

**MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP**

**17<sup>th</sup> November 2015 at 6.00 P.M**

**PRESENT:** Councillor Agbley (Chair), Councillors Campbell, Lewis, and Pedersen

**CO-OPTED MEMBERS:** Mr Norris Bullock (Healthwatch, Luton)

**IN ATTENDANCE:**

**SUPPORT OFFICERS/ ADVISORS:**

Gerard Darcy, Luton CCG  
 Lucy Nicholson, Healthwatch Luton  
 Nicky Poulain, Luton Clinical Commissioning Group (CCG)  
 Judith Jackson )  
 Hilton Lewis ) Medical Services Ltd  
 Kevin Shire )  
 Patsy Richards – Public Health, LBC  
 Bert Siong - Democracy and Scrutiny Officer, Luton Borough Council (LBC)  
 Gerry Taylor – Director Public Health, LBC

**PUBLIC – PRESS**

		<b>ACTION</b>
<b>63</b>	<b>APOLOGIES FOR ABSENCE (REF: 1)</b>	
	<b>Resolved:</b> Apologies for absences from the meeting were received on behalf of Councillor Moles, Petts and Waheed.	
<b>64</b>	<b>MINUTES (REF: 2.1)</b>	
	<b>Resolved:</b> That the minutes of the meeting held on 7 <sup>th</sup> October 2015 be taken as read, approved as a correct record and the Chair be authorised to sign them.	
<b>65</b>	<b>CHAIR'S UPDATE (REF: 6)</b>	
	<p><b>Winter Pressures</b></p> <p>The Chair invited Nicky Poulain to inform the committee of the local preparations for the winter pressures.</p> <p>Nicky Poulain provided an overview of the System Resilience Group (SRG) work, which every CCG was required to undertake. She said a full report had been submitted to the Health and Wellbeing Board on 12<sup>th</sup> November.</p> <p>She added one key area of work was on the proposed strike by junior</p>	

	<p>doctors. The SRG was working closely with the acute Trusts to prepare contingencies. One effect, for example, could be delaying elective surgeries.</p> <p>She said the SRG plan was scrutinised at area level, requiring the team to look at high level performance in the NHS.</p> <p>Nicky Poulain proceeded to answer questions, providing further information as follows:</p> <ul style="list-style-type: none"> <li>• The first strike by junior doctors, if went ahead, was planned for 1<sup>st</sup> December;</li> <li>• Luton was best placed, as the acute trust's performance was one of the most resilient in the area;</li> <li>• Escalation plan was part of the robust SRG plan, including work streams with ambulance, 111, out of hours, the voluntary sector, Beds CCG and Luton Council.</li> </ul> <p>She said Health and Wellbeing Board's papers, including the system wide monthly indicators, could be shared with Members for information, which was agreed.</p> <p>Nicky Poulain was also requested to update HSCRG on 7<sup>th</sup> January 2016, in headlines on the impact of the winter pressures and how the local system was coping, including particularly key areas of concerns and actions being taken to address them.</p> <p><b>Resolved:</b> (i) That the Health and Wellbeing Board's papers of 12<sup>th</sup> November 2015 on the System Resilience Group work, including the system wide indicators be circulated to HSCRG Members for information;</p> <p>(ii) That Luton CCG be requested to update HSCRG on 7<sup>th</sup> January 2016, in headlines on the impact of the winter pressures and how the local system was coping, including particularly key areas of concerns and actions being taken to address them;</p> <p>(iii) That the committee's thanks to Nicky Poulain for providing information on the System Resilience Group work be recorded.</p>	
<b>66</b>	<b>NON-EMERGENCY PATIENT TRANSPORT SERVICES (REF: 7)</b>	
	<p>Nicky Poulain and Gerard Darcy, representing Luton CCG, the commissioners, reported on the performance of Non-Emergency Patient Transport Services provide by Medical Services Ltd (MSL) (Ref: 7).</p> <p>Also present to answer questions were MSL's Hilton Lewis, Kevin Shire and Judith Jackson.</p> <p>Gerard Darcy and Nicky Poulain highlighted a number of key points, including the following:</p>	

