

## **TASK AND FINISH GROUP - HEALTH AND SOCIAL CARE REVIEW GROUP**

**Date** : THURSDAY, 31 JULY 2014

**Time** : 18:00

**Place** : COMMITTEE ROOM 3  
TOWN HALL, LUTON

<b>Members</b>	<b>:</b>	<b>Foord (Chair)</b>	<b>Knight</b>
		<b>Campbell</b>	<b>T. Malik</b>
		<b>J. Davies</b>	<b>Moles</b>
		<b>Gale</b>	<b>Zia</b>

**Co-Opted Member:** Mr Norris Bullock (Healthwatch Luton)

**Quorum:** 3 Elected Members

**Contact Officer:** [Eunice Lewis] (01582 547149)

### **EMERGENCY EVACUATION PROCEDURE**

#### **Committee Rooms 1, 2, 4 & Council Chamber:**

Turn left, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St George's Square.

#### **Committee Room 3:**

Proceed straight ahead through the double doors, follow the green emergency exit signs to the main Town Hall entrance and proceed to the assembly point at St George's Square.

# AGENDA

<i>Agenda Item</i>	<i>Subject</i>	<i>Page No.</i>
1	<b>APOLOGIES FOR ABSENCE</b>	
2	<b>MINUTES</b> 18TH JUNE 2014	
2.1	<b>Minutes - 18th June 2014</b>	5 - 14
3	<b>DISCLOSURES OF INTEREST</b>  Members are reminded that they must disclose both the existence and nature of any disclosable pecuniary interest and any personal interest that they have in any matter to be considered at the meeting unless the interest is a sensitive interest in which event they need not disclose the nature of the interest.  A member with a disclosable pecuniary interest must not further participate in any discussion of, vote on, or take any executive steps in relation to the item of business.  A member with a personal interest, which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest, must similarly not participate in any discussion of, vote on, or take any executive steps in relation to the item of business.  Disclosable pecuniary interests and Personal Interests are defined in the Council's Code of Conduct for Members and Co-opted members.	
4	<b>URGENT BUSINESS</b> The Chair to report on any business which is considered to be urgent and which should be discussed at the meeting in accordance with Section 100B(4)(b) of the Local Government Act 1972 and to determine when, during the meeting, any such business should be discussed.	
5	<b>REFERENCES FROM COMMITTEES AND OTHER BODIES</b>	
6	<b>CHAIR'S UPDATE</b> Chair to report on issues since the last meeting.	
7	<b>LD Joint Commissioning Strategy 2014 – 2017 - Progress Report Cover page (</b> Report of the Head of Community Living	15 - 15

8	<b>Progress Report on the Implementation of the Luton Carer's Strategy - Caring for Carers (Briefing</b> Report of the Head of Community Living	16 - 18
9	<b>JSNA and PNA progress update</b> Report by the Director of Public Health	19 - 20
10	<b>Community Update - Verbal Update</b> Report by the Head of Community Living - Verbal Update	21 - 21
11	<b>Home Care Services</b> Report of the Head of Community Living	22 - 36
12	<b>Care Bill - Update of Impact on Community Services - Presentation</b> Report by the Head of Community Living - Presentation	37 - 37
13	<b>Report of Work Programme</b> Report by the Head of Policy and Performance	38 - 50
14	<b>LOCAL GOVERNMENT ACT 1972, PART VA</b> To consider whether to pass a resolution under Regulation 21(1)(b) of the Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2000 to exclude the public from the meeting during consideration of the item(s) listed below as it is likely, that if members of the public were present during the transaction of the item(s), exempt information within the meaning of the Paragraph(s) of Part 1 of Schedule 12A to the Local Government Act 1972 indicated next to the item, would be disclosed to them.	

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

**TUESDAY 18<sup>TH</sup> JUNE 2014 AT 6.00 PM**

**PRESENT:** Councillor Foord (Chair), Councillors Campbell J. Davies, Moles and Zia

**CO-OPTED MEMBER:**

**IN ATTENDANCE:**

**SUPPORT OFFICERS / ADVISORS:**

Joe Biskupski	Project Manager (LBC)
Emma Dwyer	Luton Clinical Commissioning Group
Carol Hill	Chief Officer, Luton Clinical Commissioning Group
Mike McMahon	Head of Community Living, Luton Borough Council (LBC)
Dr Nina Pearson	Chair, Luton Clinical Commissioning Group
Bert Siong	Democracy & Scrutiny Officer, LBC

**PUBLIC:**

**26. ELECTION OF CHAIR (REF: 1)**

**Resolved:** That Cllr Foord be elected chair of the Health And Social Care Review Group for the 2014/15 municipal year.

**27. APOLOGIES FOR ABSENCE (REF: 2)**

**Resolved:** Apologies for absence from the meeting were received on behalf of Councillors Gale, Knight, T. Malik and Mr N. Bullock.

**28. MINUTES (REF: 3.1)**

**Resolved:** That the minutes of the meeting held on 2<sup>nd</sup> April 2014 be taken as read, approved as a correct record and the Chair be authorised to sign them.

## **29. CHAIR'S UPDATE (REF: 7)**

The Chair advised the Committee as follows:

### **(i) Managed Repeat Prescription Process**

Luton CCG would welcome Members' comments on a proposal to cease this practice, which enables pharmacists to request repeat prescriptions from GPs on patients' behalf. The proposal came about due to concerns about wastage and potential patient safety. More work was being done to assess patients' opinions. Members' comments welcome.

Carol Hill stated Luton CCG needed to deal with the increase in medication wastage, presented by the managed repeat process to reduce cost. She confirmed an audit of the system which enabled pharmacists to automatically request repeat prescriptions (i.e. without checking with the patient or carer which medicines are required) had revealed significant waste, e.g. a patient with 4 years supply of insulin and another with numerous courses of repeat antibiotics after having finished the original course. She added, as well as a waste, this situation also posed a safety issue for patients. She said no decision had been made, as public engagement to get patients' and interested groups' views was ongoing to inform the impact assessment. She offered to report to the Committee on the outcome of the engagement process and proposed decision in due course.

In answer to Members' questions and comments, further information was provided as follows:

- Unused medications could not be re-cycled due to legal restrictions;
- All aspects of this issues would be looked at to ensure people get the medications they needed;
- Prescription on request by various means, including online would continue;
- Medicine waste in Nursing and Care Homes would also be addressed;
- An educational programme had been carried out at Nursing and Care Homes, but still some way to go;
- Patients were most effective ordering their own medication, followed by Carers, but the whole system was being examined;
- GP Practices would be reminded of best practice. The scale of the situation was overwhelming, making it difficult for GPs to review all repeat prescription requests, but all aspects would be looked at;
- The Managed Repeat Prescription Process had not been suspended as no decision had been made yet, but in one extreme case the practice had been stopped at one Pharmacy.

## **(ii) Luton CCG Budget Deficit**

Members were informed Luton CCG was carrying over a £9m budget deficit into The 2014-15 financial year and asked if the Committee wished to review the implications for services in Luton.

Carol Hill said this was just to flag up this issue as more time would be needed to look at the implications. She added Luton was £14m unfunded and the deficit would not have occurred had the area been adequately funded. She informed the Committee the CCG was working on a Financial Recovery Plan, which she would be happy to present to the Committee, but advised financial balance would not be achieved this year, let alone a surplus which all CCGs were expected to return every year. This means that the CCG is not meeting its statutory financial duty.

Members agreed the Committee needed to review the implications for the budget deficit in due course.

## **(iii) Percutaneous Coronary Intervention (Angioplasty)**

Members were informed Luton CCG and L&D Hospital were working to provide this intervention to deal with coronary heart disease at the L&D.

Carol Hill informed Members this service was now already up and running and going well, providing benefits to Luton residents, who previously would have been required to travel outside Luton for the service.

Members were content to note this positive development for Luton residents.

## **(iv) NHS Providers – Quality Accounts 2013/14**

Members were informed responses on behalf of HSCRG had been sent to NHS providers, as resolved at the meeting of 2<sup>nd</sup> April 2014.

## **(v) Cllr Aslam Khan – Outgoing Chair**

The Committee placed on records its appreciation and thanks to Cllr Aslam Khan for his dedicated and effective chairmanship of the Group over the last 3 years and congratulated and wished him well on his appointment to the Executive.

**Resolved:** (i) That Luton CCG be requested to report back to HSCRG on the outcome of the review of the Managed Repeat Prescription Process in due course; (Note: Bert Siong to arrange date with Carol Hill)

(ii) That Luton CCG be requested to report back to HSCRG on its Financial Recovery Plan to address its budget deficit and the implications for services in Luton. (Note: Bert Siong to arrange date with Carol Hill)

(iii) That HSCRG's appreciation and thanks to Cllr Aslam Khan for his dedicated and effective chairmanship of the Group over the last 3 years be recorded and that he be congratulated and wished well on his appointment to the Executive.

### **30. URGENT CARE REPORT ON DELIVERY OF NHS 111 SERVICE FOR LUTON (REF: 8)**

Dr Nina Pearson presented the report on the NHS 111 Service for Luton (Ref: 8). She said following a pilot in Luton, in February 2014 South Central Ambulance Service was selected as an interim provider for Luton and Bedfordshire, until national guidance were issued, when a permanent provider would be commissioned.

She added demand was 15% higher than anticipated which had caused some performance issues at weekends, but achievements were not too far off targets. She stated re-modelling had taken place and the service was being monitored, with daily reports issued and conference calls held on effectiveness of clinical outcome and whether the right process was followed.

She circulated performance indicator figures to Members (attached to these minutes as Appendix 1-14) and answered minor queries thereon on the meaning of some figures.

