

**MINUTES OF THE HEALTH AND WELL BEING BOARD**

**TUESDAY – 29<sup>TH</sup> OCTOBER 2013 AT 6.00PM**

**PRESENT:**

- |                   |   |
|-------------------|---|
| Cllr. Simmons     | - Leader of the Council (Chair)                           |
| Cllr. Akbar       | - Portfolio Holder – Children’s Services                  |
| Cllr. Campbell    | - Opposition Groups Representative                        |
| Cllr. Hussain     | - Portfolio Holder - Adult Social Care (Vice- Chair)      |
| Nisar Mohammed    | - Project Manager, Healthwatch Luton                      |
| Maud O’Leary      | - Substitute for Director of Housing and Community Living |
| Dr Nina Pearson   | - Chair, Luton Clinical Commissioning Group (CCG)         |
| Martin Pratt      | - Director of Children’s Services – Children and Learning |
| Cllr. Shaw        | - Substitute for Public Health Portfolio Holder           |
| Gerry Taylor      | - Director of Public Health                               |
| Dr Sarah Whiteman | - Medical Director, NHS England                           |

**IN ATTENDANCE:**

- |                  |   |
|------------------|---|
| Carol Hill       | - Chief Executive Officer, Luton CCG          |
| Cllr. Aslam Khan | - Chair, Health & Social Care Review Group    |
| Bren McGowan     | - Partnership Manager                         |
| Pauline Phillip  | - Chief Executive, Luton & Dunstable Hospital |
| Spencer Colville | - Chair, Luton & Dunstable Hospital Trust     |
| Michael Scorer   | - Corporate Advisor                           |
| Bert Siong       | - Democracy and Scrutiny Officer              |

<b>40.</b>	<b>APOLOGIES FOR ABSENCE (REF: 1)</b>
	<p>Apologies for absence from the meeting were received on behalf of:</p> <ul style="list-style-type: none"> <li>• Cllr. Ashraf - Public Health Portfolio Holder</li> <li>• Pam Garraway - Director of Housing and Community Living</li> </ul>
<b>41.</b>	<b>MINUTES (REF: 2)</b>
	<p><b>Resolved:</b> That the Minutes of the meeting of the Board held on the 29<sup>th</sup> August 2013, be taken as read, approved as a correct record and the Chair be authorised to sign them.</p>

42.	<p><b>URGENT BUSINESS (REF: 5)</b></p>
	<p>There were two matters to be dealt as Urgent Business.</p> <p><b>Resolved:</b> That the Board discuss the first matter relating to the Re-commissioning Programme for Community Health Services and Mental Health Services after Item 7 on the agenda and the second matter after passing a resolution at Item 12 to exclude the public from the meeting.</p>
43.	<p><b>SYSTEM IMPACT OF CQC INSPECTIONS (REF: 7)</b></p>
	<p>Pauline Phillip Chief Executive, Luton &amp; Dunstable Hospital addressed the Board on the outcome of the Care Quality Commission (CQC) inspection of the Hospital between 16<sup>th</sup> and 28<sup>th</sup> September 2013.</p> <p>She said the outcome was very positive, as the hospital was found to be meeting all standards inspected, with only two areas for improvement identified, which she was confident the hospital would be able to resolve.</p> <p>She reported on each area for improvement as follows:</p> <p><b>1. Maternity Staffing</b></p> <ul style="list-style-type: none"> <li>• National guidance was 1:30 midwife to patients, which the hospital was struggling to meet. Its ratio in August was 1:33, funded for 1:30;</li> <li>• Recruitment of midwives was an ongoing problem in the East of England, which the CQC had acknowledged;</li> <li>• The hospital was good retaining its midwives, as turnover was low, but the service was facing added pressures for two reasons: It had a higher ratio of maternity leave compared with other parts of the hospital, and the age profile of midwives meant many was nearing retirement;</li> <li>• To increase resilience the Board had funded a ratio of 1:28, which the hospital aimed to achieve in stages. Currently, the ratio was 1:31.5.</li> </ul> <p><b>2. Record keeping</b></p> <ul style="list-style-type: none"> <li>• Medical and surgical records kept at the end of patients' beds were inadequate in certain parts of the hospital;</li> <li>• Paperwork was a major issue, which the hospital was working hard to streamline;</li> <li>• 6 fields were required to be completed at the top of the form, which audits revealed were not being done. If required they must be completed;</li> <li>• The paperwork was being re-designed to ensure completion within 72 hours;</li> <li>• The CQC was complimentary on the plan if successfully implemented and would be returning to re-inspect in due course.</li> </ul> <p>In conclusion, Pauline Phillip stated the inspection had been very thorough, conducted day and night time on a wide spectrum of wards, focused on 8 out of the 16 CQC standards.</p>