- The contract for MSL to provide Non-Emergency Patient Transport Services had only been running from 1<sup>st</sup> April 2015;
- There had been some performance issues and a number of complaints due to the change in the eligibility criteria, with the previous criteria having been relatively too generous;
- The key indicators had been fine-tuned over time, as requiring 100% compliance in many areas was now seen as unreasonable;
- Performance had improved in the last quarter, with minor issues making it just short of 'amber' in some areas, which was expected to be 'green' by the end of December 2015;
- Early part of December would be peak period of demand, with an increase in numbers expected to the end of December or early January 2016;
- Discharge journeys were partly outside the contract;
- Performance was monitored daily, showing delivery had improved, with complaints decreasing, as MSL had increased investment. Luton was on a par with Hertfordshire and Bedfordshire;
- Luton and Bedfordshire CCG relied on good working relationships with MSL, a relatively new provider of Non-Emergency Patient Transport Services;
- Provisions were based on needs in line with eligibility criteria, which had been more liberal previously;
- Some complaints received were from people who no longer met the eligibility criteria;
- Activity model showed a reduction in outpatients and an increase in emergency responses;
- Despite teething problems, work done with provider to arrive at solutions.

The Luton CCG and MSL officers then variously responded to Members' questions/ comments, providing further information including the following:

- The eligibility criteria were based on clinical needs, relating, e.g. to mobility, frailty, vulnerability;
- Less people were eligible now, as the old criteria were not robust enough and opened to interpretation;
- After first 2 quarters, no penalties applied, as provider expected to tweak services and implement a new eligibility criteria, based on needs assessment;
- Provider chosen, as services offered were based on best practice;
- A voluntary sector scheme was being looked at to help those who did not meet the eligibility, but still had some other needs, e.g. lack of means with LCCG working with Age Concern Luton;
- Users were more aware and some were trying to use the Passenger Transport Unit;
- The CCG, as commissioners chose the right Key Performance Indicators (KPIs) to ensure good Non-Emergency Patient Transport

	<p>Services, i.e. patients arriving before appointments and picked up afterwards and to manage expectations;</p> <ul style="list-style-type: none"> <li>• The KPIs were in the contract, which had enabled the CCG to challenge MSL when not met and requested an action plan to make improvements;</li> <li>• MSL were reliant on the acute Trusts providing good and early information on patients' locations to be fair, as faced with penalties if they did not deliver on performance. The success of the provider meant success of the commissioner;</li> <li>• Services provided to meet needs, not wants;</li> <li>• Previous consortium contract was based on volume of journeys and KPIs were more lenient, e.g. 1 hour to move patients. Was driven by acute Trusts. Now GPs also making request for some patients to go to different hospitals out of Luton. Results therefore taken out of acute Trust's hands;</li> <li>• The contract was the result of a new procurement process by Luton, Beds and Herts CCGs. Herts had a more vibrant voluntary sector scheme, reducing the burden on MSL;</li> <li>• Complaints received about delays in drop offs and pick-ups, due to change in eligibility criteria. Service was previously managed by the acute Trust, but needed tightening up, as were being back-fitted. There was a need to be clearer about the criteria;</li> <li>• Complaints about delays in patients being getting picked up were partly due to more stringent KPIs. MSL had increased resources, but driver recruitment was difficult competing with the better paid ambulance service;</li> <li>• Timeliness was a key issue reliant on more early information, rather than being reactive only when a patient was discharged. If MSL did not know about needs early, could not plan ahead;</li> <li>• If the L &amp; D could determine date of discharge early, transport could be arranged to help MSL do better;</li> <li>• Discharge process claimed not to be efficient at the L&amp;D compared with other sites;</li> <li>• On the KPIs, the new targets in the new contract were now harder than pre April 2015, hence performance appeared to drop, but Luton CCG was pleased with the upward trajectory, but more improvement was required. A transport team was on site to monitor and build on relations with the provider. Getting patients to appointments on time and returning them home were key and getting better;</li> <li>• Recruitment difficulties were partly due to lack of applicants and to a 6 months delay in getting Disclosure and Barring Service (DBS) clearance for applicants before they could be allowed to transport vulnerable patients;</li> <li>• Driver unlikely to forget patients, as electronic hand held device used to remind them of workload;</li> <li>• Delays were possible and drivers did the best to contact outpatients when this happened;</li> <li>• There was a shortfall in delivery in the first 6 months of the contract, but performance was getting better. If one patient was late, all</li> </ul>	
--	--	--

