REFERENCE:
H&WB/10/13

HEALTH AND WELLBEING BOARD

Date: TUESDAY 29TH OCTOBER 2013

Time: 6.00 pm

Place: Committee Room 3, Town Hall, Luton

Members:
Councillor Simmons (Chair)
Councillor Akbar
Councillor Ashraf
Councillor Campbell
Pam Garraway (Director of Housing & Community Living)
Linda Hennigan (Community Safety Executive)
Councillor M. Hussain
Nisar Mohammed (Healthwatch Luton)
Dr Nina Pearson (Luton Clinical Commissioning Group)
Martin Pratt (Director of Children & Learning)
Gerry Taylor (Director of Public Health)
Dr Sarah Whiteman (NHS England)

Quorum: **7 of the members listed above, in person.**

Emergency Evacuation Procedure – Room 3

Proceed straight ahead through two sets of double doors, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St. Georges Square.

INFORMATION FOR THE PUBLIC

This meeting is open to the public and you are welcome to attend.

AGENDA

Agenda Item	*Subject*	*Page No.*
1.	**Apologies for Absence**	
2.	**Minutes from the last meeting on: 29th August 2013**	2.1/1 - 2.1/8
3.	**Introductions**	
4.	**Disclosable Pecuniary Interests** Members to declare any disclosable pecuniary interests in any item to be considered at the meeting.	
5.	**Urgent Business** To consider any urgent business and determine when, during the meeting, any items should be discussed.	
6.	**References from Other Committees etc. if any**	
7.	**System Impact of CQC Inspections** (Presentation by Pauline Phillip, CEO, L&D Hospital)	Presentation
8.	**Reports of the Director of Housing & Community Living**	
	1. Luton's Autism Self Evaluation (Author: Bridget Moffatt)	8.1/1 - 8.1/16
	2. *Better Together* - Health and Social Care Integration (Author: Michael Scorer)	8.2/1 - 8.2/ 30
	3. Winter Pressures - Update (Author: Simon Pattison)	Oral Report
9.	**Healthwatch Luton Work Programme** (Report of the Project Manager, Healthwatch Luton)	9/1 - 9/5
10.	**Scrutiny Task & Finish Group Review – Discharge from Hospital** (Report of the Head of Policy & Performance)	10/1 - 10/9
11.	**Review and Update of the Work Programme of the Board** (Report of the Partnership Manager)	11/1 – 11/2
12.	**Exclusion of Public** To consider whether to pass a resolution under Section 100A(4) of the Local Government Act 1972 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 those items there would be disclosure to them of exempt information falling within paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.	

AGENDA ITEM

2.1

MINUTES OF THE HEALTH AND WELL BEING BOARD
THURSDAY – 29TH AUGUST 2013 AT 6.00PM

PRESENT:

Cllr. Simmons	- Leader of the Council (Chair)
Cllr. Akbar	- Portfolio Holder – Children's Services
Pam Garraway	- Director of Housing and Community Living
Beth Gregson	- Substitute for Project Manager, Healthwatch Luton
Cllr. Hussain	- Portfolio Holder - Adult Social Care (Vice- Chair)
Dr Nina Pearson	- Chair, Luton Clinical Commissioning Group (CCG)
Martin Pratt	- Director of Children's Services – Children and Learning
Gerry Taylor	- Director of Public Health
Heather Wicks	- Substitute for Dr. Sarah Whiteman

In Attendance:

Cllr. Aslam Khan	- Chair, Health & Social Care Review Group
Carol Hill	- Chief Executive Officer, Luton CCG
Bren McGowan	- Partnership Manager
Eunice Lewis-Okeowo	- Democracy and Scrutiny Officer
Penny Fletcher	- Luton CCG
Jo Fisher	- Head of Prevention and Early Intervention
Michael Scorer	- Corporate Advisor

25.	**APOLOGIES FOR ABSENCE (REF: 1)**
	Apologies for absence from the meeting were received on behalf of: Cllr Ashraf - Public Health Portfolio Holder Cllr. Campbell - Opposition Groups Representative Dr Sarah Whiteman - Medical Director, NHS England Linda Hennigan - Community Safety Executive
26.	**MINUTES (REF: 2)**
	Resolved: That the Minutes of the meeting of the Board held on the 17th July 2013, be taken as read, approved as a correct record and the Chair be authorised to sign them.
27.	**NICE – NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (DEVELOPING SESSION FOR ALL MEMBERS) (REF: 7.1)**
	Members' development session
28.	**NICE – NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (DEVELOPING SESSION FOR ALL MEMBERS) – NICE RESOURCES MAPPED AGAINST LOCAL PRIORITIES - (REF: 7.2)**
	Members' development session

29.	NHS ENGLAND - (REF: 8.1)

Heather Wicks the Assistant Director Medical Directorate NHS England, Herts and South Midlands Area Team, gave a presentation on the role of NHS England in the new NHS system. At the start of the presentation, a brief video specifically designed from the patient's perspective was shown to Members.