	<p>She went on to answer questions providing further information as follows:</p> <ul style="list-style-type: none"> <li>• Midwives were all recruited out of university. There was quite a market in the East of England and a trend of candidates applying for more than one job, and being able to choose which to accept. Collaborative recruitment needed, which a Bedfordshire and Hertfordshire workforce Group, of which she was the deputy Chair, was looking at;</li> <li>• Re the inspection, there was no questionnaire; the CQC inspectors spoke freely to patients about their overall experience, dignity, communication, etc.;</li> <li>• The midwife to patients ratio related to the hospital only, not the community;</li> <li>• There was no significant increase in paediatric work at the L&amp;D resulting from the issues at Bedford hospital. The Health system was keeping track, but no difficulties expected;</li> <li>• The number of Luton patients seen at Bedford was extremely low and had dropped even lower, with patients going to the L&amp;D or other nearby hospitals, including in London.</li> </ul> <p>The Chair thanked Pauline Philip for taking time to attend the meeting and informing the Board on the outcome of the CQC inspection.</p> <p><b>Resolves:</b> (i) That the oral report of Pauline Phillip on the outcome of the CQC inspection of the Luton &amp; Dunstable Hospital be noted;</p> <p>(ii) That the Board's thanks to Pauline Philip for taking time to address the meeting be recorded.</p>
<p><b>44.</b></p>	<p><b>URGENT BUSINESS - UPDATE ON THE RE-COMMISSIONING PROGRAMME FOR COMMUNITY HEALTH SERVICES AND MENTAL HEALTH SERVICES (REF: 5.1)</b></p>
	<p>Carol Hill, Chief Officer, Luton Clinical Commissioning Group (CCG) updated the Board on the re-commissioning programme for Community Health Services and Mental Health Services. Her written report had been circulated to Members prior to the meeting, with copies also tabled.</p> <p>She re-iterated the background to the programme and advised as well as looking at current needs, it was looking ahead to future needs, in line with the Joint Strategic Needs Assessment and the Mental Health Needs assessment. She added the moment was opportune, as contracts for both services were coming to an end.</p> <p>She said the work had been done, led by Luton CCG, involving Luton Borough Council, services involved and NHS England. As it was a complex three way programme, it was important to have the right governance.</p> <p>She went on to provide an outline of the project programme as follows:</p> <ul style="list-style-type: none"> <li>• Five work streams established, the steering group chaired by a Lay member of Luton CCG;</li> <li>• There would be four service lots available - Mental Health Services, Community Health Services, Child and Adolescent Mental Health Services (CAMHS) and</li> </ul>

Intermediate Care Services;

- Bidders would be able to bid for any one or more of the four lots, as an individual organisation or in partnership with other organisations. This was to encourage small and medium size organisations, including those from the local voluntary sector with local knowledge of needs to bid;
- Separate submissions would be required and evaluated on their own merits;
- Procurement would be by way of competitive dialogues with bidders, until best fit solutions to ensure the highest quality, cost effective service were achieved;

Carol Hill advised consultation with people who used those services were taking place through seminars and events, including a planned Healthwatch Luton event, to work through the process. Similar consultation was also taking with GP Practices to hear views from Primary Care.

She said it was important to note the exercise was not a criticism that services in Luton were bad, but that it is meant to make them better. The services would be 'wrapped around' people, instead of expecting them to navigate their way around it, which was a problem.

She added the next step was the commencement of the formal procurement process, with placing of the advert expected in the following week.

She commented the plans were being shared with health and social care overview and scrutiny. Looking ahead, she informed the Board if any service changes were contemplated following the changes, advice would be taken from scrutiny, on whether formal public consultation would be required or continuation of current public engagement.

