

<p style="text-align: center;"><b>AGENDA ITEM</b></p> <p style="text-align: center;"><b>2.1</b></p>
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**MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP**  
**7<sup>TH</sup> AUGUST 2019 AT 6.00 P.M.**

**PRESENT:** Councillors Agbley (Chair), Adrees, Bridgen, Campbell, Donelon Petts, Roche, and Underwood.

**CO-OPTED MEMBERS:** Ms. Pat Lattimer – Healthwatch Luton

**ACTION**

<b>31.</b>	<b>APOLOGY (REF: 1)</b>	
	<p><b>Resolved:</b> An apology for absence from the meeting was received on behalf of Ms. Stephanie Power Luton Healthwatch.</p>	
<b>32.</b>	<b>MINUTES (REF: 2.1)</b>	
	<p><b>Resolved:</b> That the minutes of the meetings held on 2<sup>nd</sup> July 2019 be taken as a correct record and the Chair be authorised to sign them subject to noting that Councillor Roche sent his apologies in respect of that meeting.</p>	
<b>33.</b>	<b>CHAIR'S UPDATE (REF: 6)</b>	
	<p><b>Resolved:</b> There was no update at this meeting.</p>	
<b>34.</b>	<b>UPDATE ON DEMENTIA STRATEGY (REF: 7)</b>	
	<p>The Director of Public Health and Wellbeing, presented the report and update on Dementia Strategy Ref: 7. She explained that Luton's Dementia Strategy was administered by the Luton Dementia Alliance (LDDA) and made up of a collection of stakeholders, including the Police, Fire and Rescue, high street businesses local authority and including charities and local faith groups and schools, etc. She stated that the Strategy was a joined up approach which would ensure that people with dementia and their carers received relevant support and be able to live well in the community. Members were also advised of an Annual Dementia Community day which took place and was quite successful.</p> <p>Members were further informed of the highlights and key successes of the Dementia Alliance which had been subsequently incorporated into the revised Dementia Strategy. The key successes would also be reported through the governance of Health and Wellbeing Board including other internal processes.</p>	

Members were informed that Luton had once again successfully awarded a “Dementia Friendly Status” 2018/19 by the Alzheimer’s Society. A number of initiatives continue to take place around awareness and engagement with the local community, multiagency working and continuous working with the Alzheimer’s Society as one of the key organisations.

The Dementia Strategy would come to an end next year 2020 and plans to review it were currently in place. The Corporate Director stated that a further progress would be reported as the strategy develops in due course. It was stated that there was clear evidence that a healthy lifestyle could delay or prevent dementia.

Following questions, comments and statements, members were further advised:

In relation to the support and care for the people with dementia and ways to manage the risk, members were informed that there were a number of key players and stakeholders involved in the process and development of the strategy with several open opportunities to ensure a wider involvement. There were also opportunities through social prescribing as an area that would continue to develop in terms of wider support.

Some members expressed concern that the issue of dementia was a ticking time bomb due to the number people impacted by it and that more people continue to suffer from dementia including the younger population. Members were informed that the key risk factor was age and with an ageing population the forecast was that more people would develop dementia at some point in their life time, but prevention opportunities exist in terms of healthy lifestyle. Public Health would continue to work with the population and explore opportunity to reduce the number of people with dementia.

Members queried what action plan was in place to address local issues in relation to allocated funding to specifically tackle dementia in Luton. The Chair commented that it was pertinent to ensure that funding was made available to identify and tackle challenges in line with the number of people who suffer from dementia in Luton. In response, members were advised that Public Health had carried out modelling about the number of people with dementia. This information would be circulated to members of the committee.

Also, Public Health would continue to work together with GP practices to identify early support in order to promote good quality of life and ensuring that Luton residents were given the opportunity to manage and improve their quality of life including access to personalised care. It was estimated that by 2025 there would be a rise of 51% about two thousand individuals living with dementia with emphasis that the actual figures were unknown.

