

MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP

1st August 2018 at 6.00 p.m.

PRESENT: Councillor Agbley (Chair), Councillors Lewis, T. Malik, Moles and Pedersen.

CO-OPTED MEMBERS: Mr. Norris Bullock - Healthwatch Luton
Ms. Stephanie Power – Healthwatch Luton

IN ATTENDANCE:

**SUPPORT OFFICERS/
ADVISORS:**

Michelle Bradley	Director, Beds & Luton Mental Health and Wellbeing Services, ELFT
Steve Malusky	Mental Health Programme Lead, Luton CCG
Jennie Russell	Deputy Director of Nursing, Luton CCG
Bert Siong	Democracy and Scrutiny Officer, Luton Council
Gerry Taylor	Director of Public Health, Commissioning and Procurement, Luton Council

PUBLIC: Euan Duncan – Johnson Press

ACTION

43.	APOLOGIES FOR ABSENCE (REF: 1)	
	Resolved: Apologies for absence from the meeting were received on behalf of Councillors Campbell, Petts and Rafiq.	
44.	MINUTES (REF: 2.1)	
	Resolved: That the minutes of the meeting held on 6 th June 2018 be taken as read, approved as a correct record and the Chair be authorised to sign them.	
45.	CHAIR'S UPDATE	
	<p>Luton Community Based Care Whole-System Strategy</p> <p>The Chair expressed concerns that the place-based Luton Community Based Care Whole-System Strategy appeared to have been signed off without passing through the Scrutiny HSCRG for review and comments.</p> <p>Jennie Russell from Luton CCG and Gerry Taylor, Director of Public Health informed HSCRG that the strategy was a live document, which had not been signed off. Gerry Taylor added that some prevention elements were yet to be included in the document.</p>	

	<p>The Chair was informed that the matter was subject of discussion at the meeting on 6th June 2018, when he was absent and the document was requested to be circulated to Members.</p> <p>As the matter was on the agenda, the Chair requested that it be dealt with as a substantive item.</p> <p>STP Update</p> <p>The Chair requested that the standing item on the STP be included on every meeting's agenda as a substantive item for an update and discussion, not purely for information only.</p> <p>Windrush Generation Issues</p> <p>HSCRG was informed that enquiries with health and social care partners had revealed that there had not been any known cases in Luton connected to the Windrush Generation.</p> <p>Resolved: That the Chair's updated be noted.</p>	
46.	LUTON MENTAL HEALTH CRISIS REVIEW (REF: 7)	
	<p>Steve Malusky, Luton CCG and Michelle Bradley, East London Foundation Trust (ELFT), presented the report (Ref: 7), providing HSCRG an oversight of progress the Mental Health Crisis Review that was being undertaken in Luton.</p> <p>A number of key points were highlighted, including the following:</p> <ul style="list-style-type: none"> • The project plan was presented to HSCRG in February 2018, setting out the scope and the method to be used to develop an improved mental health crisis service for the people of Luton; • The review set out to obtain stakeholders' views of the current state of crisis services in Luton and what was needed locally and STP wide; • Mental Health Crisis Teams nationally had been surveyed, the results of which would be ready in early September to feed into the evidence base; • The analysis would be shared with stakeholders to find out what was lacking, what people needed and/ or wanted to see in their crisis service in the future; • Gaps in services were identified, which the community would be asked how to fill them; • GPs would like to see a 24/7 crisis service, which could take referrals direct from family members or carers, but not directly from service users; • GPs did not know about Street Triage, probably because it operated out of hours. GPs would be briefed; • There was currently no perinatal mental health provision in place, which would be addressed, having secured £1.1m funding for the STP. The service, which would benefit 180 women at high risks, would be shared across Luton and Bedfordshire. It was planned to be implemented by October 2018, with staff recruitment started; 	

- The Approved Mental Health Professional (AMHPS) service was provided by ELFT 9am – 5pm and by Central Beds Council out of hours. Following an independent review of the service, a new leadership team was put in place to implement the recommendations of the review and make progress;
- The Mental Health Street Triage pilot had secured funding for another year. It had been successful in preventing some people in crisis going to A&E or taken to a police cell and was expected to become business as usual from next year;
- Psychiatric Liaison Service had been expanded to operate 24/7 in A&E and on hospital wards, providing a response within one hour of referral. All referrals were being examined to identify what triggered the crisis and what could be done to avoid them. Many were caused by social problems, including relationship breakdown, debts and eviction notices, requiring a system wide look to enable early interventions to prevent the problems. An event on these issues was planned for September 2018 to add to the evidence base.