**Resolved:** That the report of Luton CCG on the NHS 111 Service be noted.

### **31. LUTON STROKE PATHWAY REVIEW (REF: 9)**

Carol Hill introduced the report on the Luton Stroke Pathway Review (Ref: 9). She stated Helen Miller who first presented the report on the future commissioning intentions for long terms condition had now left the CCG. It was following that report that HSCRG expressed an interest in Stroke Services and requested the report now presented. She then handed over to Emma Dwyer, who replaced Helen Miller, to continue with the report.

Emma Dwyer referred Members to the detailed report (Ref: 9). She said a Task & Finish Group under the clinical lead of a GP and comprising members, including clinicians from acute services, business Intelligence and Healthwatch had reviewed the stroke pathway from beginning to end, looking at provisions and how far they were from what would be provided at a Hyper Acute Stroke Unit.

She added the review included a walk-through the patient pathway, looking at how activities were coded and performance targets set, the discharge process from acute services and what rehabilitation provisions were available to identify where the gaps were. She said that now the gaps had been identified, the CCG would take steps to commission whole services, working with providers to meet the Stroke Strategy.

Responding to questions, further information was provided as follows:

- Figures for strokes were not readily available, but were expected to be rising due to changes in the demographics in Luton;
- Absolute figures were not available, but the incidence of severe stroke and survival rate were improving;
- Changes in life style were key to prevention.

**Resolved:** That the report of Luton CCG on the Luton Stroke Pathway Review be noted.

**Note:** Carol Hill mentioned that the CCGs at Luton, Milton Keynes, Bedfordshire and Hertfordshire were looking at the provision of Hyper Acute Stroke Units (HASU) across the 5 CCG areas. No HASUs were currently commissioned in the local area.

London and Manchester had re-designed services and their HASUs were delivering better outcome. In appropriate cases, she said it was worth an ambulance driving past a local hospital to get to a HASU, for a better outcome, as long as the population to be covered by a HASU was within an hour from the Unit following a stroke.

She said she would be leading the project and in due course local Health Overview and Scrutiny Committees (HOSCs) would be consulted, which would probably necessitate the formation of a joint HOSC.

The democracy and Scrutiny Officer advised that as Luton CCG would lead the project, Luton Borough Council could volunteer to lead the joint HOSC, if agreeable to the other affected local authorities. The Committee agreed.

## **32. REDUCING LONELINESS AND SOCIAL ISOLATION IN LUTON (REF: 10)**

Joe Biskupski, the Community Development Service Project Manager, gave a presentation on the pilot project to reduce loneliness and social isolation in Luton (Ref: 10).

He highlighted a number of key issues as follows:

- the definition and causes of loneliness and social isolation and the key health and wellbeing and community cohesion risks, which were at the heart of the Council priorities;
- The extent of the problem, using figures from national research, showing loneliness affected not just older people, but also younger people, including pre-adolescents;
- Loneliness was linked to increased risk of physical and mental ill health, including cognitive decline, with the associated impact on health and social care services;
- The project was focused on two wards - Stopsley and Biscot, drawing on the Joseph Rowntree Foundation, using a community development and neighbourhood approach to identify vulnerable groups, local networks and volunteers, to test and evaluate community led solutions and make recommendations to key commissioners and partners;
- Volunteers would not need prior experience, but would need to be energised;



- The project was on-going and intended to provide initial findings in October 14, followed by action planning to reduce loneliness and social isolation and potential roll out across the town.

In response to questions/ comments, the Project Manager provided further information as follows:

- He had already met representatives of churches in Stopsley;
- It was a challenge, but various methods would be used to identify those falling outside the vulnerable groups, e.g. speaking to people on street corners, at supermarkets, engaging with people who had access to diverse communities, multi-generational families;

He agreed that although the number of multi-generational households were in decline, they remained a feature of family life in Luton, despite later generations born in the UK adopting more local traditions.

Members fully supported the ambition of the project and wished the Project Manager success as anything to improve loneliness and social isolation would be good.

Carol Hill expressed the CCG's interest in the project and would speak to the Project Manager on a joined up approach given areas of mutual interest.

The Committee requested that the Project Manager reported back on progress of the pilot to HSCRG on 8<sup>th</sup> October 2014, by which time he said he would have a clearer picture of the situation.

**Resolved:** (i) That the presentation of the Community Development Service Project Manager on the pilot project on Reducing Loneliness and Social Isolation in Luton be noted;

(ii) That the Community Development Service Project Manager be requested to report back to the Committee 8<sup>th</sup> October.2014 on progress of the pilot project.

### **33. COMMUNITY TRANSPORT REVIEW: UPDATE (REF: 11)**

Mike McMahon, the Head of Community Living presented the Community Transport Review: Update (Ref: 11), starting with a summary of the background to the situation, on the first anniversary of the demise of the service provided by South Beds Dial a Ride ((SBDaR).

He said the Passenger Transport Unit would continue to provide the interim service until the commissioning of the permanent service. He added the report provided details of the latest stage of the process and proceeded to make a number of key points as follows:

- The level of funding, £11K for the permanent service would be significantly lower than was paid for the SBDaR service;
- SBDaR would have had to charge for their services from 1<sup>st</sup> April 2014, as the Executive had decided to cease its contribution for concessionary travel from that date as part of its budget reduction process;
- The new service would make a charge, as would have been the case with SBDaR;
- Users had been spoken to and the service scoped. The outcome had helped set the specifications;
- Five expressions of interest had been received, but only two providers had submitted a bid to run the service. Evaluation was three quarters of the way completed, therefore still confidential;
- Given the low level of funding, the new provider would have an element of co-ordinating other organisations already providing transport;
- A report would go to the Executive on 28<sup>th</sup> July for a decision;
- Of necessity, there would be some users benefitting and some adversely affected, as the contribution to SBDaR had been over £100k;
- The new service would be monitored and complaints addressed and progress could be reported back to the committee in 12 months' time.

In response to questions/ comments, Mike McMahon offered to look into any complaints personally and provide a response. He requested that specific details be provided, as it would be more difficult to examine problems if names of complainants were withheld.

The Chair suggested and the Committee agreed that Mike McMahon be requested to report back to the Committee on 31<sup>st</sup> July 2014 on proposals being submitted to the Executive.

**Resolved:** (i) That the Community Transport Review Update report be noted;

(ii) That the Head of Community Living be requested to report back to the Committee on 31<sup>st</sup> July 2014 on proposals being submitted to the Executive.

#### **34. REVIEW OF THE HEALTH AND SOCIAL CARE REVIEW GROUP TERMS (REF: 12)**

The Democracy and Scrutiny Officer presented the report relating to the review of the committee's terms of reference 2014-15 (Ref: 12). He informed the Committee the terms of reference had been updated for the new municipal year, but otherwise remained substantially unchanged in contents.

He requested Members to also note the two appendices embedded into the terms of reference dealing with the networking arrangement which fed into the Committee's

work programme and the guidance on how NHS organisations consult overview and scrutiny on substantial variations and development of services.

The Committee was content with the report and authorised the Officer to proceed with sign off, in accordance with normal procedure.

**Resolved:** (i) That the Committee's updated terms of reference be approved;

(ii) That the Democracy and Scrutiny Team Leader be authorised to make final amendments to the document after consultation with the Chair and submit to the Overview and Scrutiny Board's Chair and Vice-Chairs for sign-off.

### **35. WORK PROGRAMME AND DATES OF FUTURE MEETINGS (REF: 13)**

The Democracy and Scrutiny Officer presented the report relating to the committee's work programme 2014-15 (Ref: 13). The following updates to the work programme were agreed:

- Luton CCG to report back on the outcome of the review of the Managed Repeat Prescription Process in due course;
- Luton CCG to report back to its Financial Recovery Plan to address its budget deficit and the implications for services in Luton;
- Luton CCG to co-ordinate the submission of a report on Luton's Five Year Health Systems Strategy, with inputs from providers, to reduce duplication;
- If an extraordinary meeting of the committee was required, late August/ early September 2014 was not suitable due to holidays;
- Community Transport Update should be removed from the work programme after 31<sup>st</sup> July 2014, and a review of progress of the new service be included for 1<sup>st</sup> April 2015;
- The need for the Healthwatch Luton item on GP Services for 8<sup>th</sup> October to be reviewed at the next meeting, following presentations on the same subject to all Area Boards;
- The 'Role of the Community Pharmacist' be removed from the list of potential future items, as would be incorporated within the review of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment on 31<sup>st</sup> July 2014.

**Resolved:** That the Democracy and Scrutiny Team Leader be delegated the responsibility to update the Committee's work programme, as appropriate, after consultation with the Chair.