Cllr. Shaw commented a senior Housing Officer was conducting a study, to prepare a report on the impact of welfare reforms on the mental health of Social Housing users, and queried why there was no reference to this issue in Carol Hill's report.

Carol Hill said housing was important to people's mental health and hence why the recovery model advocated, would include elements of housing and employment, through the tender documents, but could include more if necessary. She requested sight of the Housing report, so that its findings could be fed in the re-commissioning process, given it would be ongoing probably through to summer 2014.

Martin Pratt commented the process of change was highly risky and asked how the risks of transition and de-stabilisation to individuals and the system would be managed?

Carol Hill agreed there were risks, but also opportunities. She commented there was a need to be honest about the risks and to do the best to mitigate them, to ensure vulnerable people continued receiving necessary services. She said she was working closely with and had been talking to colleagues in Cambridgeshire Community Service to allay fear about their jobs, as all staff and more would still be needed. She added she was in the process of arranging a similar briefing for SEPT staff and had met a Consultants Group, with another meeting planned imminently.

Gerry Taylor queried what the situation was with the current joint mental health contract with Bedfordshire CCG.

**(Notes:** Cllr Hussain declared a potential pecuniary interest as a SEPT Governor, but remained in the room, as was assured no confidential information was to be revealed).

Carol Hill was unable to add to the information provided in the report.

As local enterprises to be encouraged, Cllr. Akbar asked if any bids were to be ring-fenced?

Carol Hill said the process was set out the documents, and it was up to organisations to work together on partnership bids.

Nisar Mohammed asked if there was to be any difference in the budget from that allocated to current providers.

Carol Hill was unable to add to the information provided in the report, but acknowledged there had been a long standing issue with the imbalance between Luton and Bedfordshire, with Luton paying more than the value received.

Cllr. Hussain commented quality of service was a concern and that it was important all children and adults in Luton received the best quality of service.

Carol Hill agreed and advised it was set out in her report, that services be of high quality, safe, clinically effective and demonstrated value for money. This was reinforced by Dr Nina Pearson.

Martin Pratt asked Dr Sarah Whiteman if Luton CCG's commissioning proposals were consistent and in alignment with NHS England's strategy.

Dr Whiteman said she was entirely satisfied they were aligned and working well together.

The Chair thanked Carol Hill for her report, which she suggested noting by the Board, which was agreed.

**Resolved:** (i) That the report of Carol Hill providing an update on the re-commissioning programme for Community Health Services and Mental Health Services be noted.

(ii) That, when completed, the outcome of the study into the impact of welfare reforms on the mental health of Social Housing users (mentioned by Cllr. Shaw), be considered by the Board in due course;

(iii) That, the report and findings of the Social Housing study be referred to the Chief Officer of Luton CCG for consideration and feeding into the mental health services re-commissioning process, as appropriate.

45.

**LUTON'S AUTISM SELF EVALUATION (REF: 8.1)**

Bridget Moffat, Adult Social Care Commissioning Manager, presented her report (Ref: 8.1) updating the Board on progress achieved against the priorities set out in the joint Luton Autism Strategy and to summarise the results of the recent Autism Self-Evaluation issued by the Department of Health (DH).

She said the Self-Evaluation had been submitted to the DH to meet the deadline for submission, but still needed to be signed off by the Board.

She said background details were set out in the report, and that Luton CCG and Luton Borough Council (LBC) had reviewed progress and completed the local response following publication of the national strategy, which was provided in the appendix to the report.

She added key milestones had been met, with Luton and Bedfordshire, which shared common elements and a shared Autism Partnership Board, making good progress. Most areas were Green rated, with none rated Red. Some areas for development were identified to improve support for people with autism:

She went to highlight a number of keys points from the report as follows:

- There were some examples of GPs and the hospital taking on a number of people with autism as apprentices;
- Training was doing well, with 800 professionals receiving it, but efforts in hand to find ways how to roll out the training to more GPs and healthcare professionals;
- Gaps still existed in services, e.g., people were going to London for diagnostics and returning to Luton with a support plan, but no local services available to support them. An interim service had been set up to plug the gap;
- All vulnerable adults, including those on the autistic spectrum, even without a learning disability could access a Community Care Assessment and support, which would close the gap in service and clarify the pathway;
- There would be Improved access and uptake of personal budgets for individuals on the Autistic Spectrum;
- Needs analysis, which was currently much better for children and young people, would also be improved for older people.