The Officers stated there was a lot more work to be done to the end of 2018, to co-produce a crisis service offer that all stakeholders could sign up to and take forward.

Following questions, comments and discussions, further information was noted, including the following key points:

- In relation to hard to reach groups, including black and ethnic minority groups, 'Our minds matter' was a small family group working to reach out to community groups, arranging workshops in religious institutions and other locations to help the community recognise what mental health looked like and how families could help themselves keep well. There was a trend of more women accessing the services;
- Support needed for those who abused alcohol and drugs, who did not wish to access services, but needed help to move on;
- The Recovery College was helping to break down the mental health stigma. Presentations given to faith groups leaders to help them understand how to sign post people to services. No-one was turned away;
- The increase in Mental Health Street Triage cases in April could not be explained, but it was thought that a change from dealing with cases on the telephone to actually going to deal with them face to face could be a reason;
- About a third of cases dealt with by the Street Triage team was drugs/ alcohol related;
- A large increase to admission units seen, where psycho active substances and alcohol were high factors. This was a significant issue, due to availability and low price of the tablets. These people needed time to recover, not A&E admission;
- The Mental Health Street Triage team worked across Luton and Bedfordshire;

	<ul style="list-style-type: none"> • There was a need to work closer with the local authority in relation to the social causes of mental health, e.g. housing, loss of jobs relationship breakdown; • The only data available on self-harming by children would be that kept by the hospital on admissions and by social services for those who accessed services; • It was suggested that, as social media had a major impact on the number of self-harming cases, it was important for children to get the right support as a prevention measure; • Mental Health Street Triage was providing a gate-keeping service for potential Section 136 patients, preventing about half of those seen from going into hospital. Without it they would be admitted at a cost of £450 per bed day; • Street Triage was thought to be a first class service, which took years to be rolled out. GPs were being visited to remind them of the service, triggered through 999, not referral from GPs; • Street Triage was a partnership initiative, with the team comprising Police Officers, Mental Health Nurses and Paramedics. So, waiting for an ambulance was not an issue; • There was not enough Approved Mental Health Professionals for 24 hour cover, due to increased demand. An AMHP awareness day was held mid county in July 2018, which prompted a good response, but it was a long process to recruit and train AMHPs; • A new manager had been appointed for the AMHP and Crisis Team to take forward the improvement plan; • Response time for the AMHPS was within 4 hours during day time; • Section 12 doctors were available on an on-call basis, while doing their own work, which made it difficult to get one when needed. Discussion taking place across the Beds, Luton and Milton Keynes (BLMK) Sustainable Transformation Partnership (STP) area, with a view to provide access to 30 Section12 doctors; • New GP training no longer included a mental health element, which ELFT was providing to fill the gap; • There was move by Luton CCG to mobilise all GPs in Luton to become Section 12 doctors, as it was mainly their patients who required access to services and bringing doctors from outside the area was not the best way to achieve the gold standard required; • Having Police Officers in the Street Triage Team was essential, as they were the only ones with the Section 136 detention power; • Street Triage only attended to calls of people in crisis; • There was no known data about people with mental health having difficulties accessing GPs, but primary care was geared to have access to hospital consultants to provide support. Many people tended to call an ambulance or Police; • Although more information was needed, it seemed people with mental health issues attended A&E for support. Services were working together, 	
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	<p>e.g. having mental health nurses in A&E, to divert mental health patients to other teams, e.g. the Crisis Team;</p> <ul style="list-style-type: none"> Issues with GPs and primary care were also being looked to see how to relieve the pressure on A&E. <p>The Chair moved that the report be noted and that the issues raised through comments and discussions be considered by Officers, as they continued with the Crisis Services Review. He requested for a further update be submitted to the committee at its meeting on 15th January 2019, which was agreed.</p> <p>Resolved: (i) That the joint report of the Luton CCG and East London Foundation Trust on the Luton Mental Health Crisis Review be noted;</p> <p>(ii) That the issues raised through comments and discussions on the report by the committee be taken into consideration by Officers as the review continued on its next phase;</p> <p>(iii) That the relevant Officers from Luton CCG and East London Foundation Trust be requested to submit a further progress report to HSCRG at its meeting on 15th January 2019;</p> <p>(iv) That the thanks of the committee to Steve Malusky and Michelle Bradley for attending the meeting, presenting a comprehensive report on the Luton Mental Health Crisis Review and answering Members' questions be recorded.</p>	
47.	WORK PROGRAMME REPORT AND DATES OF FUTURE MEETINGS (REF: 8)	
	<p>Members of the HSCRG considered the draft work programme and instructed the Democracy and Scrutiny Officer to update it to include the items set out in the below resolutions and any other items in consultation with the Chair, for future HSCRG meetings:</p> <p>Resolved: That the draft work programme be noted and the Democracy and Scrutiny Officer be instructed to update it to include the following items for future HSCRG meetings:</p> <ul style="list-style-type: none"> Luton Mental Health Crisis Review: Progress Report; Meeting date -15th January 2019 (Loraine Rossati, Luton CCG and Michelle Bradley (ELFT)); Luton Community Based Care Whole-System Strategy – Verbal Update; Meeting date - 25th September 2018 (Nicky Poulain, Luton CCG/ Gerry Taylor, Luton Council); Luton Community Based Care Whole-System Strategy – Full written Report. Meeting date to be determined (Nicky Poulain, Luton CCG/ Gerry Taylor, Luton Council). 	