	<p>subsequent ones would also be late. It was important for the hospital to get in touch if a patient would not be ready for collection;</p> <ul style="list-style-type: none"> <li>• In future, there would be a penalty on the provider for failed journeys, equating to about 20% of the costs of the failed journeys;</li> <li>• Performance was expected to be 'Green' from 1<sup>st</sup> of January 2016 onwards;</li> <li>• Number of journeys up by 70-80% since April, with 24,000 Miles per month covered now compared with 16,000 in April;</li> <li>• As well as DBS clearance, new drivers had to be trained properly;</li> <li>• A number of new vehicles had been brought into service to meet needs.</li> </ul> <p>The Chair thanked the officers for the report and requested that the committee be provided with an update on progress at its meeting at 6.00 pm on 7<sup>th</sup> January 2016, which was agreed.</p> <p><b>Resolved:</b> (i) That Luton Clinical Commissioning Group's report informing the Committee on the provision of Non-Emergency Patients Transport by Medical Services Ltd be noted;</p> <p>(ii) That Luton Clinical Commissioning Group be requested to provide an update to the committee on Medical Services Ltd's performance against the Non-Emergency Patients Transport key indicators on 7<sup>th</sup> January 2016;</p> <p>(iii) That the Committee's thanks to the named officers of the CCG and Medical Services Ltd for attending the meeting and providing information on Non-Emergency Patients Transport be recorded.</p>	
<b>67</b>	<b>"HALVE IT" HIV SEXUAL HEALTH CAMPAIGN (REF: 8)</b>	
	<p>Patsy Richards presented the "Halve IT" HIV Sexual Health Campaign report (Ref: 8), seeking HSCRG's support and encouragement for local actions to promote early diagnosis for those with HIV and participation in the national 'Halve It' Campaign. She also sought HSCRG's support to obtain the same commitment from Council.</p> <p>She said that 'Halve it' was a national campaign.</p> <p>She informed the committee that 21<sup>st</sup> November 2015 to 28<sup>th</sup> November was National HIV testing week, which presented an ideal opportunity to promote the campaign. She added that a number of local work streams were working on the campaign, targeting affected groups.</p> <p>Patsy Richards proceeded to answer questions, providing further information including the following:</p> <ul style="list-style-type: none"> <li>• The campaign started in 2013 and was launched in 2014 to get local authorities to promote it, particularly areas like Luton, where HIV prevalence remains higher than the national average (4.1 per 100,000 population, compared to 2.1 per 100,000 for England);</li> <li>• The campaign included raising awareness and education through community organisations;</li> </ul>	

	<ul style="list-style-type: none"> <li>• Members of staff were trained and carried out outreach work;</li> <li>• Outreach work included black Africans;</li> <li>• There was increased testing in hospital;</li> <li>• Work also targeted at street sex workers, who also presented with other issues like alcohol/ drugs, as well as sexual health;</li> <li>• To address the stigma with HIV/ Aids, home testing scheme in being for those who may not wish to attend clinics;</li> <li>• All providers would promote the campaign during HIV testing week from 21<sup>st</sup> November;</li> <li>• Sexual Health Strategy and action plan in place to reduce HIV and late diagnosis;</li> <li>• Information on home testing was available online;</li> <li>• Prevention and early intervention was important to raise awareness and early diagnosis;</li> <li>• No information was available on opt out rate from hospital testing.</li> </ul> <p><b>Resolved:</b> (i) That the “Halve IT” HIV Sexual Health Campaign report be noted by the Committee;</p> <p>(ii) That the Committee supports and encourages local actions to promote early diagnosis for those with HIV and participation in the national ‘Halve It’ Campaign;</p> <p>(iii) That a reference be submitted to Council from the Committee, requesting that Luton Borough Council declares its commitment to support local actions to promote early diagnosis for those with HIV and participation in the national ‘Halve It’ Campaign.</p>	
<b>68</b>	<b>REPORT OF WORK PROGRAMME (REF: 9)</b>	
	<p>The work programme report (Ref: 9) was received and approved, subject to inclusion of matters shown in the resolutions below.</p> <p><b>Resolved:</b> (i) That the work programme report (Ref: 9) be received and approved subject to the following additions for the meeting on 7<sup>th</sup> January 2016:</p> <ul style="list-style-type: none"> <li>• Non-Emergency Patients Transportation – Performance Update ;</li> <li>• Winter Pressures – Update on local system resilience;</li> <li>• Restructure and re-provision of the African Caribbean and Milan Day Centres Services – Consultation</li> </ul>	
	<p><b>(Note: (i) Cllr Pedersen declared a non-pecuniary interest, in that she is a volunteer driver for Keech Hospice;</b></p> <p><b>(ii) The meeting ended at 7.25 p.m.)</b></p>	