Heather Wicks gave a quick overview of NHS England and its wider architectural picture, where it sits including its functions and responsibilities. She stated that the grounding principle was absolute patient focus and to ensure a sense of fairness and equality. An important element of the change is the culture in which the NHS works with other organisations and itself. She further stated that this was a time of real opportunity to provide a cultural steer.

Members were informed that the new NHS England structure delivers its functions through its 27 local area teams which delivers its services through 3 broad elements of the area teams namely;

- Developing, enabling supporting CCGs
- Co-commissioning with partners
- Assurance and oversight.

Following questions and comments from Members regarding failing services and what steps NHS England would take to ensure a better service, Heather Wicks responded as follows:

- Ensure that a workable plan was developed
- NHS England would consider removing the relevant service from good performance list where necessary and be thorough to ensure sanctions if standards dropped below expectation
- The intension is to work collaboratively and where it was deemed to have more intent discussions and conversations, such will be taken back to ensure co-commissioning and integration.

The Chair of the Local Healthwatch advised of planned visits to 37 practices over the next few months to look at service providers and the focus would be from physical access to patients' experience and the outcome of this would be reported back to the HWBB when completed.

The Director of Children's Services commented that Children's Services was already jointly commissioning many services. Health Visiting is currently sitting with NHS England but will move into the local authority in 2015. He asked whether there was an intention to work together to ensure current concerns were addressed and the future transfer smooth.

The Director of Public Health also commented that NHS England had been very keen and open to co-commissioning to ensure that health visiting services provided were robust.

Resolved: (i) That thanks to the Assistant Director, Medical Directorate NHS England, Herts and South Midlands Area Team be recorded;

(ii) That progress update and outcome of the visit by Luton's Local Healthwatch to 37 practices be reported at a future meeting of the Board.

30.	HEALTH CHILD PROGRAMME – EARLY INTERVENTION OUTCOMES - (REF: 9.1)

The Head of Prevention and Early Intervention gave a presentation and highlighted some of the key activities and focus of the Healthy Child Programme both nationally and locally.

The key issues are highlighted below:

- Aim to improve the health and wellbeing of children and young people 0-18 years with part 1 of the programme being 0-5 years and part 2 being 5-18 years.
- It identifies key points and what should be provided including screening, assessments and interventions from conception to age 19 years.
- Focus on universal prevention programmes for all, progressive model for targeting additional needs and multiagency responsibility of GPs, midwives, Health Visitors, and Children Centres.

Also a key corner stone for Luton was adopting a multi-agency approach for the delivery of the Healthy Child Programme, and currently Luton was undertaking a mapping exercise of the 0-5 programme and exploring all options in terms of working jointly with partners. She further stated that the outcome and findings of this mapping exercise would be reported at a future meeting of the Board.

The Head of Prevention and Early Intervention stated that the multi-agency approach being adopted sits nicely with the Big Lottery bid which was now through to the final stage of the bid. The Service was currently working through a detailed business plan with a range of partner organisation.

One of the key aims of the Big Lottery funding was to improve the life chances of children by investing in their earliest years, and achieve positive outcomes in three main areas of child development as follows: communication and language development, social and emotional development, and nutrition. Also working with wards with a total population of 62,000 people selected based on four key indicators of need: child poverty; low birth weight births; child development at age 5 etc. In the Luton these wards are identified as the five most deprived wards namely; Biscot, Dallow, Farley, South and Northwell.

Other key areas included how its workforce would be delivered and how to integrate the school curriculum with prevention.

Members of the Board were further advised as follows:

- Need to identify interventions that work
- Concept of social finance
- How to demonstrate that we as a Council are making a difference

In terms developing early intervention, a paper had already been delivered on how early intervention could be demonstrated to ensure that we are making a difference. There was a need to work continuously to achieve high level of outcome to show key indicators and to set out how the evidence could be collected.

The Head of Prevention and Early Intervention stated that this would be reported back through the Children and Young People's Trust Board and Health and Wellbeing Board in future.