**(Note: (i) The meeting ended at 7.35 pm;**

**(ii) NHS 111 Service performance indicator figures attached to these minutes as Appendix 1-14)**

# NHS 111 Luton SITREP

Execution Date: Tue 03/06/2014  
Frequency: Monthly

South Central Ambulance Service **NHS**  
NHS Foundation Trust

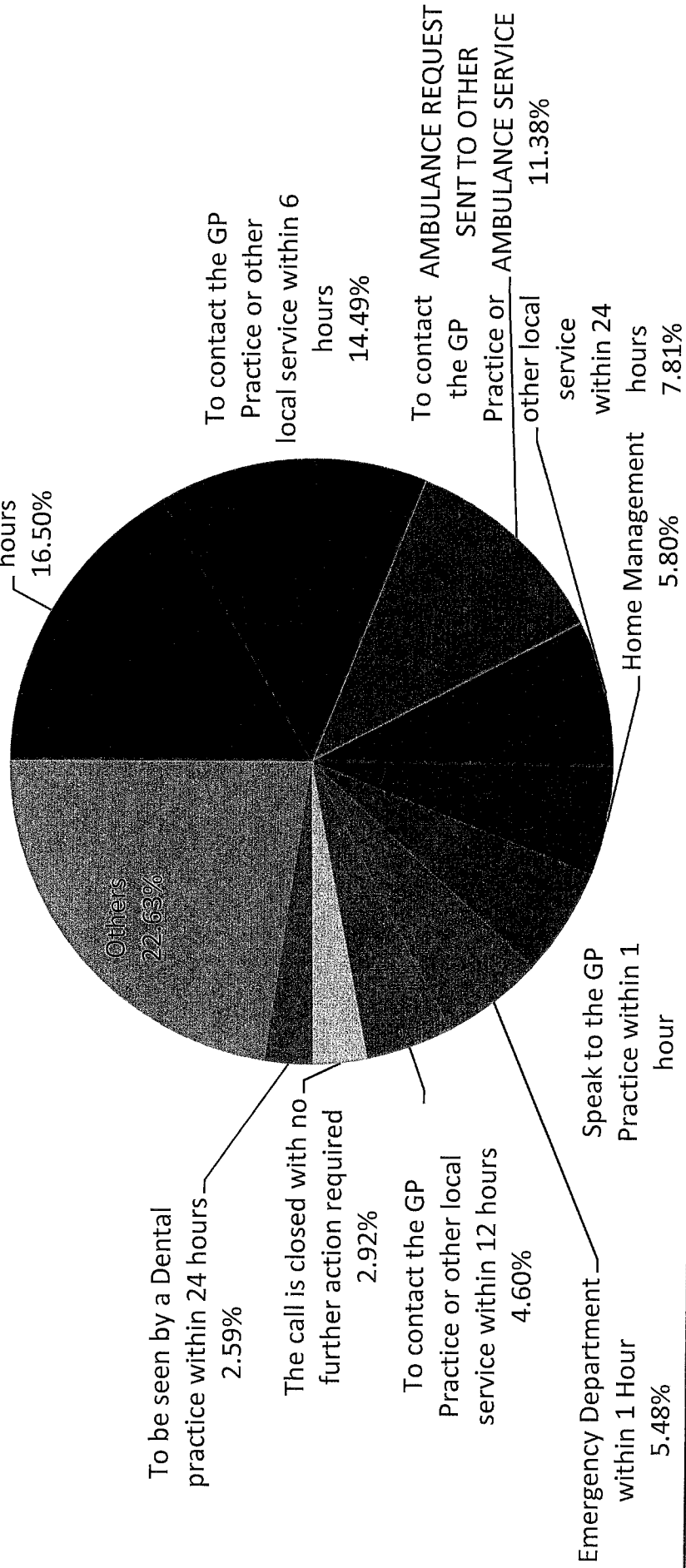
Telephony Reporting		SITREP Month	
		May-2014	
KPI	KPI Description	#	%
Calls Offered	Total Calls Offered	5901	
Calls Answered	Total Calls Answered	5722	96.97%
	Calls Answered In 60 Seconds	5112	89.34%
	Calls Answered In 70 Seconds	5176	90.46%
	Calls Answered In 90 Seconds	5252	91.79%
	Calls Answered In Hours	1747	30.53%
	Calls Answered Out Of Hours	3975	69.47%
Calls Abandoned	Calls Abandoned After 30 Seconds	112	1.90%
Call Answer Delay	Maximum Call Answer Delay	00:07:41	

→ 89.34% (Red)

→ 1.90% (Green)

Incident Reporting		SITREP Month	
		May-2014	
KPI1.5	KPI Description	#	%
Calls Triaged	Total Calls Triaged	2793	58.96%
	Calls Triaged In Hours	815	29.18%
	Calls Triaged Out Of Hours	1978	70.82%
Calls Not Triaged	Total Calls Not Requiring 111	218	4.60%
Calls To A Clinical Advisor	Total Calls To Clinicians	428	15.32%
	Clinician Warm Transfers	93	21.73%
	Clinician Callbacks	335	78.27%
	Maximum Callback Delay	01:45:01	
	Callbacks In 10 Minutes	321	95.82%
Episode Lengths	Avg Episode Length	00:42:37	
	Avg Health Advisor Episode Length	00:09:14	
	Avg Clinician Episode Length	01:16:43	
111 to 999 Incidents	Total Incidents To 999	414	8.74%
	Incidents Conveyed	0	#####
	Incidents Not Conveyed	0	#####

## TOP 10





<b>SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP</b>	<b>AGENDA ITEM 7</b>
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**DATE OF MEETING:** 31<sup>st</sup> July 2014

**REPORT OF:** Joint Commissioning Team

**REPORT AUTHOR:** Tracey Brennan

**TEL :** 01582 547886

**SUBJECT:** Learning Disability Joint Commissioning Strategy 2014 – 2017  
Progress Report

## **PURPOSE**

In January 2014, the Learning Disability Joint Commissioning Strategy ('Our Plan') was presented to the Health & Social Care Review Group. The strategy addressed the needs of people with a learning disability and how these needs would be met.

### *The Strategy's Vision:*

*'We aim to provide services that allow individuals to enjoy a positive experience through support to access social and leisure activities; with getting a job; keeping healthy and safe and having a home, with the opportunity for better access to the community as a whole. While at the same time taking into account personal choice and assessed need'*

Following a 3 month consultation, In February 2014 the Strategy was signed off by the Learning Disability Partnership.

## **RECOMMENDATION**

For the Health and Social Care Review Group to be updated on the progress made since the implementation of the Learning Disability Joint Commissioning Strategy ('Our Plan')

## **REPORT**

The implementation of the strategy commenced on 1<sup>st</sup> April 2014. A Delivery Plan has been developed to meet the objectives of the new strategy. The Delivery Plan is an open document that will be reviewed and monitored regularly by the Learning Disability Partnership.

The Delivery Plan is to be forwarded [Page 14 of 23](#) report will be provided at the meeting.

## **Briefing Paper on: Progress report on the implementation of the Luton Carers Strategy – Caring for Carers**

### **Background:**

Bridget Moffat and Simon Pattison presented Luton Carers Strategy Caring for Carers to the Health and Social Review Group in October 2013. A progress report in relation to implementation of the strategy was requested for a future meeting.

### **Progress in implementation of the strategy:**

#### **Sign Off of the Strategy**

The strategy received final sign off from the Health and Wellbeing Board in January 2014

#### **New Services**

A number of third sector organisations are now receiving donations from London Luton Airport to provide services to carers and have formed “Luton Carers Network”. These services are open to carers of adults across the Borough and all support the implementation and objectives of the Carers Strategy These services include:

- A “Confident Carers Service” provided by the Disability Resource Centre and Luton Law Centre. This provides generic information, advice and support to all carers across the town. The service commenced in October and is staffed by 2 support workers and operates 6 days a week. Within the first 3 months of operation they had supported 200 carers. In the longer term this service aims to work with up to 2500 carers a year.
- African Caribbean Carers Support Group Service hosted by Lewsey Learning Centre. The objective of this group is to promote the health and wellbeing of carers through a range of activities and events at which culturally support information, advice and support is provided to carers, largely from the African Caribbean Community. Within the first three months of operation the group had supported 126 carers. It is anticipated that the service will support an additional 150-200 carers per year.

- Luton Asian Carers Support hosted by CYCD. This service reaches out to carers from the South Asian Community and provides a flexible community based support service which builds on existing provision. A range of provision is available including support groups, home visits, drop ins and telephone support. The service aims to work with 180 existing and 25 new carers per annum. In the first 6 months of operation the service had supported 200 existing and 18 new carers.
- A charity called YAWN now provide support and information to all carers of adults who a learning disability. YAWN will offer home visits, individual appointments, telephone support and regular drop ins. They are expecting to work with 250 within the first year.
- Mental Health Carers Support provided by MIND. This organisation is working in partnership with others to provide continuing and improved support to two adult Carers support groups and will establish a third group. MIND will also run two Carers education programmes a year. The groups and programme will have a specific mental health Carer focus and provide support for Carers with mental health issues as well as for Carers who care for people with mental ill health. MIND anticipated working with approximately 120 carers a year.

Active Luton is also part of the carer's network and has received funding from Luton CCG to provide carers with a range of sports, leisure and recreational activities. Carers are eligible for a discount card, free induction sessions and can attend quarterly evens based around physical activity and healthy living. Up to 200 carers per year are anticipated to access this provision.

All the above services will have a strong preventative focus, will help identify both new and "hidden carers" and work in partnership to meet the needs of carers across the town .

## **Launch of the Luton Carers Network**

All the organisations listed above are core members of this newly formed network. A launch event took place in December last year to formally launch the network, provide information to carers about the various services and facilitate partnership working. The event was attended by over 140 people including a number of dignitaries. Other key organisations that provide support to carers also had stands at the event. Overall we received very positive feedback and the Network is looking to organise a follow up event at the end of the year.



## **Carers Assessments.**

Between April 2013 and April 2014 2311 6066 (informal) carers were identified on the Adult Social Care Database and 2311 Carers Assessments were completed This is broadly in line with expectations based on population data .

## **Future Work around the implementing the strategy.**

The Strategy has an accompanying Action Plan which will be reviewed on a regular basis.

The Care Act has significant implications for the future direction of the strategy and the services that will be provided to carers. Notably the Act strengthens the rights and recognition of carers and introduces a clear right for carers to receive services. Carers will also benefit from the wellbeing principle enshrined in the legislations as well as the duty to provide preventative services .Officers are currently considering the practical detail in the Acts regulations and guidance and will build and incorporate actions into the Strategy Action Plan , as well as carefully reviewing and updating existing actions. It is anticipated that will start to update the Action Plan within the next few months.

