work streams
Projects within work streams include existing work
Task and finish hospital discharge
Integrated referral and assessment
Whole system redesign considered for all parts of a plan or pathway
Prevention (keeping people well)
Early intervention
Help at home
Specialist

Appendix B


Better Together Governance
Corporate governance and democracy
LBC Executive
CCG board
Clinical commissioning committee
Council CLMT
CCG Executive
Policy or major practice change
Joint board
Policy Group
Scrutiny
Programme governance
Health and Wellbeing board
Children
Adults
Better Together board
Programme management
Work streams/areas
Commissioning side
Future joint strategic commissioning group
Strategic commissioning

Better Together Programme Board

Terms of Reference

1. Purpose

The purpose of this group is to steer and oversee the transformation of health and social care services (for children and adults) into a holistic integrated operating model across Luton.

2. Background and Context

There are significant national and local drivers for the development of whole system integration.

At a national level, the Health and Social Care Act 2012 puts a responsibility on health and wellbeing boards to promote integration and the government is committed to introduce a national minimum eligibility threshold for care and support in England by April 2015. The 2013 Children and Families Bill includes the duty on local authorities to draw up single (or integrated) education, health and care plans for children with special education needs or who are disabled, and to set out a 'local offer' of services available to parents and young people.

At a local level, integration is identified in the Health and Wellbeing strategy as one of the key factors in improving health and reducing health inequalities. Additionally

There is a considerable body of evidence that supports the idea that holistic health and care services organised around a person (patient, service user or carer) leads to better health outcomes and has the potential to cost less. Luton Council's prospectus says: "We know that achieving good health outcomes comes from more than having good health services and that housing, education, work, diet, lifestyle and social activities make a big and sometimes decisive difference to health inequalities." This view is supported in the public health white paper 2010 and Marmot report "Fair Society, Healthy Lives", also 2010.

We know that service users, patients, their families and carers sometimes find that the different systems they have to navigate work against them rather than for them.

The proposition at the heart of this programme is that services designed and delivered around the person enable them and their family to stay independent for longer and that this not only improves their immediate and longer term health outlook, it also cost the public purse less money because it delays or avoids the need for expensive residential or hospital in-patient care.

3. Responsibilities

The Better Together board sets the strategic direction of the programme and is responsible for overseeing high level delivery. As such it will not sign-off operational matters such as service redesign options; rather it will have the opportunity to require changes to priorities and pace and to scrutinise and decide how they might contribute to strategic programme aims.

- Shape the future of the whole systems economy in Luton, reporting up to the health and wellbeing board.
- Agree the vision for the future integrated services
- Governance function
- Monitor programme progress
- Realising the project outcomes / benefits
- Monitoring the budgets
- Make recommendations to the health and wellbeing board for sign-off
- Agree the scope of the programme and its deliverables
- Steer and oversee the development of the strategic vision ensuring communication and engagement takes place with citizens and patients, clinicians, staff and providers
- Steer and oversee the development of a robust implementation plan with clear and ambitious milestones and timelines for delivery
- Ensure the development and delivery of a communication and engagement plan for citizens and patients, clinicians, staff and providers linked to the implementation plan.
- Monitor and oversee the delivery of the programme in accordance with the final version of the agreed implementation plan (21/6/13)
- Ensure the development of a risk register and monitor mitigation actions
- Identify and resolve escalated barriers and obstacles to delivery
- Oversee the establishment of robust evaluation and performance management framework to identify benefits and measure outcomes and impact

4. Accountability

The board is accountable to the health and wellbeing board and will provide it with a regular summary of progress and performance, key issues and recommendations requiring ratification or decision. The board will link with the senior management teams in the Council and the CCG as required in relation to the development of policy changes or other decisions that will require member or trustee approval.

5. Membership (roles and responsibilities)

There will be multi-agency representation on this board and each representative member will be responsible for communication of key decisions and actions through their respective organisations.