	Dr. Nina Pearson stated that the programme was about identifying the most appropriate families and ensuring that everyone out there knows how the system works and are aware of what to do when situations arise. **Resolved:** (i) That the presentation on the Healthy Child Programme – Early Intervention Outcomes (Ref: 9.1) be noted and that thanks to the Head of Prevention and Early Intervention be recorded. (ii) That an update on the Healthy Child Programme on making a difference be reported at a future meeting of the Board.
31.	**DISABLED CHILDREN'S CHARTER – BRIEF PAPER - (REF: 9.2)**
	The Head of Prevention and Early Intervention submitted a brief paper on the Disabled Children's Charter and asked the Board to confirm support for the Disabled Children's Charter which the Council had previously signed up to. Luton Borough Council was one of 99 Local Authorities that had previously signed up to it and at present 38 Local Authorities have now already signed up to it. **Resolved:** (i) That the recommendation for the Health and Wellbeing Board to support the Disabled Children's Charter be agreed and supported by the Board and that the Chair be delegated the authority to sign the Charter. (ii) That an annual report on progress be agreed and received by the Board.
32.	**WINTER PRESSURES - (REF: 10.1)**
	Carol Hill provided an update on Winter Pressures detailing current uncertainties regarding funding stream and proposed process for agreeing spending of any available monies. She explained that previously commissioning organisations received Winter Pressures Monies from the then Strategic Health Authorities for investment in extra capacity to manage the increased demand over winter. Last year the Shadow CCG was responsible for the apportionment of any funding and it was anticipated that similar funding would be available this year to tackle challenging winter periods in Luton. She highlighted the following implications: • In the absence of any funding, Luton will be open to risk during the winter period and partners would have some tough decisions to make in terms of performance as services available to patients could be affected; • No confirmation as of yet whether the traditional winter pressure monies would be available to high performing Trust, of which Luton is one; • The Luton system's continued high performance against the 4 hour standard has, through the winter months, been partially predicated upon the availability of winter pressures monies. The Chair advised that a letter could be sent to the Secretary of State requesting for funding, but asked how things could be managed during the winter period in the absence of funding. Pam Garraway explained that winter pressure will happen as they happen every

	year. She stated that last year the request for a plan came up within a very short period so it was vital to get a plan together and there was need to highlight the implication if there was no funding available to manage the winter period. It was intended to come up with a plan early in September and take it through the organisation to look at any cost implications. The Board was being requested to support and sign up to it, before its detailed plan which would be presented to the Board in September. **Resolved:** (i) That the report on Winter Pressures and the risk associated with the potential lack of winter pressures monies (Ref:10.1) be noted. (ii) That the Chair be requested to send a letter to the Secretary of State to request winter funding for Luton. (iii) That Pam Garraway be requested to work on a detailed plan of how Winter Pressures will be managed and that the detailed plan be reported to the Board in October 2013.
33.	**BETTER TOGETHER - (REF: 10.2)**
	Michael Scorer submitted his report (Ref: 10.2) on Better Together; Luton's health and social care integration programme, which sets out steps for better integration of partners comprising of Luton CCG, Luton and Dunstable University Teaching Hospital Foundation Trust, Cambridgeshire Community Services NHS Trust, etc. The Better Together programme proposes to establish the programme with three important principles as set out below; • Build on existing work, i.e, recommendations from Scrutiny Task and Finish Group review on Hospital Discharge • Use of existing organisation structure, groups and meetings to govern, manage, inform and validate change proposals. • Better health and care outcome for Luton residents and reducing health inequalities trumps other considerations that are driven by individual organisational interests or establishing ways of doing things. The report also sought the views of the Board in regards to identifying a definition for "Integration" and asked the Board to agree the proposals drawn up by the CCG and the local authority taking into consideration some of the existing work. The Chair of Local Healthwatch stated that Healthwatch would welcome conversation as they were in the process of developing their own action plan but was slightly uneasy about being seen as responsible for public engagement as their role was that of a critical friend. **Resolved:** (i) That the Better Together programme purpose, governance (including Board Membership) and management arrangements be agreed; (ii) That the Board adopt the NHS England definition of "Integration" as the working definition for Better Together programme as set out in the report; (iii) That the Better Together Draft Terms of Reference be noted by the Board.