In response to questions Bridget provided further information as follows:

- In relation to Question 6 of the self-assessment questionnaire on data collection on diagnosis, she said only reliable figures from the L&D Group was collected;
- On sharing good practice on training needs, she said this happened as part of the interactive training, but there were opportunities for the L&D, Luton CCG, the Partnership Board, as well as the National Autistic Society to do more;
- There were no data on educational attainments, as this self-assessment only related to adults.

The chair proposed the Board supported and retrospectively sign off the self-evaluation as required, which was agreed.

**Resolved:** That the Autism Self Evaluation submitted by the Council and Luton CCG to Public Health England be agreed and retrospectively signed-off.

**46. BETTER TOGETHER - HEALTH AND SOCIAL CARE INTEGRATION (REF: 8.2)**

Michael Scorer presented his report (Ref: 8.2), providing the Board with an update on Better Together; Luton's health and social care integration programme.

He tabled an outline copy of the Integration Transformation Fund Plan, showing what needed to be achieved and the timeline for Luton's submission of its application for part of the funding.

He went to highlight a number of key points from the report on as follows:

- The frail and elderly work stream - taking forward the work of the Discharge from Hospital Scrutiny Review, focusing on those aged 85 and over, with three or more conditions. They would be subject of Personal Electronic Plan, with someone in charge to co-ordinate their care 7 days a week;
- The Disabled and Special Educational Needs children work stream – there would be a clear local offer, shown in a single place on the internet, covering the whole health and social care spectrum. A single assessment process of educational and health and social care needs would lead to common delivery;
- Back office and Support – looking at how to share resources and information between partners. Under consideration were: how to support a single view from existing partners IT systems, as change was not affordable and how to develop a shared set of beliefs and to enable information sharing, which was important.

He stated the next steps would be to deliver a briefing for the community and voluntary sector on 5<sup>th</sup> December 2013 at the Town Hall, which would be opened by Cllr Simmons.

He added information was live on the joint 'Better Together' website, hosted by the Council for the whole sector.

He said the re-commissioning of community and mental health services, already separately received by the Board, was part of the 'Better Together' work.

He informed the Board the proposals would be brought back to the Board for approval on 16<sup>th</sup> January 2014.

In response to a question, he was unable to give the estimated time line for delivering the IT solutions, but said it was unlikely to be quick. He added a first meeting on the subject was due to take place.

Returning to the Integration Transformation Fund Plan, he stated the Council and Luton CCG had received a joint letter from NHS England and the Local Government Association (LGA), which was circulated as an appendix to his report.

He advised it was the role of the Health & Wellbeing Board to help access as much funding as possible to pay for what services were needed locally.

He said the Integration Transformation Fund comprised £3.8 billion, of money already committed to core services and was, therefore, not new money. However, he added some complicated extra money was also available, on which guidance was awaited.

He advised a two year plan covering 2014- 2016 was required to access the Integration Transformation Fund. He said this could be derived from the local 5 year integrated Health and Wellbeing Strategic Plan. Whether the latter needed refreshing was a matter for consideration, but he said he was not sure there was a need.

He said the two year plan needed approval from the Council Executive and Luton CCG Board, following sign-off by the Health & Wellbeing Board on 16<sup>th</sup> January 2014, but if reporting deadline for that meeting was thought too tight, an extraordinary Board meeting could be considered around the end of January 2014, if necessary.

He added the NHS England and LGA pro-forma needed to be despatched to them by 15<sup>th</sup> February 2014. He said it was feasible to aim for sign-off of it by the Board on 16<sup>th</sup> January, as not as big a task as the original application to the Department of Health (DH). The pro-forma was not for a decision-making purpose, but for them to report to DH.

He went on to say he was taking a draft to the Scrutiny Health & Social Care Review Group on 9<sup>th</sup> January 2014 for comments and needed to consult the Head of Finance, as the Integration Transformation Fund application process did not fit with the budget setting rounds.