BGM

16/7/14



# **SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP**

**AGENDA ITEM  
9**

**DATE OF MEETING:** 31 July 2014

**REPORT OF:** Review of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment

**REPORT AUTHOR:** Jon Cox

**TEL :** 01582 548450

**SUBJECT:** JSNA and PNA progress update

## **PURPOSE**

To provide the group with a progress update on work to refresh the JSNA and the Pharmaceutical Needs Assessment (PNA). To provide an opportunity for the group to comment on further consultation opportunities when both pieces of work are more complete.

## **RECOMMENDATION**

The HSCRG notes this report and future opportunities to comment on JSNA priorities and PNA recommendations before these pieces of work are finalised.

## **REPORT**

Joint Strategic Needs Assessment

A JSNA Steering Group led by Public Health was first convened in May 2014 and is meeting fortnightly with representation from Public health, Children & Learning, Housing & Community Living, Environment & Regeneration, Chief Executive, Healthwatch and Luton CCG.

A Technical Delivery Group is working to update the JSNA core dataset of indicators and to utilise existing qualitative sources of information.

It is intended that the JSNA refresh is completed by Dec 2014 to enable the HWB to agree the JSNA document on 15 Jan 2015. The HWB and H&SCRG will have the opportunity to comment on draft JSNA priorities in Sep 2014.

JSNA project timeline (2014 to 2015)

July	SG agreement of draft priorities from JSNA core dataset
Aug & Sep	Stakeholder and public consultation on draft priorities
Oct	Writing of individual sections by authors
Nov & Dec	Editing and final collation of JSNA document
Jan	HWB sign off
Feb onwards	Dissemination

### Pharmaceutical Needs Assessment (PNA)

The PNA is a statutory needs assessment stipulated by The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Each HWB must publish a PNA by 1 April 2015 covering a 3 year period (2015-2018) and maintain the document issuing supplementary statements regarding need for pharmaceutical services as required. PNAs were previously a PCT responsibility.

A Steering Group led by Public Health has been convened to produce the PNA with invited membership from the Local Pharmaceutical Committee, Healthwatch, NHS Local Area Team, LBC Comms & Engagement and Luton CGG.

Currently separate surveys of residents and pharmaceutical service providers are being conducted to gather information to inform the PNA. Results from these surveys will be used together with information on the provision of services in Luton to determine the extent to which need for services is currently being met.

A requirement of the Regulations (2013) is that there is a 60 day public consultation on the draft PNA. This is being scheduled for Oct and Nov 2014 and is being planned with LBS Comms & Engagement team.

The PNA must contain a statement of:

- the pharmaceutical services provided that are necessary to meet needs in the area;
- gaps in provision
- services have secured improvements to pharmaceutical services in the area;
- other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- how the assessment has been carried out; and
- a map illustrating providers of pharmaceutical services

### PNA project timeline (2014 to 2015)

July	Separate consultations with residents and pharmaceutical service provider on access to and adequacy of current services
Aug & Sep	Writing of PNA using survey results and service information
Oct & Nov	60 day statutory consultation on PNA document
Dec & Jan	Further work to respond to consultation findings
Feb	Final editing of PNA document
Mar	HWB sign off
Apr onwards	Dissemination

### APPENDIX: None

<b>SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)</b>	<b>AGENDA ITEM  10</b>
<p><b>DATE OF MEETING:</b> 31<sup>st</sup> July 2014</p> <p><b>REPORT OF:</b> Head of Community Living</p> <p><b>REPORT AUTHOR:</b> <b>Mike McMahon</b> <b>Tel:</b> 01582 546201</p> <p><b>SUBJECT:</b> Community Update – Verbal update</p>	



<b>SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP</b>	<b>AGENDA ITEM 11</b>
<b>DATE OF MEETING:</b> 31 <sup>st</sup> July 2014 <b>REPORT AUTHOR:</b> Ian Hillsden & Catherine Dhokia <b>TELEPHONE :</b> 01582 547735 <b>SUBJECT:</b> Homecare Services	

## **PURPOSE**

- To update Members on the effectiveness of the Strategic Partnership.
- To share our learning post tender and areas for service improvement.
- To reassure Members on the general standard of Homecare in Luton

## **REPORT**

### **LBC Quality Assurance Process**

Since the start of the Strategic Partnership in May 2013 LBC's Quality Assurance Team has carried out service reviews on all of the 6 Strategic Partners as part of a risk based programme of monitoring and reviewing.

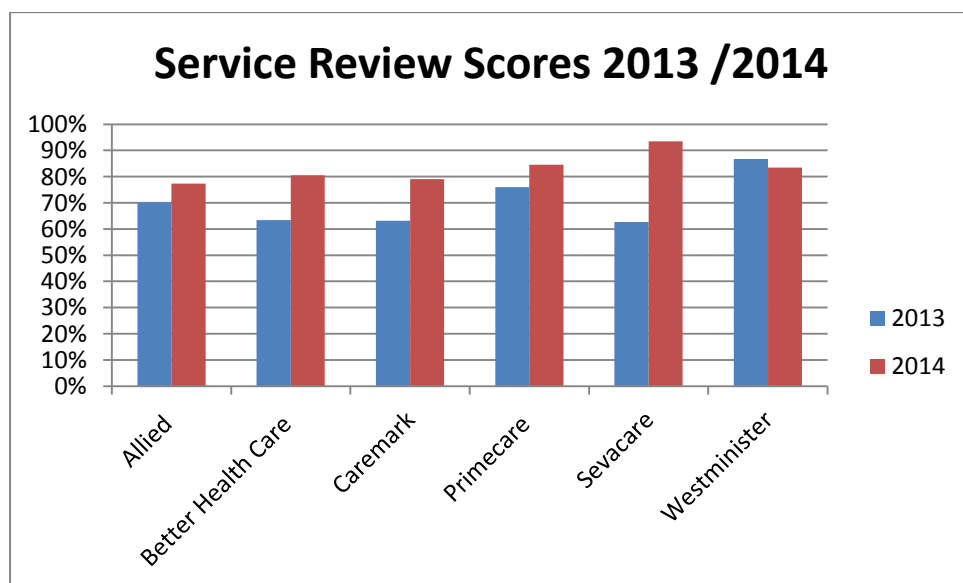
Evidenced based reviews are completed using the ADASS framework and toolkit. Our evaluation generates an overall score which determines the standard of service delivery and areas for improvement.

Underperformance is managed through the Councils escalation policy.

The table below sets out the change in quality since the beginning of the Partnership as detailed below:

## Results of Service Reviews held in 2013 and 2014.

Service Review Scores		
	2013	2014
Allied	Adequate Range 70.1%	Adequate Range 77.4%
BHC	Adequate Range 63.4%	Good Range 80.5%
Caremark	Adequate Range 63.2%	Good Range 79.1%
LPC	Good Range 76%	Good Range 84.5%
Sevacare	Adequate Range 62.7%	Good Range 93.5%
Westminister	Good Range 86.7%	Good Range 83.5%



In 2013, 2 out of the 6 Partners scored in the Good Range. In 2014, 5 out of the 6 Providers scored in the Good Range demonstrating that overall the standard of domiciliary care since 2013 has improved on average by 13%.

Upheld safeguarding alerts total 35 for the last 6 months. No historical data is available for comparison.

The reviews highlighted gaps with Partners own quality assurance practice, recording and managing complaints and staff deployment including records.

## **Service Users Experience**

The reviews completed in 2014 involved speaking with a sample of 22 Service Users and 6 relatives to gauge the customer experience.

Feedback was mainly positive and demonstrated that Service Users and relatives were satisfied in the following areas:

- Information received to enable Service Users to make informed choices
- Privacy, Dignity and Independence was respected at all times
- Regular carers providing care/ support,
- Carers were professional and always offered choices
- Carers listened to Service Users' views and accommodated them.

Areas of improvements which featured consistently in all Service Reviews from the customer's perspective are:

- Dealing with and responding to complaints
- Feedback from Service User Questionnaires and how this will improve service delivery

The key findings from the NHS Information survey found that nationally between 2003 and 2009 there was little change in satisfaction levels (between 50-60%) and there was a strong correlation between satisfaction and:

- The care workers being prompt and reliable
- Continuity of staff

This was endorsed by the 'Close to Home' inquiry by the Equal Rights Commission. The inquiry stated that the characteristics of home care that older people valued were consistency of staff, reliability and staff interacting positively and having time to talk to them.

Locally in Luton call punctuality is a concern although this is not reflected in the table below. This may be a result of the number sampled and evidence from complaints and CM2000 indicates this is a priority area. Our findings suggest that there are three main causes for delayed calls:

- Demand is greater than supply at certain times
- Ineffective deployment of carers and organisational planning
- Fluctuating needs of the Service User

The Purchasing and Quality Assurance Team is working with Partners on a number of strategies to combat this detailed within this document.

### **Customer Experience Scores in 2013 and 2014.**

Customer Experience Review Scores		
	2013	2014
Allied	73%	93%
Better Health Care	49%	91%
Caremark	58%	87%
Primecare	82%	91%
Seva Care	83%	85%
Westminister	94%	92%

The Strategic Partners have also carried out a variety of exercises to measure the customer experience and used the information received to improve the standard of service delivery. Service User Questionnaires have been sent and telephone surveys have also been completed. Spot checks have also been carried out to observe the standard of care delivery.

### **Results from Service User Questionnaires**

#### **Better Health Care**

In September 2013 – Telephone Questionnaire (service users) spoke to 27 service users and their families, Postal Questionnaire in December 2013 and April 2014. Two key concerns emerged from the responses

- 1) Communication with office staff
- 2) Punctuality of carers.