34.	**ADDRESSING THE RECOMMENDATIONS FROM SCRUTINY HEALTH AND SOCIAL CARE REVIEW GROUP – UPDATE - (REF: 11.1)**
	Gerry Taylor, Director of Public Health submitted a brief update (Ref: 11.1) on the progress of the recommendations from Scrutiny Health and Social Care Review Group on the Coroner's Procedure and Practice. The Health and Wellbeing Board had requested the Director of Public Health to chair a meeting between the Coroner, LBC and partners and this meeting was held on 17th July 2013 to note progress and to agree the remaining actions in response to the review. Councillor A. Khan asked whether a new Coroner had been appointed and in response the Director of Public Health advised that a new Coroner was not yet in post but all recommendations would be passed to the new Coroner when they took up their post **Resolved:** That the progress update (Ref: 11.1) be noted and that a progress report be provided to the Scrutiny Health and Social Care Review Group in November 2013.
35.	**UPDATE ON LUTON CLINICAL COMMISSIONING GROUPS COMMISSIONING INTENTIONS FOR 2014/15 (REF: 12.1)**
	Carol Hill presented the report (Ref: 12.1) on the Luton CCG's commissioning intentions for 2014/15. She stated that at the Board's meeting held on 17th July 2013, Members asked to received details of the proposed plan by the CCG and today's meeting was to inform the Board of the details on the themes the CCG was developing. She said that the CCG intentions for the coming year were due to be published by end of September 2013. The timing of the HWBB and the coming intentions was tricky as this was still work in progress. She further advised: • CCG has now set out sufficient information for the Board to be aware of areas that they were working on and the direction of travel. • As work continues more details would be brought to the HWBB • The report tonight was to enable the HWBB to make comments that will inform the CCG's ongoing work • With regards to consultation, engagement will take place as part of the development process for the commissioning intentions with views from patient working group • There is a deliberative event on 9th Sept to test proposal with the wider public Councillor A. Khan enquired whether the event had been well advertised and in response Members were advised that there could be up to 60 attendances and that this deliberative event was to enable conversation between service users and providers. **Resolved:** (i) That the report (Ref: 12.1) on the update on the development of the CCGs commissioning intentions for 2013/14 be noted by the Board.

	(ii) That the plan of the Luton CCG to develop its detailed commissioning intentions by end of September 2013; and its intention to publish their final plan in March 2014 by supported and agreed by the Board.
36.	**WORK PROGRAMME - (REF: 13.1)**
	The Board considered the Work Programme for future meetings as in the table presented in the report pack (Ref: 13.1) submitted by the Partnership Manager. Members were advised to consider including any additional items appropriate to the work of the Health and Wellbeing Board. The Head of Children Services Martin Pratt requested that the Board should delegate the authority of reporting the item on Safeguarding – Adult's and Children's to the Children and Young People's Trust Board who would then report to the Board. The Director of Public Health Gerry Taylor advised that the CQC report on Bedford Hospital had been published today and it demonstrated some serious concerns and that it would be useful to have a report on the implications for Luton to a future meeting of the Board. ***8*--Resolved:** (i) That the work programme be noted. (ii) That the Children and Young People's Trust Board be delegated the authority to oversee the work of the Children Safeguarding Children and later report its outcomes back to the Health and Wellbeing Board meeting on 29th October 2013. (iii) That the following items be included on the Board's work programme: • Report of the CQC and Bedford Hospital • Progress Update and Outcome of GP Practices in Luton - Local Healthwatch • Winter Pressures – Detailed Plan (October 2013) – Luton CCG • LCCG Commissioning Intentions for 2014/15 – Final Plan (HWBB) • Progress Update – Healthy Child Programme (making a difference)
37.	**URGENT BUSINESS - REF: LOCAL GOVERNMENT ACT 1972 – PART VA (REF: 5)**
	The Chair raised the issue of quorum for the Board. Currently the quorum was set at 7 properly appointed members attending meeting in person to ensure that the properly appointed members would always be in the majority. The main issue was that this restriction causes quoracy difficulties as was with the meeting today. In particular, two Members of the Board disclosed pecuniary interest regarding one item today and without being able to use substitutes to fill the membership, it meant that no quorum was formed. There may also be concerns where one or two apologies are received from Members due to other work commitments or holiday periods. The Chair advised that there was need for this to be reviewed in order to avoid the risk of not been able to make decisions at a meeting where a quorum is not formed. Subsequently, Members present felt that the risk of using substitutes to ensure a quorum was formed during decision making was minimal.

	Members present were in support of reviewing the Board's terms of reference and suggested that a quorum of 4 properly appointed Members and 3 substitutes be considered. **Resolved:** That the Partnership Manager in liaison with the Chair and Democratic Services be requested to report back to the Board regarding possibility of forming a quorum with 4 Members and 3 substitutes.
37.	**LOCAL GOVERNMENT ACT 1972 – PART VA (REF: 14)**
	Resolved: That, under Section 100A (4) of the Local Government Act 1972, the public be excluded from the meeting as it was likely that if members of the public were present during the item of business to be considered, there would be disclosure to item of exempt information falling within the Paragraphs of Part 1 of Schedule 12A to the Local Government Act 1972.
38.	**UPDATE ON LUTON CCG'S INTENTIONS TO RE-COMMISSION COMMUNITY HEALTH SERVICES AND MENTAL HEALTH SERVICES - (REF: 15.1)**
	The item was discussed under Section 100A (4) of the Local Government Act 1972 and members of the public were excluded from the meeting. **Resolved:** That the item be discussed under Section 100A (4) of the Local Government Act 1972 and that members of the public be excluded from the meeting.
	Notes: **(i) Councillor Hussain declared pecuniary interest regarding Ref:15.1 in that he was a Governor of the Luton and Dunstable Hospital and left the room during consideration of the item.** **(ii) Dr. Nina Pearson declared pecuniary interest regarding item Ref: 15.1 in that she was part of the medical group "Leavale Medical Group" with a business interest in the community health service and mental health services. She left the room during consideration of the item.** **(iii) It was noted that following the exit of two members of the Board, Dr. Nina Pearson and Councillor Hussain prior to the consideration of the item Ref: 15.1, no quorum was formed, but the Chair and Members present agreed that the item be considered informally.** **(iv) Item Ref: 7.1 and 7.2 was member's development session that was taken informally.** **(iv) The meeting ended at 8:30 p.m.**