CCG chief officer;
CCG director of commissioning and integration;
GP board member (nomination required);
NHS England area team
LBC finance director;
CCG director of finance;
LBC corporate director of housing and community living;
LBC director of children's services;
LBC director of public health;
Luton and Dunstable university hospital (nomination required);
CCS NHS trust (nomination required);
Sept (nomination required)
Patient / public (Healthwatch)
Voluntary sector

6. Frequency of Meetings and Minutes

The Better Together Board will meet a minimum of five times a year synchronised with the health and wellbeing board. Formal minutes and a log of key actions and agreements will be maintained.

7. Operational Subgroups

This is a complex programme of work and operational subgroups will be established to take forward individual projects and to provide day to day programme and project management.
.

8. Quorum

This is a commissioner led programme therefore a director level representative from the CCG and Council is required to be present in order for key decisions to be ratified.

9. Declarations of interest

Any declarations of interest will be declared and recorded at the beginning of each programme board meeting.

10. Review Dates

Reviews will take place at the end of each key phase as follows:
· Analysis – December 2013
· Service model and implementation plan development – Jan 2014
· Implementation phases - TBC

HEALTH AND WELLBEING BOARD	AGENDA ITEM: **11.1**

DATE OF MEETING: 29th August 2103

REPORT AUTHOR Gerry Taylor, DPH

CONTACT NUMBER: 01582 548448

SUBJECT: Health and Social Care Review Group on Coroner's Procedure and Practice

WARD(S) AFFECTED: All

PURPOSE

To update the Health and Wellbeing Board on progress on the recommendations of the Health and Social Care Review Group on Coroner's Procedure and Practice

RECOMMENDATION(S)

To note the progress and that a report will be provided to Health and Social Care Review Group in November 2013.

BACKGROUND

The Health and Wellbeing Board had requested the DPH to chair a meeting between the Coroner, LBC and NHS partners, recipients of a number of recommendations from the Council's Scrutiny: Health & Social Care Review Group (HSCRG) in May 2013, dealing with Coroner's Procedure and Practice.

The purpose of the meeting was to co-ordinate a response from partners on how they were dealing with the recommendations, to feedback to HSCRG.

REPORT

A multi-agency meeting was held on 17th July 2013 which noted the good progress made to date on the recommendations and to agree the remaining actions in response to the review. Unfortunately the Coroner was unable to attend and is due to retire. The minutes of the meeting are attached at Appendix 1.

NEXT STEPS

The good progress on the recommendations made was noted at the meeting on 17th July and follow-up actions agreed. Appointment of the new Coroner was awaited, as in view of the Coroner's imminent retirement and the result of the review and meeting would be followed up with him/her. A final report will be provided to the Health and Social Care Review Group in November 2013.

PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY PRINCIPLES:

Promoting Integration/Pooled Budgets/Joint Commissioning
There were no direct implications for joint commissioning, but the work of Luton CCG around end of life care was noted.

Improving Quality and Efficiency – Service/Pathway Redesign
The report and actions agreed have implications for the quality and efficiency of services for bereaved friends and family.

Addressing the Wider Determinants of Health
N/A

Focussing on Early Intervention and Prevention
N/A

IMPLICATIONS

As concluded from the meeting of partners, all the HSCRG recommendations were accepted as a whole or in parts by the relevant services, and actions were in train to progress them. However, the feasibility of some would be more testing than others.
Appointment of the new Coroner was awaited. The notes would be passed to David Morris with a request that he briefed his successor on the progress of HSCRG recommendations accordingly.

CONSULTATIONS

There was good public engagement in the overview and scrutiny review and Luton and Dunstable Hospital Trust had been engaging with community members in terms of developing a response to the review recommendations.

APPENDIX

Notes of meeting held on 17th July 2003, on addressing the recommendations of the Scrutiny: Health and Social Care Review Group on Coroner's Procedure and Practice.

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

Appendix 1

NOTES OF MEETING OF LBC AND NHS PARTNERS

Held on: 17th July 2013 **At :** 2.00 p.m.