The postal questionnaire was sent out to 63 service users in November 2013. 22 questionnaires were completed and returned. Results of the questionnaire in November 2013 demonstrated 86% were either completely satisfied or nearly satisfied with the service.

#### **Caremark**

In Feb 2014 surveys were sent to service users and 16% responded.

60% showed positive results and 40% negative.

Of the 40% concerns were mainly communication with the office and timing of calls.

The information was then used for changing practice and improving services by rescheduling the rotas and looking at the timing of calls.



### **Prime Care**

In 2013, 129 surveys were distributed and received 52 responses back, representing 10% of the organisation's service users. 86% of service user's responses rated the overall performance for care provision as being excellent or good.

### **Westminster**

In November 2013, 271 surveys were sent to Service Users and 72 responses were received as well as 53 responses from the online survey. 80% of service users rated the overall service as being excellent or good. The organisation plans to hold Service User Forums in September 2014 with planned agenda.

### **Sevacare**

In December 2013 58 surveys were sent to service users and 26 response were received over a three month period. A sample of ten responses demonstrated that overall 8 Service Users are satisfied with the service and 2 Service Users are very satisfied.

### **Allied Healthcare**

Allied Healthcare send out two types of surveys one sent after 8 weeks of receiving care and one sent a year thereafter. Since May 2012 102 of the 8 week surveys and 145 of the anniversary surveys. The response rates are 36% and 26% respectively. Key Areas of improvement:

- Availability to contact during office hours
- Availability to contact out of hours
- Customers understand how to change decisions about their care

## **Spot Visits**

The Partners conduct spot visit as part of their Quality Assurance process. Spot visits involve observing the carers' interaction with the services users, medication reviews, carrying out care as per the care plan, completing records, code of conduct and feedback from the Service User.

<b>Spot visits since January 2014</b>	
Allied	30
Better Health Care	30
Caremark	74
Primecare	25
Seva Care	17
Westminister	30

The Council expectation is that spot checks are conducted monthly and form part of the Strategic Partners own quality assurance programme with the aim of aim of improving service delivery and the wider customer experience.

## **CM2000 Data**

CM2000 is the Electronic Monitoring System used by LBC and the Strategic Partners to record real time visits. Data in 2014 demonstrated there has been some improvement regarding the punctuality of calls made however this remains a high priority for the Council and it is acknowledged that further improvement is required to ensure that service users receive care in a timely manner. The Council is continuing to work with Partners on a range of solutions including call bandings, managing risk, hospital in take service, allocation of packages and workforce planning.

## **Risk Rating Calls**

The principal of risk rating calls is to ensure that the most vulnerable individuals in our community are identified and prioritised.

Considerations like medication, nutrition and fluids, skin management, support networks, individual's capacity and skills are rated against a risk management plan that forms part of the organisation risk management and safeguarding policies and procedures.

The case study below is an illustration of this works in practice:

*Mrs X Case Study*

*Mrs X lives in her own home supported by Caremark. Mrs X is blind; insulin dependent diabetic has hypertension, high cholesterol, kidney and respiratory problems. Her care package consist of four calls a day equating to 12.25 hours per week. She requires assistance from carers to make her meals, administer medication, supervision with carrying out personal care, mobilising around the home and ensure that she has access to drinks / snacks and life line. District Nurses visit twice per day to administer insulin, carers are required to arrive within 30 Minutes of the District Nurses to prepare meals and administer medication. Mrs X also attends a social club at Sight Concern on Thursdays and requires carers to adjust the timing of her calls to enable her to attend the club. Mrs X calls are time critical and Caremark have risk assessed her needs as RED, on the RAG rating.*

### **Control Measures**

*If Mrs X carers do not arrive within 15 minutes of her allocated visit an alert is generated. This is raised with a Call Centre who will contact the Carer to find out where they are and their expected time of arrival. Mrs X is advised if there are any delays in receiving her care and if the call centre are unable to contact the carer or if there has been a delay which causes Mrs X visit to be too late to coincide with her medical needs the call centre notifies the Supervisor who will then attend the visit.*

Our review of call data illustrated in the table below indicates that improvement has been made however what is less clear is of the 75% of calls within 15 minutes what percentage were identified as high risk and the Purchasing & Quality Assurance team is currently decoupling this from the data.

Analysis of calls for period March 14 – July 14

Planned Visits Made March / April 2014	Planned Visits Made June /July 2014	Made within 15 minutes of scheduled time March / April 2014	Made within 15 minutes of scheduled time June /July 2014	Made within 30 minutes of the scheduled time March / April 2014	Made within 30 minutes of the scheduled time June /July 2014
99%	98%	74%	75%	84%	88%

### **Call Bandings**

As part of the Councils review post tender it emerged that demand for home care at certain times of day is greater than supply and consequently calls have been late and sometimes missed. The Partners have implemented a number of strategies to alleviate this problem with some degree of success however there was still failure demand and no framework to safeguard the most vulnerable people impacted greatest by

delays. Call Bandings is a process which categorise individuals by risk and forms part of the assessment process completed by care management.

The criteria (as set out below) are applied when assessing service users to determine the need for calls to be carried out within 15 minutes of the planned time. Service Users who needs do not meet the criteria the call time could be agreed up to 1 hour before or 1 hour after the preferred call time. This time is negotiated between the Strategic Partner and the individual / family directly.

Priority	Criteria
Medication	Is there <b>time critical</b> medication administered?
Skin Management	Is the individual vulnerable from pressure ulcers or incontinence that requires a <b>time critical</b> call?
Nutrition & Fluid	Is there a <b>time critical</b> need for food or fluids?
Impact on other services	Is the call <b>time critical</b> because of transport or any other fixed and reoccurring commitments?

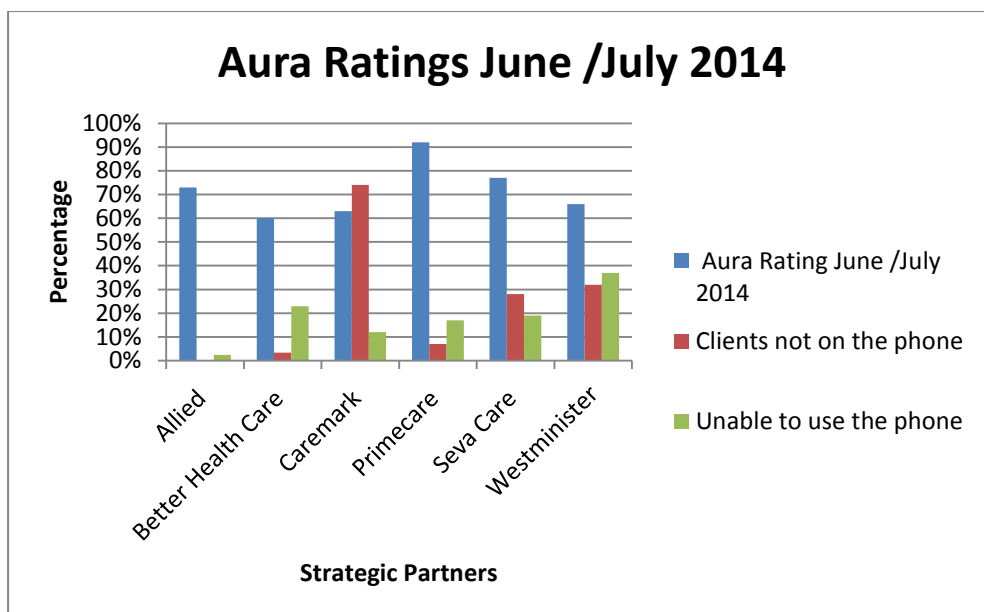
The process was received positively by Care Management and the Strategic Partners and since implementation on 1<sup>st</sup> June 2014 12% of calls have been identified as time critical which is lower than first anticipated. There has been no service failure in placing packages over the past 7months and 98% are placed on the date requested.

### **Aura Rating**

Aura rating is the percentage of calls which have been logged from the service users' home to demonstrate real time recording which ensures that payment is made as to care delivered and not planned care. The Council expectation is that 90% of calls will be logged at the home.

### **Aura Rating June /July 2014**

Strategic Partners	Aura Rating June /July 2014	Clients not on the phone	Unable to use the phone
Allied	73%	0.03%	2.45%
Better Health Care	60%	3.41%	23%
Caremark	63%	74%	12%
Primecare	92%	0.07%	17%
Seva Care	77%	28%	19%
Westminister	66%	32%	37%



Only one of the Partners Aura rating is at the 90% expected standard and the following actions have been taken by the Council and the Partners to address:

Actions taken to address:

- Partners have invested in mobile phones for carers to use if the service user does not have a land line.
- Partners have written to service users to explain the benefits of the system
- Changes to carer induction
- Supporting carers to understand the importance in using the system correctly via staff meetings and supervision.
- Monthly review of aura performance with Partners and corrective action agreed.
- Included as a standard agenda item at the Strategic Partnership Meeting

### **Call Duration**

CM2000 system enables LBC to pay for actual care delivered and not planned care. Home care hours were in the region of 379,000 in 2013-14 and the total spend was £4.472 million (excludes sitting service)

Call bandings are 15 minutes, 30 minutes , 45 minutes , 60 minutes and 60 minutes plus. Across the Partnership on average based on one week's data:

- 37% of calls are 15 minutes
- 44% of calls are 30 minutes

- 13% of calls are 45 minutes
- 5% of calls are 60 minutes
- 2% of calls are over one hour.

Laing and Buisson reported that approximately half of local authority funded visits lasted 30 minutes and 16% of visits were of 15 minutes (Domiciliary Care Market Report 2011). The data below indicates higher 15 minute duration than nationally (**See Table 1-7**). There is emerging data from CM2000 that shows a significant number of 15 minutes calls bleeding into 30 minute calls which demonstrates tasks are not being hurried and time based provision does not constrain or restrict flexible care delivery (**See Table 8**).