In terms of the diverseness of Luton and accessibility to good quality health care members asked whether there was available data to identify the following:

- The number of people living with dementia in Luton
- What Funding allocation was available
- Gender and BME breakdown, etc.

	<p>In relation to the available data around demographics which was requested by the by the Chair the Chief Operating Officer Luton CCG explained that it might be possible to provide some of the data, however the big challenge would be a possible criticism about the need for this type of data as most people feel that nothing could be done to alleviate the disease. She stressed that it was important for people to understand the complexities of the disease and must be more inclusive.</p> <p>The Chief Operating Officer Luton CCG stated that the data information would be circulated through officers.</p> <p><b>Resolved:</b> (i) That the update on Dementia Strategy Ref: 7 be noted.</p> <p>(ii) That the information on data be circulated to Members of the Committee.</p>	
35.	<b>GP ACCESS PATIENTS SURVEY AND IMPROVING GP ACCESS ACROSS LUTON (REF: 8)</b>	
	<p>The Chief Operating Officer Luton CCG presented the report Ref: 8 which informed the committee of progress and next steps in response to the recent GP Access Survey which placed Luton as one of the worst areas in England for GP Access. However, she emphasised that this was a national survey and not specific to Luton.</p> <p>She stated that in terms of local context, some GP Practices were commissioned to operate for 24/7. Where patients were assessed to be requiring an urgent face to face appointment after contacting the 111 service, a direct access to an appointment with their own GP Practice would be advised.</p> <p>In relation to the improvement in Primary care access, several steps had been taken by Primary Care to improve access in Luton residents including:</p> <ul style="list-style-type: none"> <li>• GP Extended Access</li> <li>• Direct Bookings into GP Services</li> <li>• Luton Urgent Treatment Centre</li> <li>• Direct Bookings into Children's Rapid Response Clinics</li> <li>• Standardised Access Communication and Engagement</li> <li>• Urgent GP Clinic.</li> </ul> <p>In terms of GP extended access, there were two hubs in Luton namely the Medici Centre and Gardenia Surgery. These Practices delivers extended access appointment in Luton and work seven days a week. The extended access also offers 14 dedicated face to face appointment slots (2 per day) every week for directly bookable appointments for same day urgent care via the 111 service.</p> <p>The message in Luton should be about encouraging people to ring the 111 service before the option of "a walk in centre" or "urgent treatment centre".</p>	

Members were also informed that direct bookings into children's rapid response clinics and children aged 0 – 4 years old could be directly booked into a Children's Rapid Response Clinic via 111. Once the modelling had been done the clinics would run five days a week from Monday to Friday, 8am to 17.00 and 8 face to face appointment slots per day would be made available to 111 to book directly.

In terms of communication, there would be clear communications and engagement process for access to the 111 across Luton GP Practices, public events and other health and public arenas, including posters including materials such as pens, mugs, etc.

In relation to urgent GP Clinic, patients who arrived on foot at the Luton and Dunstable Hospital Emergency Department between 8am and 11pm would be assessed at a "Streaming Desk" to determine whether they had emergency or an urgent need. Where they were deemed urgent and could be seen by a GP the patient would then be sent to the Urgent GP Clinic on the L&D site.

Approximately 120 patients a day were streamed to the Urgent GP Clinic and seen by a clinician at this service. The service provides additional capacity across Luton.

A member commented about missed appointments with huge impact on the capacity on Practices and said that there was need to address this issue. In response, members were informed that this could be very frustrating and particularly cost the NHS huge resources however, GPs were currently taking actions to address the issue of non-attendance. The CCG continue to work with Luton Healthwatch to manage the issue of people booking to use the service in advance but may not necessarily require the service at that time.

A member commented that quite a number of people struggle with the communication with the 111 and there were advantages and disadvantages. The Chief Operating Officer stated that there was a lot of room for improvement in particular the issue of communication unfortunately the national doesn't help the situation. Luton Healthwatch had been undertaking a lot of communication work and trying to reach out across Luton, Bedfordshire and Milton Keynes.