48.	Luton Community Based Care Whole-System Strategy (REF: 9)	
	<p>The Luton Community Based Care Whole-System Strategy report was considered in full, as Jennie Russell, the Deputy Director of Nursing, Luton CCG in attendance to present it and answer questions.</p> <p>The Director of Public Health, of Luton Council was also in attendance, representing Luton Council.</p> <p>She highlighted keys points, including the following:</p> <ul style="list-style-type: none"> • The Luton Community Based Care Whole-System Strategy document was in draft and not signed off. It was not static, as piloting and testing pathways still underway to see which provided high level of care, which could then be embedded in the strategy; • All agencies could still comment on it to help the CCG ensure the needs of patients were met, while shifting services from hospital to the community, closer to patients' homes, where they would prefer them to be; • The strategy sought to empower all teams in the community to support patients, e.g. nurses or social workers taking forward requests for what was needed without having to refer up and provide a high level of interventions and care within the home, if could be managed at home, to avoid patients going into hospital; • There was a need to develop and educate the population on how to keep healthy and self-manage, so as for people now not to be in need to interventions 30-40 years later; • Some elements of the voluntary sector was very supportive and leading by example; • Isolation, loneliness and chronic diseases were ageing diseases, which needed to be taken into account and addressed; • Capacity and culture were important issues to provide 'hospital care' at home, with rapid responses from nurses and social care; • Prevention objectives needed to be added to the strategy; • GPs visiting patients should be able to phone one number to refer patients to social care or nurses; • There was a need to 'flex' and share resources to provide services, up-skilling staff as required; • Secondary care would support primary care, with GPs being able to speak to hospital consultants for advice in some specialist cases, to avoid having to refer all patients to hospital to see specialists; • Quality Team in the CCG would assess work in hospital, to ensure services were complementary and to stop duplication; • There was a need to remove barriers across health and social care, so that patients would know who was treated them. <p>The Deputy Director of Nursing re-iterated that the strategy document was a working one, which would change, as it passed through the Transformation Board. She assured Members that the views of the committee were important. Changes were expected in the next few years and further to ensure good integration.</p> <p>Following questions, comments and discussions, further points were</p>	

noted, including the following:

- In relation to closer working, it was confirmed that relationships between Luton CCG and Luton Council were good and work would still be proceeding, despite any alleged issues at BLMK STP level;
- The STP was looking at the combined area across BLMK, but the integration of health and social care in Luton, including the prevention elements, was a matter of Luton Council and Luton CCG working together to deliver for Luton;
- The BLMK STP, comprising the 16 NHS commissioners and providers and local authorities across the STP area was chaired by Richard Carr, CEO of Central Beds Council. The STP had no executive powers, but could make recommendations to the Luton CCGs or Luton Council, to take through their decision-making process. Commissioning would not be affected, with each organisation taking decisions in relation to the patients in Luton;
- The strategy document was a Luton one, not STP;
- In terms of funding, there were already some areas where budgets were pooled, e.g. Section 75, and working to pool and align additional budgets in the next few years. Budgets for sexual health were not allowed to be pooled;
- Members were re-assured that there was a weekly collective review of 'failed discharges', which the hospital was accountable for, to learn lessons and ensure prevention and seamless transition of transfer. Seamless transfer still did not always succeed, but lessons were learnt;
- Review and learning of lessons from what went wrong and re-admission rates undertaken;
- It seemed that the hospital sometime waited too long to plan for discharge, which should start be right from admission;
- Prevention work from the Wellbeing Service, e.g. re weight loss and stop smoking, IAPT and social prescriptions, were not yet in the strategy, which would help keep people disease free. These would be included in the next iteration of the strategy document;
- Social prescriptions included issues around self-care e.g. to address social isolation as well as for long-term conditions, and needed to be sustainable for the individual referred;
- There was a need to use services already commissioned with be-spoke ones being the exception, to get the most for the most people within the budget;
- As the budget was limited, Social prescription was more about encouraging people to change their life styles;
- There were provisions in place for people with limited budget, e.g. walking groups;
- People should be informed of what was available.