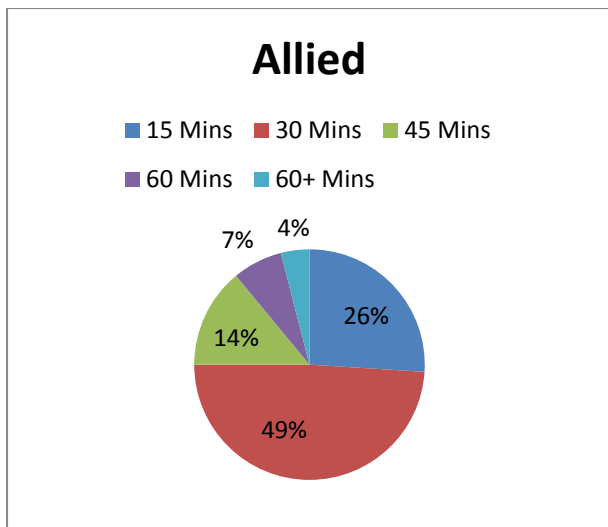
In addition the Purchasing & Quality Assurance team reviewed all 15 minute packages of care with Primecare at the beginning and end of the day to ensure the tasks could be delivered within the planned time.

In June 2014 a total of 113 packages were placed exceeding 10 hours or more which equated to 2434.75 hours (**See Table 9**). Placement activity over the past 6 months indicates that more complex packages are being placed (defined as more than 10 hours contact and 6 or more visit per week UKHCA Summary Paper 2013) and is consistent with national data.

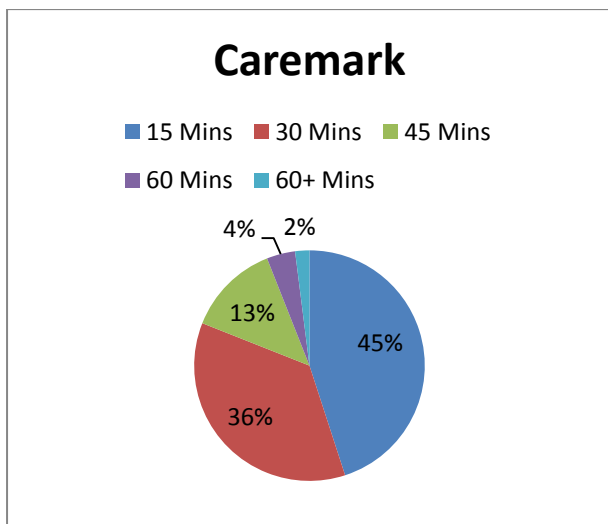
**Table 1**

Strategic Partners	15 Mins	30 Mins	45 Mins	60 Mins	60+ Mins
Allied	26%	49%	14%	7%	4%
Better Health Care	31%	48%	13%	6%	2%
Caremark	45%	36%	13%	4%	2%
Primecare	40%	44%	13%	2%	1%
Sevacare	37%	44%	12%	5%	2%
Westminister	42%	43%	11%	3%	1%

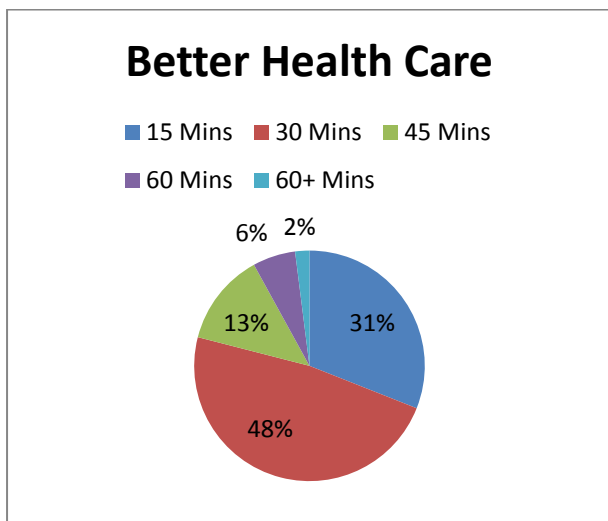
**Table 2**



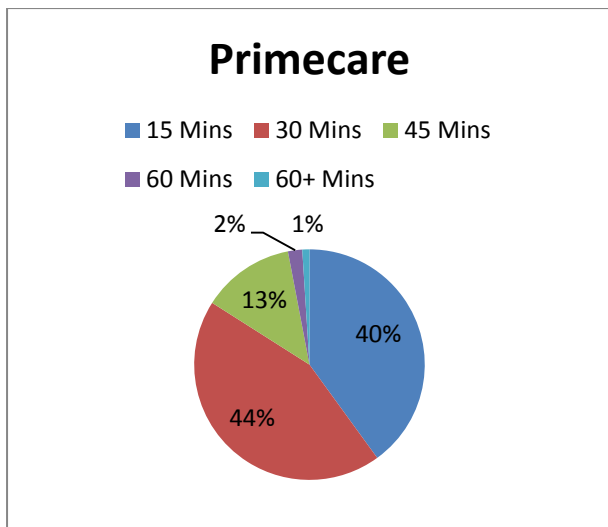
**Table 3**



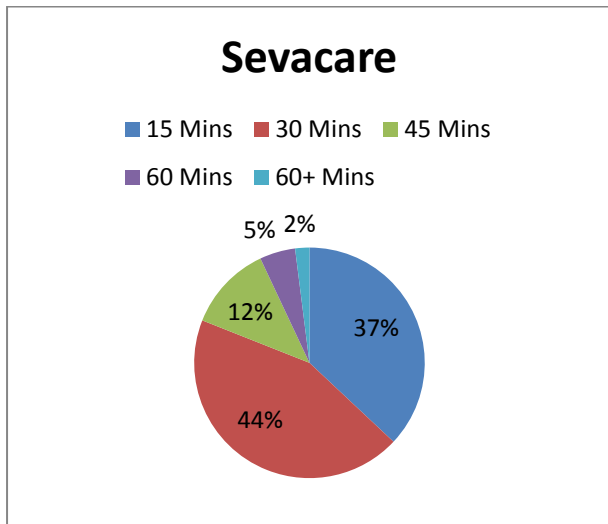
**Table 4**



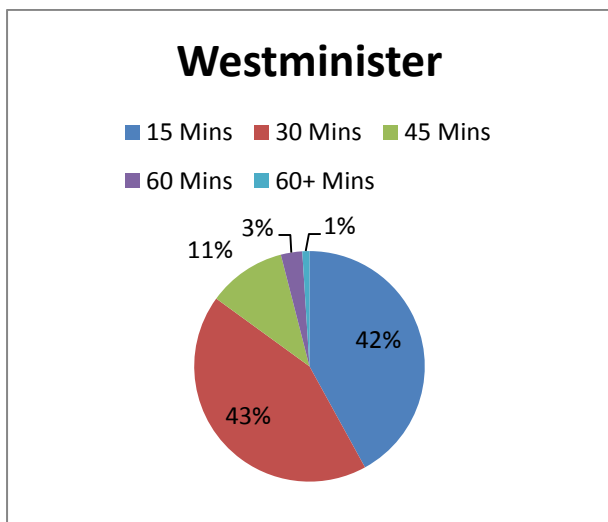
**Table 5**



**Table 6**



**Table 7**





**Table 8**

No of 15 minute calls which ran over into the 30 minutes payment range based on 1 week data in June 2014	
Allied	281
Better Health Care	111
Caremark	269
Primecare	597
Sevacare	227
Westminister	521

**Table 9**

## **Complaints**

Complaints in 2014 appear low compared to the volume of calls (379,000) and Service Users.

Strategic Partners	Complaints received since January 2014
Allied	49
Better Health Care	2
Caremark	4
Primecare	6
Seva Care	6
Westminister	10

The common themes were timing of calls, communication and carers preference.

The Purchasing and Quality Assurance team uses complaints data to:

- Shape and inform the monitoring and reviewing schedule including unannounced visits where there are safety concerns.
- Review the Partners' complaints process and reflective practice.
- Influence change in service delivery

## **Hospital Intake Team**

Placement activity and response has improved in the last 12 months however there was still evidence of failure demand on packages starting the same day as the request and this has significant negative impact on the hospital. The concept of a Hospital Intake Service was discussed with social care and health colleagues and feedback was positive. The Intake Team will provide care on a temporary basis from a minimum of 10 days to a maximum of 42 days and the care package will then migrate to the Partnership. This process will be effective in reducing the risk associated with delayed discharges such as clinical (cross infection, delayed recovery and increased morbidity), financial and on the overall health and wellbeing of the service user.

APT are the designated Partner who will carry out the function of the Intake Team and the organisation will join the Strategic Partnership. The Intake Team came into effect on the 7<sup>th</sup> July and there have been no delayed discharges since its implementation. The general consensus from stakeholders to date has been very positive.

## **Conclusion**

Based on the sum of evidence, our judgement is that the quality of Homecare commissioned by the Council has improved since May 2013 .There are still areas for improvement; in particular call reliability and communication to ensure Service Users receive safe, timely care and support. The Council also recognises that further progress is required to reach further and gather the views and experience of the Service Users to better understand the outcomes achieved.

Members can be reassured that the Council and Strategic Partners remain committed to delivering the very best care for the people of Luton.