Subject: Addressing the recommendations of the Scrutiny: Health and Social Care Review Group on Coroner's Procedure and Practice

Present:

Gerry Taylor (Chair)	- Director of Public Health, LBC
Dr Mark Patten	- Medical Director, L&D Hospital
Barry Timms	- Parks & Cemeteries Manager, LBC
Rod While	- Head of Strategy & Governance, Luton CCG
Tony Ireland	- Licensing Service & Parking Shop Manager, LBC
Sharon Varian-Price -	Cemeteries and Crematorium, LBC
Bert Siong	- Democracy & Scrutiny Officer, LBC

Apologies:

David Morris	- HM Coroner
Carol Hill	- Chief Office Luton CCG
Steve Judkins	- Cemeteries and Crematorium
Annie Rooney	- Registrar

1. The Health & Wellbeing Board had requested Gerry Taylor to Chair a meeting between the Coroner, LBC and NHS partners, recipients of a number of recommendations from the Council's Scrutiny: Health & Social Care Review Group (HSCRG) in May 2013, dealing with Coroner's Procedure and Practice (see Appendix A).

2. The purpose of the meeting was to co-ordinate a response from partners on how they were dealing with the recommendations, to feedback to HSCRG. Although David Morris could not attend the meeting due to unforeseen personal commitments, each recommendation was reviewed and actions agreed as set out below.

3. In view of his imminent retirement, David Morris was not expected to make any long terms decisions, but it was hoped he would pass on these notes to his successor, to enable their engagement as soon as possible after coming into post.

4. Recommendation (a): Developing the use of imaging/ scanning to establish cause of death

- Dr Mark Patten said the Coroner and community representatives had visited the L&D to explore the possibilities of the use of imaging;
- Seen as a positive initiative, although would not necessarily establish cause of death in all cases, where invasive post mortems would still be required;
- As imaging would be used out of hours, negotiations underway with Radiographers and Radiologists to establish call-out pool and local tariff
- The additional staff costs would need to be borne by bereaved families, potentially through Burial Societies but there would no equipment cost, as existing scans would be used;
- Time line for implementation not yet known, as dependent on completion of other recommendations, and appointment of new Coroner.

Actions: (i) Dr Mark Patten to arrange to provide an update from L&D for HSCRG in November 2013;

(ii) David Morris, Coroner requested to note and hand over to successor.

5. Recommendation (b): Luton CCG to consider investment in imaging/ scanning facilities to establish cause of death

- Dealt with as part of 3 above as no new investment needed for scanning facilities;
- Acknowledged Luton CCG was making additional investment in end of life care, which would impact positively on care prior to death and could smooth process, if deaths occurred at patients' preferred place outside the hospital;

Action: Luton CCG to report on end of life developments direct to HSCRG as part of normal engagement with HSCRG.

6. Recommendation (c): LBC to facilitate establishment of community burial societies (to meet cost of imaging/ scanning if and when brought into use)

- LBC Chief Executive needs to appoint an appropriate officer to bring together relevant voluntary sector/ faith organisations, to facilitate the formation of burial societies, which would meet their members' costs, when in need of post mortem imaging facilities;

Action: Gerry Taylor to bring up with LBC Chief Executive.

7. Recommendation (d): Removal of bodies to private undertakers in non- suspicious deaths

- No update in the absence of the Coroner from the meeting;
- As David Morris was about to retire, a matter for his successor to take forward;
- Sharon Varian-Price mentioned an issue with the L&D Hospital's policy of not releasing bodies to relatives without proof deaths had been registered;
- Dr Mark Patten said the policy could have been brought in due to past problems after bodies had been released. He agreed the L&D needed to re-visit the policy to see it could be made more flexible, but could not give a time scale, as there would be a staff training implications to bring in changes;
- Sharon Varian-Price added relatives could be asked to sign an undertaking to comply with certain conditions about what they needed to do, including the need to register the death;
- Tony Ireland mentioned the new Medical Examiner system due to come into practice from October 2014. This would sit above current system. Guidance was overdue at time of writing. He said there was need to ensure changes agreed now would be compatible with the new procedure to avoid wholesale changes again later on.

Actions: (i) David Morris, Coroner to note and hand over to successor please.

(ii) Dr Mark Patten to initiate review of the L&D Hospital policy on the release of bodies after certification of death and before Registration and report back to HSCRG by November (**Notes:** See 13. below for dates). Tony Ireland and Dr Mark Patten to share information to ensure changes agreed to L&D policy ahead of the new system would be compatible with it.