The Chair of the Committee expressed concern about the situation in Luton and stated that Luton should be able to have access to best healthcare services and asked how the CCG and the council plan to ensure that the access to health improves. Scrutiny would continue to perform its role by holding the commissioners and healthcare providers to account in order to improve the situation.

The Chief Operating Officer stated that the CCG would continue to work in partnership with all stakeholders to address any concerns.

Members requested that the item was included in the committee's work programme as a standing item on the agenda.

Members were further informed that Luton Healthwatch had carried out surveys across all GP Surgeries in Luton and most GPs were found to be working to required standards. It was stated that most people were usually unhappy with the telephone access. Healthwatch was also holding CCGs to account and Practices were eager to improve.

	<p><b>Resolved:</b> (i) That the report Ref: 8 regarding the challenges with patients contact with their GP's and general access to GPs across all of Luton be noted.</p> <p>(ii) That the GP Access in Luton and progress remain on the Health and Social Care Review Agenda as a "Standing Item".</p>	
36.	<p><b>TARGETED LUNG HEALTH AND IMPROVEMENT OF HEALTH OUTCOMES ASSOCIATED WITH LUNG DISEASE (REF: 9)</b></p> <p>Dr. Ramsey, Medical Director from the Luton and Dunstable Hospital presented the report Ref: 9 and informed the Committee about outline plans for introducing a lung health checks programme and ongoing work on lung health improvement and outcomes.</p> <p>Members were informed that lung cancer in Luton was the 6<sup>th</sup> most common cause of death after heart diseases, Alzheimer's, etc. Proposed plans for the lung health check would be undertaken in community settings within easy access. The programme would go through a validated screening process to identify risk. The Medical Director explained the details of the programme and stated that it would be a simple breathing test, which would be able to identify other respiratory diseases as well. Patients who would be eligible would proceed to the next stage. Where the result of the test show concern the patient would be referred to the appropriate services for further investigation and or for treatment.</p> <p>The Chair once again stated the Luton was at bottom in terms of lung health care and checks. The Medical Director stated that lung cancer was often difficult in terms of diagnosis. Part of the improvement work in Luton would be to address the initial issues and catch the disease early and or support people in improving their lifestyle and promote self-health checks.</p> <p>In terms of the percentage of people who were presented at A and E with lung cancer the Medical Director explained that in 2017 a review took place and it was found that nearly 50% were presented to the late stage and life expectancy of less than 1 year.</p> <p>Members were concerned about the situation in Luton which they described as alarming.</p> <p>Members were informed that smoking prevalence in Luton was significantly higher when compared to England and East of England Cancer Alliance. The hospital continue to carry out case review to see if there was missed opportunity during checks and actually there were very few cases of missed opportunity and unfortunately the nature of the disease meant that it was mostly presented late and this was a key challenge.</p> <p>As part of the targeted approach and improvements the first stage was that results of chest x-rays were retrieved within 24 hours and a two weeks referral pathway and with the amount of work going on, it was hoped that there would be significant improvement outcome. Furthermore, as part of the programme, smoking cessation would feature very heavily in terms of appropriate advice and encouragement and being able to recognise the health advantage. One of the main issues of concern also was smoking in the vicinity of the hospital and or hospital ground and it was acknowledged that allocation of dedicated areas for smoking would help manage the situation.</p>	