<b>SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)</b>	<b>AGENDA ITEM  12</b>
<p><b>DATE OF MEETING:</b> 31<sup>st</sup> July 2014</p> <p><b>REPORT OF:</b> Head of Community Living</p> <p><b>REPORT AUTHOR:</b> <b>Maud O’Leary</b></p> <p><b>SUBJECT:</b> Care Bill – Update of impact on Luton Services – <b><u>PRESENTATION</u></b></p>	

<b>SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)</b>	<b>AGENDA ITEM  13</b>
<p><b>DATE OF MEETING:</b> 31<sup>st</sup> July 2014</p> <p><b>REPORT OF:</b> Head of Policy and Performance</p> <p><b>REPORT AUTHOR:</b> Eunice Lewis-Okeowo <b>Tel:</b> 01582 547149</p> <p><b>SUBJECT:</b> HSCRG Work Programme</p>	

## **PURPOSE**

1. To enable HSCRG to plan and determine its work programme.

## **RECOMMENDATIONS**

2. That HSCRG approves its work programme with or without any amendments, as appropriate;
3. That HSCRG determines whether to include for scrutiny on its work programme, any of the items from the Executive Forward Plan;
4. That HSCRG delegates responsibility for making necessary changes to the work programme between meetings, to the Democracy and Scrutiny Team Leader, after consultation with the Chair.

## **REPORT**

5. The draft work programme with proposed items for future meetings is attached at Appendix A. Potential items for future meetings, where dates have yet to be agreed, are listed at the end of the paper.
6. Following resolutions from previous HSCRG meeting to have a special meeting to hear the Coroners item, and having regard to interest by local residents in Luton, it is being proposed to dedicate the 8<sup>th</sup> of October meeting to hear the progress on the Coroners item on policy and practice in place.

7. Following approval at this meeting, items already listed to be reported at the 8<sup>th</sup> October meeting will be moved to the next meeting on 18<sup>th</sup> November depending on the need to report on those items.
8. The Mental Health and Community Health Services – Review of Proposed Models of Care due to be reported to the July meeting has also been moved. The lack of clarity on requirements of the new models of care and challenges in obtaining detailed information from current providers has led to change in the process and timeline. The CCG advises that they will be at a better stage to report at the Committee's meeting on 18<sup>th</sup> November to ensure their report details outline of the new models of care. The Committee's decision at this meeting will determine the direction of travel and whether the item can be reported by 18<sup>th</sup> November or at a later date.
9. The published Executive Forward Plan from 30<sup>th</sup> July 2014 to 12<sup>th</sup> January 2015 is attached as Appendix B.
10. Members are requested to review both documents and determine the items they wish to include on the work programme, or suggest any other emerging matters not currently listed.

## Scrutiny: Health and Social Care Review Group

### Work Programme - Municipal Year 2014/2015

(**Note:** This draft work programme is updated on a regular basis following each meeting of HSCRG and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

<b>Meeting Date:</b> 11 <sup>th</sup> September 2014	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item	Report Author and format																		
Chair’s Update (Standing item)	Cllr. Foord  Oral Report																		
Safeguarding Children in Luton - Update	Pr Michael Preston-Shoot/ Catherine Barrett Written Report																		
East of England Ambulance Service Strategic Plan: Update & Implications for Luton	Ross Brand/ Locality Director (tbc) Written Report																		
‘Luton & Dunstable Hospital - The Future’: Update	Pauline Philip/ Sarah Wiles (L&D Hospital) Written Report/ Presentation																		
5 year Health Systems Strategy	Carol Hill, Luton CCG (and partners)																		
Public Health commissioned work on Genetics	Gerry Taylor/ Kelly O’Neill Written Report																		
Links between the Family Poverty Strategy, and Infant Mortality	Gerry Taylor/ Kelly O’Neill Written Report																		
The audit of Gender Imbalance Findings	Gerry Taylor/ Kelly O’Neill Written Report																		
Work programme and Future meetings /Including Current Executive Forward Plan (Standing item)	Democracy and Scrutiny Officer Written Report																		
<table><tr><th>Date</th><th>C/Room</th><th>Comments</th></tr><tr><td>8<sup>th</sup> October 2014</td><td>3</td><td></td></tr><tr><td>18<sup>th</sup> November 2014</td><td>2</td><td></td></tr><tr><td>8<sup>th</sup> January 2015</td><td>3</td><td></td></tr><tr><td>2<sup>nd</sup> March 2015</td><td>3</td><td></td></tr><tr><td>1<sup>st</sup> April 2015</td><td>3</td><td></td></tr></table>	Date	C/Room	Comments	8 <sup>th</sup> October 2014	3		18 <sup>th</sup> November 2014	2		8 <sup>th</sup> January 2015	3		2 <sup>nd</sup> March 2015	3		1 <sup>st</sup> April 2015	3		
Date	C/Room	Comments																	
8 <sup>th</sup> October 2014	3																		
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2 <sup>nd</sup> March 2015	3																		
1 <sup>st</sup> April 2015	3																		

## Scrutiny: Health and Social Care Review Group

### Work Programme - Municipal Year 2014/2015

<b>Meeting Date:</b> 8 <sup>th</sup> October 2014	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item	Report Author and format
<b>Chair's Update</b> (Standing item)	Cllr. Foord  Oral Report
<b>Progress report on Safeguarding Adults in Luton</b>	Prof Michael Preston - Chair, Adult Safeguarding Board/ Patricia Jennings Written Report
<b>Review of GP Services: The Patient Experience</b>  (Note: May not be needed Chair's agreement awaited)	Nisar Mohammed, Healthwatch Luton Written Report
<b>Continuing Healthcare Assessments: Implications of increases in demand on resources</b>	Carol Hill to inform of new author (Written Report)
<b>Reducing Loneliness and Social Isolation in Luton - Update</b>	Joe Biskupski Written Report
<b>Older People's Day Services: Update</b>	Kim Radford Written Report
Coroner's Policy and Practice - Update on the implementation of HSCRG's recommendations (tbc) <b><u>(Note: Awaiting Chair's Committee's approval on 31<sup>st</sup> July 14)</u></b>	Tony Ireland Written Report
<b>Work programme and Future meetings /Including Current Executive Forward Plan (Standing item)</b>	Democracy and Scrutiny Officer Written Report

Date	C/Room	Comments
18 <sup>th</sup> November 2014	2	
8 <sup>th</sup> January 2015	3	
2 <sup>nd</sup> March 2015	3	
1 <sup>st</sup> April 2015	3	



## Scrutiny: Health and Social Care Review Group

### Work Programme - Municipal Year 2014/2015

### All Items awaiting Committee's approval at their meeting on 31<sup>st</sup> July 2014

<b>Meeting Date:</b> 18 <sup>th</sup> November 2014	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format
<b>Chair’s Update</b> (Standing item)			Cllr. Foord  Oral Report
Mental Health and Community Health Services – Review of Proposed Models of Care  (Moved from 31/7/14)			Carol Hill (Luton CCG) Written Report
Progress on Final Priorities – JSNA and PNA			Information only report/or Written report
<b>Work programme and Future meetings /Including Current Executive Forward Plan</b> (Standing item)			Democracy and Scrutiny Officer Written Report
<b>Date</b>	<b>C/Room</b>	<b>Comments</b>	
8 <sup>th</sup> January 2015	3		
2 <sup>nd</sup> March 2015	3		
1 <sup>st</sup> April 2015	3		

**Scrutiny: Health and Social Care Review Group**

**Work Programme - Municipal Year 2014/2015**

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<b>Meeting Date:</b> 8 <sup>th</sup> January 2015	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format
Chair’s Update (Standing item)			Cllr. Foord  Oral Report
Work programme and Future meetings /Including Current Executive Forward Plan (Standing item)			Democracy and Scrutiny Officer Written Report
Date	C/Room	Comments	
2 <sup>nd</sup> March 2015	3		
1 <sup>st</sup> April 2015	3		

## Scrutiny: Health and Social Care Review Group

### Work Programme - Municipal Year 2014/2015

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<b>Meeting Date:</b> 2 <sup>nd</sup> March 2015	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format	
<b>Chair’s Update</b> (Standing item)			Cllr. Foord	
			Oral Report	
<b>Work programme and Future meetings /Including Current Executive Forward Plan</b> (Standing item)			Democracy and Scrutiny Officer Written Report	
<b>Date</b>	<b>C/Room</b>	<b>Comments</b>		
1 <sup>st</sup> April 2015	3			

## Scrutiny: Health and Social Care Review Group

### Work Programme - Municipal Year 2014/2015

<b>Meeting Date:</b> 1 <sup>st</sup> April 2015	<b>Time:</b> 6.00 pm	<b>Committee Room:</b>
<b>Reminder out:</b>	<b>Report in:</b>	<b>Despatch:</b>
<b>Democracy &amp; Scrutiny Officer:</b> Bert Siong/ Eunice Lewis-Okeowo		

Agenda item			Report Author and format
<b>Chair’s Update</b> (Standing item)			Cllr. Foord
			Oral Report
<b>Integrated Commissioning</b>			Carol Hill, Luton CCG and Pam Garraway, HCL Written Report
<b>Community Transport: Review of New Service</b>			M. McMahon / K. Toye/ M. Davie Written Report
<b>Work programme and Future meetings /Including Current Executive Forward Plan</b> (Standing item)			Democracy and Scrutiny Officer Written Report
<b>Date</b>	<b>C/Room</b>	<b>Comments</b>	

#### List of Potential Future items for the work programme – Dates to be confirmed

- Incidence of multiple admissions to hospitals for age group 55 – 59;
- CQC Inspection of GP and out of hours Services: Briefing on new arrangement;
- Regional Stroke Services Re-Design Consultation;
- Parks Strategy – What is in place
- Review of the Managed Repeat Prescription Process in due course – Carol Hill, Luton CCG;
- Luton CCG Financial Recovery Plan and Implications for Services in Luton;

## LUTON BOROUGH COUNCIL

### FORWARD PLAN OF KEY DECISIONS FROM 30th July 2014

EXECUTIVE MEMBERSHIP: Councillors Akbar, Ashraf, N. Ayub, Hussain, A. Khan, K. Malik, Shaw, Simmons, Taylor and Timoney.