8. Recommendation (e): HM Coroner to explore the use of secure e-mails to speed communication with the Registration Service

- No update from the Coroner's perspective, as absent from the meeting;
- Tony Ireland was in the process of obtaining one of the new LBC secure e-mail licences for the Registration Service;
- As Coroner would also need secure e-mail, Tony Ireland would explore availability with his counterpart in Central Beds Council, where the Coroner's Service was based.

Actions: (i) David Morris, Coroner to note and hand over to successor please.

(ii) Tony Ireland to obtain secure e-mail for the Luton Registration Service;

(iii) Tony Ireland to explore with Coroner and Central Beds Council re availability of secure e-mail facilities for use by the Coroner.

9. Recommendation (f): Luton & Dunstable Hospital to review and improve staff training relating to the handling of patient's death.

And

10. Recommendation (g): Luton & Dunstable Hospital to develop guidance on medical teams hand-over procedures where death imminent

- Dr Mark Patten said recommendations (f) and (g) dealt with the same issues and were the most difficult to achieve, as would not overcome the fact death certification was a matter for a doctor who had been treating the patient, which could not be handed over to someone who had not;
- Problems occurred when that doctor who had been caring for the patient was off for a few days and not available to sign the death certificate. GPs who had been treating patients prior to hospitalisation were often used to get over this problem;
- Some doctors were proactive in anticipation of their patient's potential/ imminent death and made appropriate provisions following their shift-ends, but to make this standard policy needed discussion with consultants, as would involve a change of culture;
- Gerry Taylor said the L&D Hospital could still review the information pack provided to relatives to see how it could be improved to enhance communication;
- Mark Patten said the issues were linked to end of life care, as too many people were dying in hospital instead of their preferred place, e.g. at home or hospice. As the balance changed with planned investment in end of life care, the problem of death certification by hospital doctors should be less of a problem;
- Sharon Varian-Price said as the hospice fell into Central Beds jurisdiction, albeit situated apparently in Luton, registration of deaths occurring there brought another complication for Luton families, due to variation in registration practice.

Actions: (i) Dr Mark Patten to discuss change of policy with his lead consultants relative to handover procedures at the hospital, with a view to formalising the reported proactive practice of some individual doctors making provisions following their shift-ends;

(ii) Dr Mark Patten to initiate review of the L&D information/ bereavement pack provided to relatives to see how communications could be improved;

(iii) Tony Ireland to explore and deal with his counterpart in Central Beds', any registration issues relative to death of Luton residents occurring at the hospice.

11. Recommendation (h): LBC to review service delivery by the Registration and Cemeteries Services

- Tony Ireland had been looking into this and said that, although the issue was about lack of out of hours Registration Service, needs for call-out over the last 3 years had been in single figures - 9, 8 and 1;
- The Registration Service was opened half day on Saturdays. Walk-in service offered on Monday mornings, now also extended to Tuesday mornings due to high take-up rate;
- A scheme to use volunteers to help the Registration Service in Bolton was shelved before it got started, as the volunteers quit after training, apparently when they realised all the implications. Call-out service available as per the Luton model;
- A volunteer scheme had operated in Salford for 20 years, but it too stopped 4 years ago. That scheme apparently helped disposal, not registration. Salford also now operated a call-out service as per the Luton model;
- There was now no Registration Service volunteer scheme operating anywhere in the country;
- Use of Cemeteries staff for registration purposes to provide a suggested one-stop shop, was found to be prohibited by the General Register Office, due to conflict of interest, and could not be progressed any further;
- Tony Ireland was exploring availability of a secure site, such as the Central Library, for Registration staff to work from on Saturday mornings;
- Tony Ireland was by default the lead adviser on the introduction of the new Medical Examiner scheme and would get together with Mark Patten to review the guidance when published;
- Tony Ireland would also e-mail a briefing sheet on the new Medical Examiner scheme in due course to all interested parties, particularly Councillors.

Actions: (i) Tony Ireland and Dr Mark Patten to review the new Medical Examiner scheme guidance when published;

(ii) Tony Ireland to e-mail a briefing sheet for all interested parties, particularly Councillors, on the new Medical Examiner scheme in due course.