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 5 Urgent Business
DATE OF MEETING:	29th OCTOBER 2013
REPORT AUTHOR & & CONTACT NUMBER:	Carol Hill 01582 532049
SUBJECT:	Update on the Re-commissioning Programme for Community Health Services and Mental Health Services.

WARD(S) AFFECTED: ALL

1. PURPOSE

To provide an update on the Re-commissioning Programme for these services and progress made.

2. RECOMMENDATION(S)

The Board is asked to note this report.

3. BACKGROUND and SUMMARY

The objective of the Re-commissioning Programme is to secure high quality, safe, clinically effective services for the people of Luton, to meet current and future health and wellbeing needs, and provide good patient experience. These must also demonstrate value for money and ensure the Luton £ is stretched to meet local needs, recognising that health and social care budgets are under increasing pressure.

There is an opportunity to re-commission community health and mental health services simultaneously as current contracts are coming to an end, as well as identify future providers who will embrace the integration model being developed through the 'Better Together' programme. The decision to re-commission is not a reflection on current services or current providers, but recognises the need to continually improve local services and ensure they fit the changing needs of local communities. Re-procurement has been selected as the best tool to use in the current circumstances. The approach is to seek responses from Providers on how they would deliver against our required outcomes and demonstrate innovative solutions to drive improvement. The 'Better Together' Programme sets the strategic direction within Luton, with much greater emphasis on supporting people to receive care in community settings and within their own homes, with more specialist care, e.g. in hospital, only when clinically necessary. New models of care and developments in technology are facilitating this shift, as well as ensuring services are joined up to provide holistic care based around the patient, user, families and carers.

This paper details the progress made and provides an update on development of the work programme and the governance. The Programme Steering Group is chaired by Gary Ames, CCG Lay Member, and has representation of Luton Borough Council, the NHS England Area Team and the Central Eastern Commissioning Support Unit (CSU), in addition to the CCG. The Programme structure is in place and there are 5 established work streams with confirmed membership, terms of reference and work programmes.

A document for initial discussion and review by commissioning partners has been drafted, including Clinicians, Luton Borough Council, NHS England Area Team and members of the Commissioning teams, and this has been further shaped by the project Steering Group. The document, which is informed by the Joint Strategic Needs Assessment and the Mental Health Needs Assessment, includes the vision and high level Outcomes development as part of the Healthier Luton strategy and reflects the "Better Together" aspirations. This will form the basis of the Memorandum of information (MOI) that will inform prospective bidders of the requirements and the services within the bid.

Individual work streams are each contributing to the further development of the work programme and their key deliverables are described within section 4 of this Board update report. One key work stream is that for Communications and Engagement, where a great deal of work has been done on pre-engagement and listening to views of public, patients, clinicians, stakeholders and partners, before the start of the procurement process. Details are provided in Section 4.2.

The governance framework is described in subsequent sections and the approach taken to risk analysis and how risks will be treated. An attached diagram shows the governance structure.

The key initial milestone for the work programme is the publication of a NHS Supply to Health and European Journal advert which indicates the "go live" of the procurement. At the time of writing this report the start date is to be considered and confirmed by partners, and a verbal update will be provided on this point.

4. REPORT

4.1 Development of the Re-commissioning Programme

The Mental Health and Community Services Re-Procurement Steering Group has been established with key Clinical and Executive membership of Luton Clinical Commissioning Group (LCCG) and representation from the NHS England Area team (AT), The Central Eastern Commissioning Support Unit (CECSU), Luton Borough Council (LBC) and Public Health LBC.