Commencing from Monday 9th June 2014 the Council plans to make key decisions on the issues set out below. Key decisions relate to those which are likely:

- ◇ to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- ◇ to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Borough.

The Forward Plan lists the business undertaken by or on behalf of the Executive and will be published 28 days prior to each Executive meeting. Those items identified for decision more than 28 days in advance may change in forthcoming Plans. There may also be occasions where a key decision is deferred to a later meeting. Each new Plan supersedes the previous Plan. Any questions regarding individual issues should be addressed to the contact specified in the Plan. General questions about the Plan such as specific dates, should be addressed to the Democracy Manager.

The agendas and Forward Plans for meetings of the Executive will be published as follows:

<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>	<u>Forward Plan Published</u>	<u>Publication of Agenda</u>	<u>Executive Meeting Date</u>
30 <sup>th</sup> June 2014	21 <sup>st</sup> July 2014	30 <sup>th</sup> July 2014	14 <sup>th</sup> November 2014	4 <sup>th</sup> December 2014	15 <sup>th</sup> December 2014
28 <sup>th</sup> July 2014	14 <sup>th</sup> August 2014	26 <sup>th</sup> August 2014	12 <sup>th</sup> December 2014	w/c 22 <sup>nd</sup> December 2014	12 <sup>th</sup> January 2015
22 <sup>nd</sup> August 2014	11 <sup>th</sup> September 2014	22 <sup>nd</sup> September 2014	9 <sup>th</sup> January 2015	29 <sup>th</sup> January 2015	9 <sup>th</sup> February 2015
19 <sup>th</sup> September 2014	9 <sup>th</sup> October 2014	20 <sup>th</sup> October 2014	6 <sup>th</sup> February 2015	26 <sup>th</sup> February 2015	9 <sup>th</sup> March 2015
17 <sup>th</sup> October 2014	6 <sup>th</sup> November 2014	17 <sup>th</sup> November 2014	9 <sup>th</sup> March 2015	25 <sup>th</sup> March 2015	7 <sup>th</sup> April 2015
			27 <sup>th</sup> March 2015	16 <sup>th</sup> April 2015	27 <sup>th</sup> April 2015

Link to published Executive Agendas, Reports and Decisions: <http://democracy.luton.gov.uk/cm5public/Documents/PublicDocuments.aspx>

#### **Note:**

From time to time there will be a necessity to consider issues which will result in key decisions being taken which are not included in the Forward Plan, e.g. items of an extreme urgency, consultation papers issued by Government.

Executive meetings are open to the public except to the extent that the public are excluded under paragraph 4(2) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. 4(2)(a) Confidential information. 4(2)(b) Exempt Information. 4(2)(c) lawful power to exclude person to maintain orderly conduct of the meeting.))

The last page of this document sets out the definitions of Exempt Information under Paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972.

Any correspondence to be addressed to: The Head of Policy and Performance, Luton Borough Council, Town Hall, Luton, LU1 2BQ unless otherwise stated.

**LUTON BOROUGH COUNCIL  
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

<b>Title</b>	<b>Key decisions and key issues</b>	<b>Decision maker</b>	<b>Date of decision</b>	<b>Documents submitted for consideration</b>	<b>Exclusion of public required</b>	<b>Contacts/ Lead Executive Member(s)</b>
Treasury Management decisions on borrowing and investments to optimise the Council's financial position	To borrow and invest, and to restructure borrowings where appropriate, in order to optimise the Council's financial position while minimising risk and ensuring that all actions are in accord with the Council's treasury management policy and strategy.	Head of Corporate Finance	Ongoing with dates dependent on financial market conditions	Record of decisions	N/A	Dave Kempson (01582) 546087  Councillor Shaw
Performance Monitoring Report - 13/14: Quarter 4	To brief Executive on Q4 performance monitoring based on the indicators in 2013/14	Executive	30 <sup>th</sup> July 2014	Report	No	Nicola Perry (01582) 546073  Councillor Ashraf
Day and Respite Services for Adults with Learning Disabilities	To approve the new detailed design in order to commence the construction of a specialist building for the delivery of day services for adults with learning disabilities	Executive	30 <sup>th</sup> July 2014	Report	No	Harminder Patel/Tracey Brennan (01582 547886)  Councillor Hussain
Community Centre Review	To report on the outcome of public consultation on the future of Community Centre provision in Luton	Executive	30 <sup>th</sup> July 2014	Report	No	Mark Davie (01582) 548327  Councillor K. Malik
Hockwell Ring Day Centre	To consult on the possible location of Hockwell Ring Day Centre	Executive	30 <sup>th</sup> July 2014	Report	No	Kim Radford (01582 547706)  Councillor Hussain
*Marsh Farm Regeneration Progress Update	To provide an update to Executive on the progress on the Marsh Farm Regeneration	Executive	30 <sup>th</sup> July 2014	Report	No	Roger Kirk (01582 548268)  Councillor Timoney

**KEY:** \* denotes new item; Date in brackets denotes the date the item appeared in the previous published version of the Plan

**LUTON BOROUGH COUNCIL  
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

<b>Title</b>	<b>Key decisions and key issues</b>	<b>Decision maker</b>	<b>Date of decision</b>	<b>Documents submitted for consideration</b>	<b>Exclusion of public required</b>	<b>Contacts/ Lead Executive Member(s)</b>
*Treasury Management Activity	To advise Executive on recent treasury management activity	Executive	30 <sup>th</sup> July 2014	Report	No	Barry Crick (01582 546117)  Councillor Ashraf
*Community Transport Service	To advise on the award of the LLAL Community Transport Service	Executive	30 <sup>th</sup> July 2014	Report	No	Mark Davie (01582) 548327  Councillor K. Malik
Food Law Enforcement Service Plan	To report the Annual Food Law Enforcement Service Plan to Executive	Executive	30 <sup>th</sup> July 2014	Report	No	Paul Adams (01582) 546173  Councillor A. Khan
Playing Pitch Strategy 2014 – 2012	To feedback results of the consultation	Executive	26 <sup>th</sup> August 2014 (30 <sup>th</sup> July 2014)	Report	No	Cara Winter (01582 547083)  Councillor Hussain
Rogue Landlord Project	Update on progress made	Executive	26 <sup>th</sup> August 2014	Report	No	Dave Stevenson (01582) 546186  Councillor Shaw
*Silver St Car Park - River Culvert Repairs	To approve further work on the Silver Street River Culvert Repairs	Executive	26 <sup>th</sup> August 2014	Report	No	Chris Pagdin (01582 546329)  Councillor Timoney/Taylor
Community Offer Review	To consider options appraisal and agree Organisational Change Assessment and consultation proposals.	Executive	26 <sup>th</sup> August 2014 (30 <sup>th</sup> July 2014)	Report	No	Jayne Robinson (01582) 547952  Councillor K. Malik
*Performance Monitoring Report -	To brief Executive on Q1 performance monitoring based on	Executive	26 <sup>th</sup> August 2014	Report	No	Nicola Perry (01582) 546073

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**LUTON BOROUGH COUNCIL  
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

<b>Title</b>	<b>Key decisions and key issues</b>	<b>Decision maker</b>	<b>Date of decision</b>	<b>Documents submitted for consideration</b>	<b>Exclusion of public required</b>	<b>Contacts/ Lead Executive Member(s)</b>
14/15: Quarter 1	the indicators in 2014/15					Councillor Ashraf
Youth Justice Strategic Plan for Luton 2014/15	To agree the Plan for Luton for 2014/15	Executive	22 <sup>nd</sup> September 2014	Report	No	Hilary Griffiths/Anita Briddon (01582) 547502  Councillors N. Ayub and Akbar
*Variation in Arrangements for Funding Mental Health	To ensure management of the contract with the future mental health provider in an integrated way by the Council and CCG	Executive	22 <sup>nd</sup> September 2014	Report	No	Maud O'Leary (01582) 547503  Councillor A. Khan
*Smokefree Policy	To request implementation of the Policy in January 2015	Executive	22 <sup>nd</sup> September 2014	Report	No	Olena Sawal (01582) 548433  Councillor A. Khan
Community Offer Review	To consider the results of consultation and approve the proposals.	Executive	20 <sup>th</sup> October 2014	Report	No	Jayne Robinson (01582) 547952 Councillor Simmons
*Strategic Review of the Commissioning and Provision of Passenger Transport	To advise Executive of the review	Executive	17 <sup>th</sup> November 2014	Report	No	Jacqueline Groom (01582) 547314
*Hockwell Ring Day Centre	To consider the results of the consultation on the proposed relocation of Hockwell Ring Day Centre	Executive	17 <sup>th</sup> November 2014	Report	No	Kim Radford (01582 547706)  Councillor Hussain
			15 <sup>th</sup> December 2014			
			15 <sup>th</sup> December 2014			

**KEY:** \* denotes new item; Date in brackets denotes the date the item appeared in the previous published version of the Plan



**LUTON BOROUGH COUNCIL  
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES**

<b>Title</b>	<b>Key decisions and key issues</b>	<b>Decision maker</b>	<b>Date of decision</b>	<b>Documents submitted for consideration</b>	<b>Exclusion of public required</b>	<b>Contacts/ Lead Executive Member(s)</b>
Housing Strategy 2014-2018	To seek Executive approval to the publication of the amended Local Housing Strategy for Luton.	Executive	12 <sup>th</sup> January 2015 (10th March 2014)	Report	No	Alan Thompson (01582) 546232 Councillor Shaw

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