12. Recommendation (i): Response to HSCRG

- As concluded from the meeting of partners, Gerry Taylor said all the HSCRG recommendations were accepted as a whole or in parts by the relevant services, and actions were in train to progress them. However, the feasibility of some would be more testing than others;
- Appointment of the new Coroner also awaited, as in view of his imminent retirement, David Morris could not be expected to make long terms decisions;
- Gerry Taylor said these notes would be passed to David Morris with a request that he briefed his successor on the progress of HSCRG recommendations accordingly;

Actions: (i) Gerry Taylor would circulate a copy of these notes to HSCRG as a response to and an update on the progress made relative to the committee's recommendations;

(i) Gerry Taylor would send a copy of these notes to David Morris with a request that he briefed his successor on the progress of HSCRG recommendations accordingly, to ensure their engagement as soon as possible after coming into post.

13. Recommendation (j): Review of progress of HSCRG recommendations

Action: Tony Ireland and Dr Mark Patten to lead on the preparation of a joint report of partners setting out progress against the agreed actions above to implement the HSCRG recommendations, in time for the committee's meeting on 19Th November 2013. (**Notes:** HSCRG meeting will be at 6.00 pm – Committee Room 2, Luton Town Hall. Deadline for report to reach Democratic Services: 6/11/13)

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 12.1

DATE OF MEETING: **29th AUGUST 2013**

REPORT AUTHOR & CONTACT NUMBER: **Carol Hill 01582 532049**

SUBJECT: **Update on Luton Clinical Commissioning Group's Commissioning Intentions for 2014/15**

WARD(S) AFFECTED: ALL

PURPOSE

1. To provide an update on the development LCCG's 2014/15 Commissioning Intentions

RECOMMENDATION(S)

2. The Board is requested to note this report and consider what additional inputs it would like into the development of the CCG's Commissioning Intentions

BACKGROUND

3. Luton Clinical Commissioning Group (LCCG) has commenced the planning process for the next financial year 2014/15. This document outlines our current thinking about priorities. More detailed Commissioning Intentions will be developed by the end of September 2013 and final plans for 2014/15 will be published in March 2014.

LCCG developed its strategy **"A Healthier Luton"** in 2012 in which was articulated three "Outcome Goals" and ten "Strategic Priorities". These goals and priorities are discussed briefly below.

REPORT

4. Outcome Goals

LCCG has worked closely with the Health and Wellbeing Board in developing three **outcome goals** for a healthier Luton based on the local health needs expressed in the Joint Strategic Needs Assessment 2011 (JSNA). These are:

1. EVERY CHILD AND YOUNG PERSON HAS A HEALTHY START IN LIFE
2. REDUCED HEALTH INEQUALITIES IN LUTON
3. HEALTHIER AND MORE INDEPENDENT ADULTS AND OLDER PEOPLE

The same goals are articulated in the Joint Health and Wellbeing Strategy "A Healthier Future"

5. Strategic Priorities

In order to deliver our outcomes we have developed ten strategic priorities which we believe will have the biggest impact. Our focus on these strategic priorities will be maintained in 2014/15:

1. Ensuring a Healthy Start in Life for Children and Young People
2. Primary and Secondary Prevention of Disease
3. Empowering People to Live Independently
4. Active Management of Long Term Conditions
5. Improving Medicines Management
6. Managing Planned Care and the Quality of Referrals
7. Improving Urgent Care
8. Improving the Management of People with Mental Health Needs
9. The Integration of Health and Social Care
10. Delivering High Quality, Safe and Value for Money Services

6. Putting Patients First

When **A Healthier Luton** was originally developed by the CCG the outcomes of the final report of the Francis Enquiry into Mid Staffordshire Hospital had not been published. The final report was published in February 2013 and this was followed by the Government's response to the Francis Report "Patients First and Foremost" which was published in March 2013. This report called for "every individual, every team and every organisation needs to reflect with openness and humility about how they use the lessons from what happened at Mid Staffordshire NHS Foundation Trust to make a meaningful difference for people who use their services and their staff, and on how they are transparent and honest in demonstrating the progress they make to the public".

