MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP

THURSDAY 20TH JUNE 2012 AT 6.00 PM

PRESENT: Councillors A. Khan, Campbell, J. Davies, Foord, Gale, Moles and zia.

CO-OPTED MEMBER: Mr. N. Bullock (Luton LINk)

LBC SUPPORT OFFICERS / ADVISORS:
Eunice Emuophe - Democracy and Scrutiny Officer, LBC

PARTNERS:
Andrew Burgess - Interim Accountable Officer NHS - Luton
Morag Stewart - Deputy Director of Public Health, NHS Luton

PUBLIC:
None

ACTION

31. ELECTION OF CHAIR (REF: 1)

Resolved: That Councillor A. Khan be elected Chair of the Health and Social Care Review Group for the current municipal year.

32. MINUTES (REF:3.1)

Resolved: That the minutes of the meeting held on 9th May 2012 be taken as read, approved as correct record and signed by the Chair.

33. CHAIR'S UPDATES (REF: 6)

Members received updates as follows:

Health & Well-Being Board (HWBB)
It was agreed that the Chair would attend all future meetings of the HWBB as an observer inorder to feedback key issues from HWBB to the HSCRG. He had attended the meeting held on 14th June 2012 and the following key issues were discussed at that meeting.

- Governance arrangement, including Terms of Reference reviewed;
- Draft Health & Being Strategy and consultation process approved.
- Direction of travel for the CCG's draft strategy was approved.

Quality Accounts

The finalised quality accounts had been sent to the relevant NHS providers with minor adjustments made.

Healthier Together JHOSC

Councillor T. Khan was now the new representative of HSCRG on the Healthier Together JHOSC. Members were informed that the next JHOSC meeting would be held on Thursday 12th July 2012, at 4.00pm, at Central Beds Council Offices, Shefford.

Cambridgeshire Community Services (CCS) NHS Trust

Members received the CCS five year plan and priorities for 2012/13 at the meeting for information and were advised to forward their comments on emails to BS or EE.

L & D Hospital

The L&D was currently going through a substantial re-building programme of parts of its campus over an 8 years period. Both the car parking issues and the neo-natal Intensive Care units were its top priorities.

The DSO advised Members that due to an administrative error, Councilor T. Malik's name was omitted from the HSCRG Membership in May; however, following discussions with Councilor Simmons, further steps would now be taken to ensure his membership continues. Members would be informed of the outcome in due course.

Resolved: (i) That the Chair's oral updates be noted.

(ii) That the Chair's thanks to Members for their support over the past year and for re-electing him as the Chair of the HSCRG for a second term, be recorded.

34. LUTON CCG – UPDATE (REF: 7)

The Interim Accountable Officer, Luton CCG gave an update (REF:7) on the development of the Clinical Commissioning Groups in Luton. He stated that he commenced his new role in April 2012 and was excited about the way the CCG was progressing. He stated that the priorities identified by the strategy for improving health and wellbeing in Luton was consistent and that the key elements were picked from the Health and Wellbeing Strategy (HWBS).

The Primary Care Trust (PCT) from the 31st March 2013 would be abolished and Luton would then have a fully authorised Clinical Commissioning Group (CCG).

The Interim Accountable Officer stated that Luton's CCG was being

developed in terms of its structure and strategy and was not yet as advanced as some of the others in the UK. He advised that Luton's CCG application could result in three different directions; it could be approved and or approval granted with conditions. The worst-case scenario was for the application to be refused. He stated that this was not an option.

He advised that a key area for the CCG was to work closely with service providers to ensure that citizens received better and more effective services before they developed symptoms for chronic illnesses. There were proposals to integrate the Health Care Team with the Social Care Team to ensure continuity in the provision of health care in Luton and to have a single team in order to neutralise organisational self interest. He further stated that Luton had the opportunity next year to become the most effective health care stream.