	<p>The Director Public Health Procurement and Commissioning Luton Council explained that a lot of work was ongoing to address smoking in public spaces and across the town. She stated that she would be happy to support the L&amp;D and to help reduce smoking on site, with regards to policies around smoking on site. The Medical Director stated that the L&amp;D was currently supporting and providing nicotine replacement, smoking and alcohol consumption. He further stated that often citizens were fearful of presenting because they fear of what the outcome might be, so education on early presenting would yield significant positive outcome.</p> <p>In terms of raising awareness in the community, there was a whole communication strategy across this programme, including Local GPs working as champions in promoting awareness days, looking at programmes of awareness campaign in various location and there was also a whole piece of work around communicating and reaching out to local people.</p> <p>In terms of identifying people who present late, the L&amp;D's aspiration was to get increased and consistent message in order to reach out to members of the community.</p> <p>In terms of the entry criteria and age range and those beyond the required age range, members were informed that the entry criteria was quite stretched but people would be able to self-refer or present themselves and they would be signposted to different routes in order to receive support. The programme would also be an opportunity to highlight the symptoms. There had been increased number of patients diagnosed with lung cancer but who had never smoked in their lives and in the communication strategy this area would be addressed in terms of managing it.</p> <p>In terms of lung checks and MOTs, these would be based on patient symptom, nationally, there was no programme to screen for lung disease. At the moment there were 3 national cancer screening programme, this could form the basis of the roll out of the 4<sup>th</sup> programme and would be a huge opportunity and a gift to our citizens and it was important to get it right.</p> <p>The Medical Director stated that he would be happy to report on progress and implementation of the programme. He said in terms of the roll out they were currently looking at procuring the buses by January 2020 when it was expected that the programme would go live. He invited members of the committee to also endeavour to use any opportunity to get this message out but more than happy to return to advice of progress.</p> <p>Members requested a report back by January 2020.</p> <p><b>Resolved:</b> (i) That the report Ref: 9 regarding targeted lung health and health outcomes associated with lung disease be noted.</p> <p>(ii) That the Medical Director Luton and Dunstable Hospital be requested to report on progress and implementation of the programme by January 2020.</p>	
<b>37.</b>	<b>SUNDON MEDICAL HEALTH CENTRE BRIEFING (REF: 10)</b>	
	<p>The Chief Operating Officer LCCG and BLMK Commissioning Collaborate, presented the report Ref: 9 regarding update on the displacement of patients at the Sundon Medical Health Centre.</p>	

	<p>A member stated that the biggest issue was not being informed of the reasons why patients were moved to other GP practices, but this had now been resolved.</p> <p>The Chief Operating Officer explained that most of the issues about identifying catchment areas had now been resolved including the issues with delayed transfers. A lot of issues about the communication strategy and information sent to services users and the entire process had now been rectified. The CCG had a statutory duty to ensure that all patients who lived in Luton had access to GP Practice and the CCG would continue to ensure that GP services were delivered to high standard.</p> <p>The Chief Operating Officer also brought to the attention of the Committee current issues with the Nadina Medical Centre which was visited by the CQC in September 2018, and due to poor rating the CCG was asked to do an emergency care taker contract for a period of time and later on that period was extended. In April this year the CQC informed the Practice that they could take over the management of this Practice again, as a result the CCG ended the care taker contract. In July 2019, the CQC carried out a follow up visit, and the Practice at this point had decided that they were no longer able to continue with the management of the Practice. The CCG then agreed a mutual acceptable end of contract and were currently working on the next direction of travel. A care taker committee had been identified as the next direction of travel and a new process would be put in place to ensure transparency and also rule out any likely conflict of interest. She stated that patients would to receive continuity of service in a short term. In the meantime, there would be plans to consult with scrutiny about the future plans and options available. The option paper would be discussed with scrutiny but patients know that they would have continuity of service. Negotiations was ongoing and would probably take place in the middle of August 2019.</p> <p>Members expressed concerns about the situation that another medical centre was having to go through this process again. In response, the Chief Operating Officer stated 3 local practice had already bided for the care taker contract and that all three of them met the target and criteria and the CCG could have awarded the contract to any of the 3 who bided as they all of high standard.</p> <p><b>Resolved:</b> That the briefing regarding Sundon Medical Health Centre and update Ref: 10 be noted and that the Committee's thanks to the Officer be recorded.</p>	
38.	<b>BRIEFING ON ABDOMINAL AORTIC ANEURYSM SCREENING (REF: 11)</b>	
	<p>The Corporate Director Public Health and Wellbeing gave a briefing regarding abdominal aortic aneurysm screening in Luton.</p> <p>Lucy Hubber, Service Director Healthy Lifestyles and Commissioning, explained that at present Luton was performing very well and achieving the minimum standard and also working towards achievable targets, performance compared well with neighbouring areas. The screening would help prevent a significant number of deaths, and also help to ensure that the disease was identified at an early stage and increase the survival rate.</p> <p>The Chair expressed concern that meeting the minimum standard for Luton was not good enough and would like to see the 'attainable' targets achieved. Luton deserves the best and should be able to provide first class service. He asked whether there was action plan in place to ensure that the Luton situation was improved.</p>	