Building on work started this year, LCCG will continue to drive a culture change that **puts patients before the needs of individual organisations.** This means

- Visibly acting on behalf of the public
- Listening to patients and the public, and acting on the information they give us
- Commissioning on the basis of improved standards
- Closely monitoring the performance of our providers, preventing problems, detecting problems quickly and taking immediate action

7. Key Work Programmes for 2014/15

7.1 WHOLE SYSTEMS INTEGRATION "BETTER TOGETHER"

Integrated care can be defined as care that is person-centred, coordinated, and tailored to the needs and preferences of the individual, their carer and family. It means moving away from episodic care to a more holistic approach to health, care and support needs that puts the needs and experience of people at the centre of how services are organised and delivered.
.
LCCG and Luton Borough Council (LBC) have developed a Project Initiation Document (PID) for a major programme focused on whole systems integration called "Better Together"

Together with all partners across the local health economy we face the challenges of reducing national resources, local funding pressures, local demand pressures and a recognition that the current service model cannot achieve the outcomes required by the local Health and Wellbeing Strategy and the CCGs strategy A Healthier Luton.

There is a strong case for change to redesign the service model from the point of view of the patient or the service user to create pathways that are easy to navigate and avoids the consequences of fragmented care, which can include avoidable emergency acute admissions, uncoordinated assessments and unsuitable packages of health and social care. There are also potential financial benefits through shared management, overhead costs and rationalised support functions. Integrated services would also enable financial benefits through care outside of hospital, removal of duplication and improved targeting of resources.

It is envisaged that implementation of Better Together will commence in November 2013 and reach fruition in 2018.

The objective of integration can be summarised as follows:

To reduce health inequalities and improve outcomes for service users, patients and carers.

This will be enabled through:

- A planned move of resources towards prevention and early intervention away from avoidable treatment and care.
- Increased community and primary care investment to enable this to be a first choice for service users where appropriate.

This shift will enable a reduction in the cost of service provision to meet the financial challenge faced by the Council and CCG.

7.2 LONG TERM CONDITIONS

Our commissioning aim for people with long term conditions management in Luton is to implement a service through an "integrated hub" that will improve the quality of community services for adults with long term conditions, improve health outcomes and reduce the overall demand on secondary care for these patients.

An integrated hub has a number of key functions:

- Clinical multidisciplinary team assessment and referral of the patient into the service level most appropriate for their needs
- Clinics for newly diagnosed patients where all assessments and appointments can take place on the same day – for example a patient with diabetes would be seen by a diabetes specialist, a dietician and a podiatrist in one community location on the same day.
- Coordinate joint care plans for patients requiring intervention from more than one service
- A resource facility for GPs to access specialist advice for complex patients
- Facility to hold patient education and awareness sessions, and also additional support for patients who may be struggling to manage their condition
- Prevention and screening

Our plan for 2013/14 is to commence implementation of the integrated hub and we will expand this provision during 2014/15.

We also have an opportunity in Luton to improve bed based intermediate care provision, particularly for frail elderly patients, in order to offer an alternative to hospital admission and also to allow safe early discharge from hospital.

7.3 PREVENTION OF DISEASE

Linked to the objectives of integration outlined above LCCG will drive an increased focus on prevention and early intervention through the implementation of an "Integrated Wellness Model" which will be commissioned by LBC in 2013-14 for implementation in May 2014. Through the wellness model we will enable self-management, preventative and LCCG, in its role as an enabler of primary care, will drive improved prevention services delivered by GPs.

For 2013/14 the CCG has identified local priorities around the delivery of NHS Health Checks and the early detection of cancer. Work programmes to deliver these priorities are unlikely to be fully complete by the end of the financial year and it is anticipated that further consolidation will be required in 2014-15.

7.4 PRIMARY CARE

CCGs have a critical role to play in providing the clinical leadership needed to deliver high quality, responsive and safe services for patients. They also have a legal duty to work with the NHS England to improve the quality of primary care services. Luton CCG willingly accepts these responsibilities.