The outline project Programme has been agreed by the Steering Group and the 5 work streams established. The Steering group has made specific decisions in respect of the procurement:

- There will be 4 service "lots" available; Mental Health Services, Community Health Services, Child and Adolescent Mental Health Services (CAMHS) and Intermediate Care Services.
- Bidders will be able to bid for any number of the above lots in any chosen combination
- Bidders will be able to bid as a stand-alone organisation, in partnership with another organisation, or both. Each permutation will require a separate submission and will be evaluated on its own merit.
- The best process for selection of the highest quality, cost effective service solution is that of Competitive Dialogue, where rounds of dialogue are held with bidders, clarifying and honing solutions, until the best fit to achieve the required outcomes is arrived at.
- The advert will make explicit reference to partnership bids being treated with equal priority to single provider bids, to ensure that Small and Medium Enterprises (SME's) have the same opportunity to bid as larger organisations. It is an agreed principle of the Steering Group that there is no intention to exclude, for example, smaller organisations such as the local Voluntary Sector, Community Interest Companies and Social Enterprise Organisations. Bidders may organise themselves as they choose, with the Pre-Qualification Questionnaire process ensuring that governance and any sub-contracting arrangements, if applicable, stand up to scrutiny.

It is therefore possible that the final solution(s) may involve more than one provider for each of the four lots and that each lot may require single, or multiple contracts, and/or that one organisation may provide multiple lots. This approach maintains maximum flexibility.

4.2 Work Stream Progress

The work streams have now been set up and membership has been agreed. Terms of reference have been agreed by work stream leads and by the Steering Group. Each has their objectives and key deliverables.
The key deliverables for each of the work streams are as follows:

Work stream 1: Clinical Design and Outcome based Specifications
For each of the four service lots, the description of current services, aspirations of the services to be realised through the procurement and early indication of service Outcomes have been developed. This has been prepared for the Memorandum of Information (MOI) to prospective bidders, which at the time of writing is being considered and agreed by co-commissioners in readiness to launch the procurement. Clinical leadership is provided by the Clinical Directors (GP Board Members) for Community Health Services, Mental Health Services and Children's Services, including the Assistant Clinical Chair.

Work stream 2: Financial Modelling
The key current deliverable is to model the financial ceilings for each of the service lots. This is informed by the scope of the lots which will be confirmed with commissioning partners LBC, Public health LBC and the NHS England Area Team. This work stream needs to work closely with work stream 5 to identify the current position and potential work programme on the estates and other assets relevant to the service lots.

Work stream 3: Communications and Engagement
This work stream has developed at pace to ensure comprehensive pre-engagement and listening to the views of our public, patients, users and carers, clinicians, stakeholders, and partners. This is informing the Communications and Engagement Plan which is currently being developed.

Examples of activities include:

- Meetings at a very senior level with the current providers, Cambridge Community Services (CCS) and South Essex Partnership Trust (SEPT), and development of joint plans for staff communication and briefings. Staff briefings have been held within CCS for some time and have proved extremely useful.
- The Luton CCG Executive Team met with Bedfordshire CCG Executive Team in early September to discuss commissioning intentions.
- The Health and Social Care Scrutiny Review Group lead officer and Chair have been briefed on progress and an item has been included on their agenda for 19th November.
- Meetings have been held with Healthwatch Luton and an event is being planned to launch wider public engagement. A deliberative event on the CCG's commissioning intentions was held on 9th September.
- GPs and Practice staff have received some open questions to invite their views on current services, gaps in services and also how they wish to continue to be involved in the work. A Mental Health Protected Learning Time session was held on 16th October where an update on the work was provided by the CCG and practice staff invited to be involved.
- On request a meeting was held with the SEPT Mental Health (Beds and Luton) Medical Staff Committee on 9th October and future joint working with the clinicians agreed.
- Several public engagement events were held around the town during September on the CCG's commissioning intentions, including those for the services within this Programme.
- The CCG's Patient Reference Group discussed the Re-commissioning Programme of work on 3rd September and this will remain a standing item throughout the work.
- Communications teams across all the organisations involved are working together to ensure consistent messages are given to the public and to staff within the current Providers.

The next step is to draw together a public/patient reference group to support the Programme and allow ongoing conversations as service solutions develop through the Competitive Dialogue process. If significant service change proposals emerged from this process then this would be shared with Health and Social Care Scrutiny to determine if formal public consultation is required.

Work stream 4: Technical –procurement and commercial
The priorities are to pull together all requirements for "go live" of the procurement with the advert and documents available to prospective bidders. The technical set up of e-portal for project communication and documentation is required, plus finalisation of recommended initial evaluation weightings reflecting priorities of effective service interface and integration around the patient.

Work stream 5: Assets and liabilities
This work stream has commenced work with the Director of Finance, Director of Commissioning and HR lead to begin to identify information that will be required for the next stage of the procurement, the preparation of a prospectus and more detailed information to enable bidders to have a better understanding of the underlying infrastructure of included services.

4.3 Governance and Risk Management

The Programme Steering Group has agreed the governance structure, as shown in Appendix 1.