Members were informed that it was really important in terms of clarity of language, and accessibility of the service. The council should ensure that the required staffing and the capacity of staffing to deal with the issue was in place and that local people understand the risk. Luton Public Health was also working very closely with the Public Health England in terms of awareness raising as this was a fairly new programme. It was currently a challenge to reach out and to acknowledge cultural sensitive work around the population.

In terms of the age range this was offered to men when they turn 65 and there was a one off invitation in that year. There were also opportunities for people to self – present.

In terms of standards set, these were nationally set stretch targets, and not many screening operated at the high level stretch target. This was a challenging target for Luton and being close to the stretch target was seen as meeting programme requirements, once the minimum target had been achieved it was considered an effective service.

Members were further advised that education and awareness, every person who was eligible were written to three times and communication was also made available in other languages as part of this, general outreach around screening, GPs were informed to raise awareness at their surgeries to encourage uptake.

Following comments, statements and questions, members were further advised:

- Screening for AAA was offered across Bedfordshire, Luton and Milton Keynes (BLMK) and results were reported for that population rather than for Luton specifically
- Approximately 4,500 men were eligible for AAA screening in BLMK and about 900 in Luton each year and here was an annual uptake of about 80%. Less than 1% of scans detected an aneurysm.
- Up to 20-30 men per year self-refer for a scan, all of whom were scanned. 99.5% of all eligible men receive an invitation to screening.
- The Service would aim towards 85 % but could never achieve a 100 percent . The real gap was in terms of understanding and education and so councillors have a big role to play passing the information to local people as the condition was less likely heard of or known, getting the word out and using council network was essential.

The key challenge was being able to change a whole population mentality. Members requested for updates and figures to a future meeting.

The Chair commented that it was essential to get the word out and the need to have this conversation with the residents.

**Resolved:** That the presentation (Ref 11) on abdominal aortic aneurysm screening be noted and that the Committee's thanks to officers be recorded.

39.	BLMK INTEGRATED CARE SYSTEM (ICS) (FORMER STP) UPDATE & COMMUNICATION ACTION PLAN (REF: 12)	
	<p>The Director of Partnerships, Communication and Engagement, Bedfordshire, Luton and Milton Keynes CCGs submitted the report Ref: 12 regarding the BLMK integrated care system updates and communication action plan.</p> <p>She explained that the report summarises the previous engagement activity and outlined engagement activity underway across BLMK to inform responses to the NHS Long Term Plan. She stated the proposals were currently being reviewed and was at the information stage and that the document was due for publication the end of September 2019.</p> <p>She further explained that this was not a new process as it captures and build on previous proposals. It was hoped that some of the work that took place in the last two years would be captured in the proposals. The CCGs had also been working with the voluntary sector and Healthwatch and working would be ongoing in 6-10 weeks so members of the committee were encouraged to send comments to inform the ongoing work and to fill the gaps. She stated that the implementation would be when the actual conversation and engagement begins which would be towards the end of September.</p> <p>The work with the young people which was carried out last year by Luton Healthwatch, links in with the strategy and would also be captured in the long term plan as this was about partners and stakeholders working together.</p> <p>In terms of the implementation of the long term plan, the Chair asked whether this would depend on the increased work force capacity in primary care, investment of equipment, multiple long term conditions. He asked how the CCGs plan to address these in terms of clinical priorities and outcomes.</p> <p>Responding members were informed that there would be joint working across teams and one of the key priorities would be to develop clinical service strategy to do this the CCG would need to work with Public Health colleagues to look at particular health needs. The clinical strategy was yet to be written but it was expected to be part of the high level response. Another area was about outcomes from strokes which also forms part of the long term plan including financial sustainability and patients experience. The stroke service would potentially change to stroke pathways and would be reported to this committee in the near future.</p> <p>The Chair referred to the King Fund view on primary and community services stating that the ICS vision was an untested model and that in the coming months a number of details would require clarity in terms of the operation of these untested ICS models. He asked if this would be considered as part of the ongoing work and future reporting. He further stated that the King Fund was also of the view that funding intended for mental health services may not necessarily reach the front line. He asked whether these issues would be picked up by the ICS in relation to recruiting appropriate skilled staff, etc. The Chief Operation Officer explained and acknowledged the national view but stated that at a local level a complete and very detailed plan would be set out and that off was expected in September 2019. There were already a number of schemes and initiatives regarding funding in relation to children, and improved access to psychological services. There would be a granular</p>	