Cllr Shaw commented section 75 agreement needed to be signed by April 2014, and as there was always some disagreements due to Luton spending more on disability than funded, he queried if there was any decision to include it in or would it be left to each local authority to sort out.

Michael Scorer said disability grant would be included, but there was no guidance on it yet, but he was aware there a need to ensure Luton did not lose out. No discussion had yet taken place, but it was in the time table. The re-iterated a plan was needed to get any money.

Cllr Simmons said there a need to have a debate about this issue.

Dr Nina Pearson commented Luton CCG was setting its own budget and would account for the pool budget to make integration happen. She added there was a need to justify why integration would be different from what it was before, to get 'our' own money back.

**Resolved:** (i) That the report briefing the Board on progress of the Better Together; Luton's health and social care integration programme and the Integration Transformation Fund Plan be noted;

(ii) That the completed draft Integration Transformation Fund Plan, be brought

	back to the Board for consideration and sign-off at its meeting on 16 <sup>th</sup> January 2014 (or at an extraordinary Board meeting to be arranged around the end of January 2014, if necessary).
<b>47.</b>	<b>WINTER PRESSURES – UPDATE (REF: 8.3)</b>
	<p>Maud O’Leary offered the Board Simon Pattison’s apologies, as he was unable to attend the meeting. She requested this matter be postponed until the next meeting of the Board, when a report would be submitted for consideration.</p> <p>Depending on the scale of the challenges expected, at the suggestion of the Chair, the Board agreed there might be a need for an extraordinary meeting, as its next meeting on 16<sup>th</sup> January 2014 could be too long to wait to consider this matter.</p> <p><b>Resolved:</b> That the expected challenges from the winter pressures on the health system be examined by officers and discussed with the Chair, so that a decision could be made on whether to call for an extraordinary meeting of the Board, before its next meeting on 16<sup>th</sup> January 2014.</p>
<b>48.</b>	<b>HEALTHWATCH LUTON WORK PROGRAMME (REF: 9)</b>
	<p>Nisar Mohammed, the Healthwatch Luton Project Manager presented the report outlining the organisations’ work programme (Ref: 9).</p> <p>He highlighted key points from each work stream as follows:</p> <p><b>Patients Survey at GP Practices</b></p> <ul style="list-style-type: none"> <li>• The largest piece of current work was the real time survey being conducted outside GP Practices, speaking to patients as they exited the surgery, e.g. about accessibility to their GPs, ease of making appointments, patients’ environment and experience.;</li> <li>• 17 out of 39 surgeries visited and about 300 patients spoken to so far;</li> <li>• Survey continuing with 3 or visits a week, depending on the weather.</li> </ul> <p><b>Children and Young People</b></p> <ul style="list-style-type: none"> <li>• Reviewing service specifications on emotional and mental health and wellbeing and drugs and alcohol to advise commissioners.</li> </ul> <p><b>Luton &amp; Dunstable Hospital</b></p> <ul style="list-style-type: none"> <li>• Assessing patients’ experience across all inpatient wards, avoiding duplication of the work of the hospital own Patients’ Experience Call Centre.</li> </ul> <p><b>Older people</b></p> <ul style="list-style-type: none"> <li>• Assessing the quality of existing data on the availability of care home services;</li> <li>• Meeting arranged with LBC’s Adult Social Care and the CQC Local Area Team.</li> </ul> <p><b>Mental Health and Community Services</b></p>

- No more to add to details provided by Carol Hill on the re-commissioning report.

### **Young people admitted into mental health inpatient units**

- Number of admissions in 2013/13 was 33, nearly double the previous year's total of 18. More detailed information requested from SEPT, as a concern;
- Also querying why there were no local mental health units for young people.

### **Quality of Home Care Services**

- Concerns over quality of care at home, as some users being attended each time by different care workers, e.g. up to 5 different ones in one week;
- Further investigation with Adult Social Care, using powers to interact directly with users needed.

### **Quality of care for adults with learning disabilities in assisted living**

- Due to concerns over quality of service provided, a safeguarding alert raised by Healthwatch Luton. Information awaited.