The Committee were advised of the following progress updates;

- The CCG Board agreed with the three key Health & Wellbeing Strategy priority areas of; Every Child and young Person should have a Healthy start in life; A reduced gap in health inequalities in Luton; and Healthier and more independent adults and older people.
- The Healthier Luton strategy was routed from a number of strategies consistent with the H&WB Board with 10 key commissioning priorities similar to others being developed.
- The challenge was to ensure that each of the priorities was tailored to Luton's communities and ensure that best practices from other CCG's in UK were adopted.
- The new strategy would aim to deliver the best possible health and social care outcomes including clinical evidence and incorporating patient, public, GP and clinicians, etc.
- The vision of the strategy was to improve the work stream and be more proactive; there were huge variations in terms of number of referrals and the quality of referrals and demographics.
- Ongoing plans to visit 31 GP Practices in Luton and consultation being made in regards to how GP practices could be involved in the process of the Strategy. Unfortunately, not all GP's Practices had embraced the new proposals.
- That MH spends too much on its budget and does not spend enough about proactively treating people with MH problems.

The Interim Accountable Officer stated that the new structure had one Commissioning Manager and that the decision making process had been rationalised by creating a single Commissioning Committee and a Board. The Board was guided by national standards with membership of 7 GP Practices, two nurses, one secondary care and two lay members. He explained that majority of the members of the CC Board were members of the Clinical Commissioning Committee.

The Group were further advised of the first meeting of the Commissioning Committee to be held on 28th June 2012. The next steps for the working Group

included working closely with the Health and Wellbeing Board, Scrutiny Committee, and other stakeholders.

The following were responses to Member questions.

In response to a question, the Interim Accountable Officer explained that they were actively working with the hospitals to address issues to ensure high quality service and proactively looking at ways to reduce the number of people going into A&E, and ensuring that people remained healthy for longer primarily in their communities.

In response to Member question, the Interim Accountable Officer stated that there was huge opportunity for Luton to receive integrated care to enable the Health Care and Social Care working together to reduce variations. He stated that currently, there were lots of variations in terms of pathways and they would be working towards a single point of access.

A Member queried why there was no representation of the MH service on the new Commissioning Board and that it appeared that very little resources were being put into MH. He emphasised that there was need to include key people from the MH service on the Board.

In response, Members were informed that improving the management of MH was none negotiable and that this was a critical aspect and absolute key priority of the Strategy. SEPT was the provider of MH services in Luton and had taken Luton on a journey to improve the service but there was still a long way to go and that there was need to allocate more money into MH.

There were questions as to whether the providers of MH services provided the best service and whether the outcomes achieved a value for money service. At present, millions of pounds was been invested into the MH service but there were still concerns as to whether the service was working and effective enough.

The Interim Accountable Officer explained that Patient experience whether good or bad was a drive forward. It was intended to embed key elements of any feedback in the proposals and patient feedback was vital.

Resolved: (i) That the oral report of the Interim Accountable Officer (Ref:7) be noted;

(ii) That the Interim Accountable Officer be requested to update the Committee on future proposals and progress of the development of the Luton CCG's.

(iii) That the Committee's thanks to the Interim Accountable Officer be recorded.

35. THE HEALTH AND WELLBEING STRATEGY (REF: 8)

The Deputy Director of Public Health, NHS Luton, presented her report on the ongoing consultation on the draft Health and Wellbeing Strategy (Ref: 8), informing the Committee of the development of the Strategy and the strategy for improving health and wellbeing in Luton. The report sought the views of Members on the draft H&WB Strategy as part of the consultation process.

She advised that the new Health and Wellbeing Strategy would become a statutory requirement from 2013 in the Health and Social Care Bill. Under the NHS reforms, Local Authorities and new Clinical Commissioning Groups had a duty to develop a Joint Health and Wellbeing strategy which would meet the needs already identified in the Joint Strategy Needs Assessment (JSNA). She stated that the consultation carried out was on the approach being taken to address the health issues, being addressed by the JSNA.