Whilst NHS England is responsible for contract compliance, CCGs are well placed to support quality improvement in primary medical care and to ensure continuous development. The approach that Luton CCG has adopted involves the following key elements:

- Active engagement with our patients and the public
- Benchmarking across member practices
- Openness about the use of data and information sharing
- Active peer review and discussions both with and between practices
- No acceptance of sub-standard care

In 2013-14 the CCG introduced a revised Primary Care Investment Scheme to drive the necessary improvements in primary care to enable better management of patients at risk of an emergency admission and to reduce variations in primary care outcomes. It is anticipated that learning from this year's scheme and further engagement with practices will help shape a potentially revised scheme for 2014/15. Additionally where small scale investments made during the course of this year have resulted in tangible benefits for patients, we will encourage expansion of those schemes so that more patients can benefit from them.

In 2014-15 it is anticipated that the CCG will continue implement its Primary Care Improvement Plan, the key elements of which are

- Clinically led practice visit programme "Towards Excellence in Primary Care"
- Primary Care Investment Scheme (pending review of current scheme)
- Workforce development and Training

7.5 PLANNED CARE

The CCG will continue to drive the delivery of certain interventions in convenient locations outside of hospital, either through Primary Care or through other providers. We will work with Primary Care to ensure that there is equity of access across Luton for the following:

- Phlebotomy
- Minor Surgery
- Oral Anticoagulation
- Near Patient Testing
- Services for the homeless and hard to engage
- Community Gynaecology
- Glaucoma

Patients have told us that there are too many cancelled out patient appointments at the hospital, this is an issue that the CCG plans to address. We will also explore an alternative payment framework for hospital activity which takes place outside of the hospital – for example remote consultations and telephone advice.

7.6 RE-COMMISSIONING OF MENTAL HEALTH AND COMMUNITY HEALTH SERVICES

The mental health contract with South Essex Partnership Trust comes to an end in April 2014. There are also concerns regarding the future organisational status of Cambridgeshire Community Services. For these reasons the CCG has embarked on a market engagement exercise to inform our approach to the re-commissioning of these services.

7.7 URGENT CARE

Urgent care is a major focus for the CCG in 2013/14 and we are implementing a large number of programmes designed to ensure that people access the level of care appropriate to their individual needs. These programmes include risk profiling, social marketing, hospital at home, clinical navigation, ambulatory care unit and paediatric emergency pathway redesign. The CCG has seen an encouraging trend towards fewer people attending A&E and focus will be maintained in 2014/15 to ensure that there are fewer inappropriate admissions to hospital, better discharge processes and improved intermediate care provision.

The CCG will also be procuring a fully compliant 111 service for implementation during 2014.

The successful delivery of the strategic priority of urgent care is also dependent on the success of a number of other key work programmes such as whole system integration, long term conditions and primary care

7.8 CHILDREN AND YOUNG PEOPLE

The CCG in collaboration with its partners is currently implementing the Children and Young People's Plan 2013/14 in order to ensure that children and young people have the best care and opportunities early in life to enable them to become healthy adults.

Our plans for 2014/15 include projects focusing on

- Reducing child obesity
- Divorce trauma
- Child and infant loss pathway
- Healthy start vitamins in primary care

The CCG will also continue to consolidate current work programmes such as paediatric rapid response and integrated models of care for Child and Adolescent Mental Health, Occupational Health and Speech and Language Therapy.

IMPLICATIONS

CONSULTATIONS

11. Engagement will take place as part of the development process for commissioning intentions. Where service changes are required the CCG will work closely with Scrutiny and Healthwatch to determine consultation requirements.

APPENDICES

12. The following appendices are attached to this report: (If any)

None

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

None.

AGENDA ITEM

13.1

LUTON BOROUGH COUNCIL
HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013 / 2014 – 29TH AUGUST 2013