	<p>level work in all of those areas, and this was recognised as a challenge but there were action plan to mitigate those challenges.</p> <p>The Chair also commented that in terms of technology and digital strategy and its implementation the King Fund view was that it remained to be seen in regards to expectation and working times which could only become clear when the technology and digital strategy had been established. In response, the Medical Director L&amp;D explained that they were looking at implementing the technology locally, and exploring various options for digitalisation of the pathology services and how the digital challenge would be managed in terms of technology.</p> <p>The Chair stated that the technical knowhow was an essential part of the ICS. The Medical Director in response to an issue raised about staffing at the L&amp;D, stated that he was not aware of any issues regarding dismissal and reengagement of staff. He acknowledged that the health needs of the population had become more complex, thus there was need for all local health providers and the L&amp;D to work collaboratively and doing a lot of integrated and skilled workforce to ensure increased performance.</p> <p>In response to a question about Luton's disengagement from BLMK as a Council and how this would affect Luton, the Chief Operating Officer, Luton CCG explained that all of the funding streams would come through at a BLMK level and there were still 3 CCGs. Each of the CCGs would have a mental health investment standards and all 3 areas had met that standard. She added that Luton would benefits from all the proposals.</p> <p><b>Resolved:</b> That the report Ref: 12 on the BLMK integrated care system update and communication action plan be noted.</p>
40.	<b>WORK PROGRAMME 19 AND EXECUTIVE FORWARD PLAN (REF: 13)</b>
	<p>Members of the HSCRG considered the draft work programme and requested the Democracy and Scrutiny Officer to have it updated with the items set out below and any other items in consultation with the Chair.</p> <p>A member expressed concern about the outcome of the CQC report on the provision of ambulance service by the East of England Ambulance Service. The report called for concern and it was essential for local service users to have confidence in Luton's health services.</p> <p><b>Resolved:</b> That the draft work programme be noted and the Democracy and Scrutiny Officer be requested to update it to include the following items for future HSCRG meetings:</p> <ul style="list-style-type: none"> <li>(a) CQC Report regarding the provision of Ambulance Service by East of England Ambulance Service (TBC)</li> <li>(b) That the GP Access in Luton "Standing Item".</li> <li>(c) Targeted Lung Health and Improvement Programme Implementation - by January 2020.</li> </ul>

	<b>INFORMATION ITEMS</b>	
<b>41</b>	<b>LUTON AND DUNSTABLE HOSPITAL FALLS UPDATE (REF: 14)</b>	
	<b>Resolved:</b> That the Report Ref: 14 Luton and Dunstable Hospital Falls Update be noted.	
<b>42</b>	<b>HEALTHWATCH LUTON ANNUAL REPORT UPDATE AND OVERVIEW (REF: 15)</b>	
	<b>Resolved:</b> That Luton Healthwatch be commended for an excellent report.	

**(Meeting ended at: 20.45)**