The Deputy Director explained that the strategy would hold the Commissioners to account with three major outcomes namely:

- Every child and young person has a healthy start in life (outcome 1)
- Reduced health inequalities within Luton (outcome 2)
- Healthier and more independent adults and older people (outcome 3)

These three major outcomes had a set of commissioning priorities linked to them which would focus more on promoting health and wellbeing.

She advised that outcome 1 was linked to family poverty strategy. Outcome 2 would look at integrated lifestyles services to try and have a more holistic approach, more joined up approach which would make it easier to have access to the right services. It would also look at the wider determinants of health eg education and skills, housing and employment, all of which contribute significantly to people's health outcomes.,

In regards to Outcome 3, the Deputy Director of Public health explained that from the JSNA that it became clear that GP's were faced with difficulties in managing long term health conditions. It was intended that the HWBS would focus on improving the quality of primary care and the earlier diagnosis of long term conditions to reduce hospital admissions. There would also be tailored programmes to empower people to manage their conditions through the use of new technology. The new approach would focus on placing greater emphasis on prevention to ensure that people remained healthy for as long as possible.

The new integrated approach would be implemented through focusing on the five areas listed below, which include consulting and listening to the views of

the public.

- Promoting greater integration through stronger partnership working, budgets and joint commissioning
- Improving the quality and efficiency of services
- Addressing the wider social determinants of ill health
- Shifting resources to focus more on prevention and early intervention
- Listening to the views of the public

She also spoke about the principles which she said, would underpin the new approach. It was intended to target those areas to ensure that the right resources were allocated and made available.

The Committee heard that by 2017, the first strategy by way of measuring success would be reviewed and measured through the following:

- Increased life expectancy at birth and narrowed the inequality gap with England
- Increased disability free life expectancy at age 65
- Narrowed the gap in life expectancy at birth between the most and least deprived LSOA's
- Reduced the Infant Mortality rate by reducing the number of babies to die in the first year of life.

She advised that a website link would be set up to enable direct response to the on line consultation.

Below are some Member questions and answers which were provided.

Question 1

How would you measure outcomes in terms of the health inequalities in Luton to in order to see the benefits of the outcomes and any improvements achieved?

Answer

There were a range of indicators and high level measures. There would be an evaluation framework on the Strategy to ensure good communication with members of the public to see where there were improvements to ensure qualitative information to support the data.

Question 2

Does the draft HWBS address the issues of unemployment?

Answer

Bringing people into jobs was a key strand of the strategy. Everyone would have a role to play in the new HWBS to ensure that it works as expected.

Question 3

How would the joined up services identify and address the issues raised by unemployment and how would these be flagged up by the system.

Answer

Each of the Outcome areas would be supported by the delivery Board which would have representations on all key issues. Each board would develop an action plan to enable any keys issues to be flagged up.

Question 4

Was there anything in the strategy to address the issues of men not going to their GP's as most men tend to leave issues around their health too late before seeking doctor's advice?

Answer

There was need to build a way of engaging effectively as this issue had been recognised as a major problem in men's health. She stated that this would be part of the targeting. Health checks programmes were being set up to address early detection and early treatment. The team were currently exploring different ways to address high risks areas including visits to community centres.

Question 5

In comparison to the past and the present day budgets cuts, how would you ensure that you achieve more and what outcomes would be easier to achieve?

Answer

Trying to mitigate poverty at a time like this was a challenge. Presently we were in a stronger position in terms of what evidence we have and what works. Joined up partnership and a new approach was crucial to the process.

Also the health checks delivered by the third sector was valuable but was limited in terms of more detailed health checks. For example, blood taking services was a more specialist service and was not carried out during the health checks by the

third sector. However, the roles of the third sector and the commissioners were crucial to the effectiveness of the system.

Question 6

Was there provision in the HWBS for mental health and Talking Therapies?