DATE OF MEETING	TITLE	ISSUE	BOARD MEMBER	REPORT AUTHOR
17 July 2013	Luton and Dunstable Hospital	To consider future plans, including estate issues		
17 July 2013	Wellness Service – business case	To support business case (Presentation)	Gerry Taylor	Morag Stewart
17 July 2013	On street Sex Work Strategy	To agree strategy	Gerry Taylor	Nikki Middleton
17 July 2013	Luton CCG – Commissioning Intentions for 2014/15	To set out the time table	Nina Pearson	Carol Hill
17 July 2013	NHS England	To update members on the work of NHS England	Sarah Whiteman	Sarah Whiteman
17 July 2013	Luton CCG Prospectus	To agree final version	Nina Pearson	Carol Hill
17 July 2013	Healthwatch Luton Business Plan	To receive the Healthwatch Business Plan	Nisar Mohammed	Nisar Mohammed
17 July 2013	Delivery of Winterbourne View Concordat and review commitments	To confirm progress against agreed actions	Pam Garraway	TBC
17 July 2013	Integration – report from Ernst & Young		Pam Garraway	
17 July 2013	Health and Social Care Integration Pioneer programme		Pam Garraway	
17 July 2013	Section 256	To agree proposals	Pam Garraway	Simon Pattison
29 August 2013	Development: Support from NICE			
29 August 2013	NHS England	To update members on the work of NHS England	Sarah Whiteman / Heather Wicks	Sarah Whiteman / Heather Wicks
29 August 2013	Healthy Child Programme / Early Intervention outcomes	To note progress	Martin Pratt	Jo Fisher
29 August 2013	Disabled Children's Charter	To receive the charter	Martin Pratt	Jo Fisher
29 August 2013	Winter Pressures	To ensure arrangements are in place for winter 2013/14	Pam Garraway	Simon Pattison
29 August 2013	Reference form Executive – Coroner and related services	To confirm response to Overview & Scrutiny	Gerry Taylor	Gerry Taylor
29 August 2013	Luton CCG – Commissioning Intentions	To sign off commissioning intentions	Nina Pearson	Carol Hill
29 August 2013	*Better Together* - Health and Social Care Integration	To agree the objectives of the Integration programme	Pam Garraway	Michael Scorer
29 August 2013	Luton Carers' Strategy	To approve the strategy	Pam Garraway	Simon Pattison
29 October 2013	Overview and Scrutiny Task and Finish Group – Hospital Discharge	To consider the recommendations of the review	Cllr Khan (obs)	Bert Siong
29 October 2013	Overview and Scrutiny annual report	To consider the implications for the Health and Wellbeing Board	Cllr Khan (obs)	Lisa Jerome
29 October 2013	Healthwatch quarterly report	To consider issues arising from the	Nisar Mohammed	Nisar Mohammed

DATE OF MEETING	TITLE	ISSUE	BOARD MEMBER	REPORT AUTHOR
		Healthwatch work programme		
29 October 2013	*Better Together* - Health and Social Care Integration	To identify key issues for the Health and Wellbeing Board	Pam Garraway	Michael Scorer
29 October 2013	Safeguarding – Adults' and Children's	To identify key issues for consideration by the Board	Pam Garraway / Martin Pratt	
16 January 2014	Overview and Scrutiny Task and Finish Group – Infant mortality	To consider the recommendations of the review	Cllr Khan (obs)	Eunice Lewis
16 January 2014	Health and Wellbeing Strategy – performance report	To consider progress and respond to key issues	Pam Garraway / Martin Pratt / Gerry Taylor	Morag Stewart
16 January 2014	Healthwatch quarterly report	To consider issues arising from the Healthwatch work programme	Nisar Mohammed	Nisar Mohammed
16 January 2013	*Better Together* - Health and Social Care Integration	To identify key issues for the Health and Wellbeing Board	Pam Garraway	Michael Scorer
16 January 2014	Luton CCG Draft Operating Plan	To sign off draft	Nina Pearson	Carol Hill
31 March 2014	Wellness – implementation plan	To approve final plan	Gerry Taylor	Morag Stewart
31 March 2014	Joint Strategic Needs Assessment / Pharmaceutical needs Assessment	To note progress and agree priorities	Gerry Taylor	Morag Stewart
31 March 2014	Healthwatch quarterly report	To consider issues arising from the Healthwatch work programme	Nisar Mohammed	Nisar Mohammed
31 March 2014	*Better Together* - Health and Social Care Integration	To identify key issues for the Health and Wellbeing Board	Pam Garraway	Michael Scorer
31 March 2014	Luton CCG - Final Operating Plan	To sign off final plan	Nina Pearson	Carol Hill
To be confirmed				