A Programme risk register is being produced at the time of producing this paper. The NHS Litigation Authority (NHS LA) Risk Grading Matrix will be used to ensure a consistent approach across the programme. Any High risks following mitigating action will be escalated by the Steering Group to the CCG Board Assurance Framework.

5. NEXT STEPS

The key initial milestone for the work programme is the publication of a NHS Supply to Health and European Journal advert which indicates the “go live” of the procurement. At the time of writing this report the start date is being considered and confirmed by partners, and a verbal update will be provided on this point.

6. IMPLICATIONS

With a programme of work this large, covering so many vital services, there are a number of implications and risks to be understood and mitigated, by all parties involved. It is essential that sufficient engagement takes place with the public, patients, users, carers, health and social care professionals and clinicians to ensure that we are clear about the services we need to meet local need, and that we re-assure the public that this process is not about de-commissioning services but to improve what we have in place through innovation and application of best practice. Competition between providers is considered one of the key tools to achieve this.

7. CONSULTATION

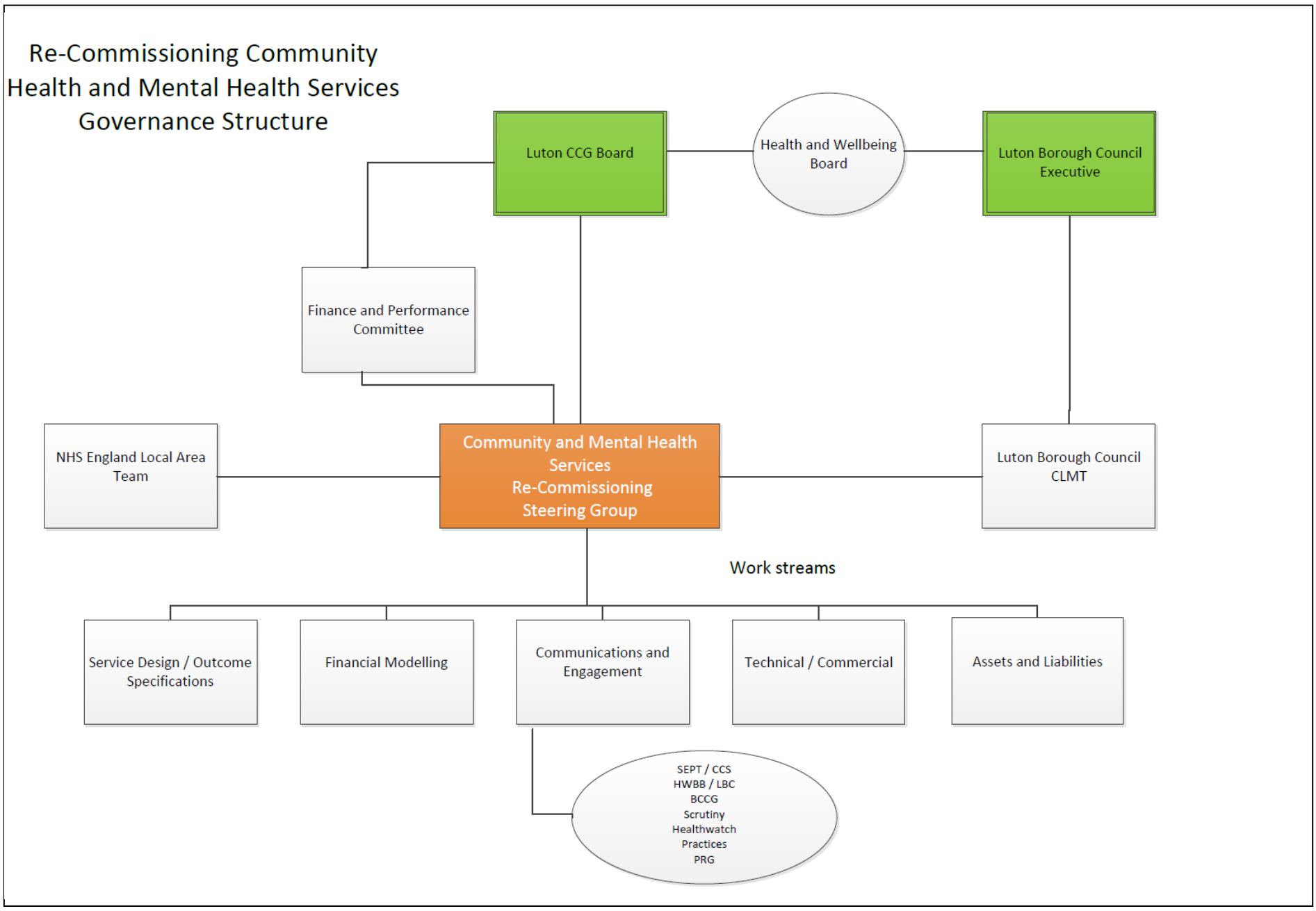
As the competitive process will be through competitive dialogue with providers there is not, at the outset, a set of service changes or new specifications. If through the process the requirement for a significant service change emerges then clarification will be sought from Health and Social Care Scrutiny as to whether public consultation is required. Engagement will be an ongoing activity throughout the process and the CCG and co-commissioners are building on the pre-engagement work and the wide range of views already obtained, to form the basis of the Engagement Plan.