Answer

Interviews were held last week Thursday and a pilot which would be fully integrated in the talking therapies team would commence next week. The team included a group of 19 Counsellors and its initial services would commence on 15th July 2012. This was an advantage to Luton.

Question 7

Can specialist health checks be provided by Pharmacist? Also would the strategy address certain issues such as unlimited access to self-medications on the internet? There were concerns that there were health risks as people were beginning to turn to on line services and self-diagnosis. This had resulted in high hospital admissions.

Answer

Members of the public were as much as possible encouraged to seek proper medical advice from their GP's and Pharmacists instead of seeking help and advice elsewhere.

Question 8

In regards to empowering patients, how would you motivate people to ensure they took personal responsibility to look after their health?

Answer

A key part of this was to educate people to understand their own wellbeing and to have a good understanding of the available resources and help. Such as new technologies which would assist people in managing their health regularly without needing to go to hospitals and to enable them continue to manage their health better and longer.

It was also about targeting and reaching out to educate the right group to ensure people were aware of early symptoms. Records showed that the health checks carried out last year were low as only about five thousand blood related health checks were carried out and there was need to do more. Also the initial health checks would only cost about £45.00 per person, whilst hospital admissions were much more expensive. The new approach was about spending every pound and investing it effectively and pulling money back into the community in terms of

early prevention rather than waiting until people were ill and in hospital.

It was clear that one generic message was not effective for everybody, and there was now a need to segment groups and ensure that their preferred methods were indicated. She stated that the Council was now beginning to do that.

A Member also advised that it was crucial to continue to make contacts and work closely with the groups in the community as they tend to develop better contacts with the community due to lack of trust by some members of the community.

The Deputy Director further explained, that the strategy would be developed to include users of services and carers; including 'hard to reach' groups, and would include action on the wider determinants of health and wellbeing, e.g. unemployment, housing, and focus on early intervention and prevention. She advised that it was the role of the Health and Wellbeing Board to promote integration, to get the whole system working together.

Resolved: (i) That the report and presentation of the Deputy Director of Public Health, NHS Luton (Ref: 8) be noted;

(ii) That the Draft Health and Wellbeing Strategy and the approach being taken to develop the strategy in Luton, be supported and endorsed;

(iii) That the Committee's thanks to the Deputy Director of Public Health – NHS Luton be recorded.

36. REVISED HEALTH AND SOCIAL CARE REVIEW GROUP TERMS OF REFERENCE - TOR (REF: 9)

The Democracy and Scrutiny Officer presented the report on the Revised Terms of Reference (TOR) (REF:9) for approval by the Committee.

Members approved the TOR with the following amendments.

- Paragraph 5.1 to add the following after (DSO), in consultation with the Chair
- Paragraph 5.2 to add the following after DSO, in consultation with the Chair
- Paragraph 3.1 sub paragraph c under subtitle Consultation (Need to mention the role of the Council in the consultation process)

Resolved: (i) That the Revised TOR be approved and submitted to the

Overview and Scrutiny Board, and the DSO be authorised to incorporate changes as agreed by the Committee.

37. WORK PROGRAMME AND DATES OF FUTURE MEETINGS (REF: 10)

The Democracy and Scrutiny Officer presented the work programme for the future meetings of the Committee and the next meeting on 2nd August 2012.

She advised that there was an additional item on the Guidance for Determining Substantial Variations in NHS Services. The item would be reported by the Deputy Director of Communications and Engagement – Bedford NHS Services on 2nd August 2012.

Members were concerned about the high level of infant mortality rate and hospital discharges and requested that Tasks and Finish Groups (T&F's) be set up to review these topics where resources permit.

Resolved: (i) That the dates of future meetings and additional item on the work programme be noted.

(ii) That the following priority topics namely (i) Infant Mortality in Luton and (ii) Patient Discharges in hospitals be added to the Groups future work programme for the purpose of setting up T&F's.

NOTE: THE MEETING ENDED AT 8.10 PM