The Chair moved that the report be noted and that Luton CCG be requested to provide a verbal update at the next HSCRG meeting on 25th September 2018, which was agreed.

He also requested a more detailed written update be submitted for review and comments to a future HSCRG meeting, on a date to be arranged with Democratic Service, after the strategy had undergone more significant development, which was also agreed.

	<p>Resolved: (i) That the Luton CCG's report on the Luton Community Based Care Whole-System Strategy and the fact that it is still under development, be noted;</p> <p>(ii) That the comments of the committee be taken into consideration as the strategy continued to be developed;</p> <p>(iii) That the Accountable Officer, Luton CCG be requested to arrange for HSCRG to be provided with a verbal update on any development with the Luton Community Based Care Whole-System Strategy at its meeting on 25th September 2019;</p> <p>(iv) That the Accountable Officer, Luton CCG be requested to arrange for the committee to be provided with a comprehensive written progress report on the Luton Community Based Care Whole-System Strategy for consideration and comments to a future meeting of HSCRG (date to be confirmed in liaison with Democratic Services);</p> <p>(v) That the thanks of the committee to Jennie Russell, Luton CCG for attending the meeting, presenting the Luton Community Based Care Whole-System Strategy report and answering Members' questions be recorded.</p>	
	INFORMATION ITEM ONLY	
49.	PROPOSAL TO MERGE BEDFORD HOSPITAL AND L&D UNIVERSITY HOSPITAL - STAKEHOLDER UPDATE (REF: 10)	
	<p>Resolved: That the stakeholder update on the proposal to merge Bedford Hospital and L&D University Hospital be received.</p>	
50.	L&D HOSPITAL PATIENT FALLS REPORT (REF: 11)	
	<p>The in-patients' falls report from the Luton and Dunstable Hospital was received. Comments were made about the decrease in the number of falls in May compared with April, but there were concerns about the number of falls during toileting.</p> <p>Jennie Russell informed the committee about an ongoing wide ranging review of in-patients falls at the hospital going back to 2014 commissioned by the Safeguarding Adults Board. She agreed to arrange for a report on the findings of the review to be provided to HSCRG on 15th January 2019 for scrutiny and comments.</p> <p>Resolved: (i) That the standing item on L&D Hospital's monthly report on in-patients' falls be received and noted;</p> <p>(ii) That Jennie Russell, Luton CCG be requested to arrange for a report on the findings of the review of in-patients falls at the L&D hospital</p>	

	commissioned by the Luton Safeguarding Adults Board, to be provided to HSCRG on 15th January 2019 for scrutiny and comments.	
51.	UPDATE ON CHANGES TO PRESCRIBING OF OVER THE COUNTER MEDICINES AND GLUTEN FREE FOODS (REF: 12)	
	<p>Resolved: (i) That the update on changes to prescribing of over the counter medicines and gluten free foods be received and noted;</p> <p>(ii) That Tess Dawoud, Luton CCG be requested to provide by e-mail, a list of medicines and products now excluded from NHS prescriptions in Luton for Members' information.</p>	DSO
52.	HEALTHWATCH LUTON ANNUAL REPORT 2017-18 (REF: 13)	
	<p>Resolved: That the Healthwatch Luton Annual Report 2017-18 be received.</p>	
	<p>Note: (i) Cllr Pedersen declared non-pecuniary interests, in her role as a volunteer driver for Keech Hospice;</p> <p>(ii) The meeting ended at 8.15 p.m.)</p>	