### **Access to services by people with Multiple Sclerosis**

- Research though case study being conducted as a result of challenges accessing services faced by a person with the illness.

### **Communication/information sharing policies and protocols at the Luton and Dunstable hospital**

- Enquiring into reported problems relating to communication with patients and information sharing between departments and within departments at the hospital. Information requested;
- Also received two positive stories from patients who reported good experience at the Eye clinic.

### **Voluntary and Community Sector**

- Work underway to engage with community sector organisations;
- Looking to how to engage with service users with HIV – a challenging area, but positive experience received at the GUM Clinic.

### **Healthwatch Luton Champions**

- Encouraged by the high number of under 25, volunteering to be healthwatch Champions, who wished to gain experience of health and social care.

Dr Sarah Whiteman said NHS England was responsible for commissioning primary care and wondered how Healthwatch Luton was linking with people and the GP Contract Team.

Nisar Mohammed stated Healthwatch Luton had indeed engaged with the GP

	<p>Contract Team from the outset to gain support. He added the Primary Care Commissioning Team at local level wished to share as much as possible.</p> <p><b>Resolved:</b> That the current Healthwatch Luton work programme and issues arising be noted.</p>
<b>49.</b>	<b>SCRUTINY TASK &amp; FINISH GROUP REVIEW – DISCHARGE FROM HOSPITAL (REF: 10)</b>
	<p>Cllr. Khan, the Chair of the Scrutiny Health &amp; Social Care Review Group, presented the report on the outcome of the Scrutiny Task &amp; Finish Group review of Discharge from Hospital (Ref: 10).</p> <p>He thanked all partner organisations involved for an excellent example of joint working, which had led to a set of recommendations for improvement as set out in the appendix to the report, which were all very positively accepted and being taken forward as part of the 'Better Together' programme earlier reported by Michael Scorer.</p> <p>Cllr. Khan was hopeful of continuous improvements in the relevant services and said the committee looked forward to receiving regular updates on progress.</p> <p><b>Resolved:</b> That the information report on the Scrutiny Task &amp; Finish Group review of Discharge from Hospital (Ref: 10) be noted.</p>
<b>50.</b>	<b>REVIEW AND UPDATE OF THE WORK PROGRAMME OF THE BOARD (REF: 11)</b>
	<p>The Board considered the Work Programme for future meetings as in the table presented in the report (Ref: 11) submitted by the Partnership Manager.</p> <p>He said an item on the Governance arrangement would be added to the work programme for March 2014.</p> <p>Members were advised to consider the inclusion to the work programme of any additional items, as discussed by the Board above or from other sources, as appropriate.</p> <p>Martin Pratt, the Head of Children Services advised of two items to be presented to future meetings of the Board as follows:</p> <ul style="list-style-type: none"> <li>• The Safeguarding Adults and Children's report in January 2014; and</li> <li>• 'Flying Start' in March 2014.</li> </ul> <p><b>Resolved:</b> (i) That the work programme be noted and items added as reported to the Board.</p> <p>(ii) That the following items be included on the Board's work programme:</p> <ul style="list-style-type: none"> <li>○ The Safeguarding Adults and Children's report in January 2014; and</li> <li>○ 'Flying Start' in March 2014;</li> <li>○ Impact of welfare reforms on the mental health of Social Housing users.</li> </ul>

51.	<b>Exclusion of Public (REF: 12)</b>
	<p><b>Resolved:</b> That, under Section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the next item, as it was likely that if members of the public were present during that item, there would be disclosure to them of exempt information falling within Paragraphs 1 &amp; 2 of Part 1 of Schedule 12A to the Local Government Act 1972.</p>
52.	<b>URGENT BUSINESS (REF: 5.2)</b>
	<p>Gerry Taylor reported orally to the Board on a confidential matter, which was accepted for action as suggested.</p>
	<p><b>Notes:</b></p> <p><b>(i) Councillor Hussain declared a non-pecuniary interest regarding Ref: 5.1, in that he was a Governor of South Essex Partnership Trust (SEPT) and remained the room during consideration of the item.</b></p> <p><b>(ii) Item 5.2 was taken in private for the reason stated at Minute 51.</b></p> <p><b>(ii) The meeting ended at 7.35 p.m.</b></p>