8. APPENDIX

The following appendix is attached to this report:

Appendix 1 - Programme Governance Structure

Re-Commissioning Community Health and Mental Health Services Governance Structure



HEALTH AND WELLBEING BOARD	AGENDA ITEM: 8.1

DATE OF MEETING:	29th October 2013
REPORT AUTHOR & CONTACT NUMBER:	Bridget Moffat, Adult Social Care Commissioning Manager, Joint Commissioning Team, 01582 547778
SUBJECT:	Luton's Autism Self Evaluation

WARD(S) AFFECTED: All

PURPOSE

1. To update HWBB on progress against the priorities set out in the joint Luton Autism Strategy and to summarise the results of the recent Autism Self Evaluation issued by the Department of Health.

RECOMMENDATION(S)

2. The Health and Wellbeing Board is recommended to review and sign off the Autism Self Evaluation submitted by LBC and LCCG to Public Health England.

BACKGROUND

3. The national Adult Autism strategy (Fulfilling and Rewarding Lives) was published in 2010. The Department of Health has now issued a second exercise to evaluate the progress made since 2010 and each local area was asked to submit a self evaluation. This report summarises the Luton self evaluation and identifies the progress we have made over the past few years, alongside the areas where more work is still necessary.

4. The DH says:

> "This formal review of progress against the strategy is an opportunity for Government to assess whether the objectives of the Strategy remain fundamentally, the right ones. By evaluating the progress that is being made, the Government will be able to consider what needs to happen to make sure progress continues, as well as resolve any issues which may be slowing or stopping progress. Responses to the self-assessment exercise are due on the 30 September. The investigative stage of the review will last until the end of October 2013. A revised strategy will be published in March 2014."

REPORT

5. The self evaluation form for Luton is attached as Appendix A. This is based on the work carried out on the by the cross-Bedfordshire Autism Partnership Board to implement the Luton (and Bedfordshire) Autism Strategies. As the self evaluation covers the whole range of services for people with Autism it asks questions on employment, housing, criminal justice services and other areas as well as health and social care. The form asks for responses to some questions as yes / no (where no is a concern) and others as a Red, Amber Green (RAG) rating. In summary the self evaluation responses are:

	Yes	No	Red	Amber	Green
Number of responses	12	1	0	10	7

6. The main issues highlighted for development both for health and social care are as follows:

- The need for more work by NHS providers to ensure they have reasonable adjustments in place to support people with autism who access mainstream health services – there are some good examples at the L&D and in one GP practice but these are not consistently in place across other services (question 11 - Amber)
- Training – whilst general awareness training has been delivered to 800 professionals across Bedfordshire more specialist training for GPs is under development with Dr Anthea Robinson, CCG Clinical Lead for mental health and autism (question 16 – Amber). We also need to ensure that more health care professionals take up awareness training and commence a more in depth specialist training programme for a targeted group of social care staff, work around this is underway.
- The development of a local diagnostic service. An interim service is up and running with SEPT but discussions have not concluded on a full service model (question 19 – Amber).
- The need to agree a clear "vulnerable adults" pathway which will ensure that all vulnerable adults, including those on the autistic spectrum, who do not have an accompanying learning disability can access a Community Care Assessment and appropriate care management support (question 29)
- Improved access and uptake of personal budgets for individuals on the Autistic Spectrum (question 27a)
- A needs analysis of older people on the autistic spectrum (question 13)

7. These areas are covered in the action plan linked to the Luton Autism strategy and work continues on them.

PROGRESS AGAINST HEALTH AND WELLBEING STRATEGY PRINCIPLES:

Promoting Integration/Pooled Budgets/Joint Commissioning

8. The Luton autism strategy is a joint document signed off by Luton Borough Council and NHS Luton (now adopted by Luton CCG). The Joint Commissioning team is responsible for progress against the strategy for both health and social care.

Improving Quality and Efficiency – Service/Pathway Redesign

9. The development of the local Autism assessment and diagnostic service has the aim of improving the quality of services available to local people who may have autism. There had been a substantial amount of feedback that the existing service was difficult to access and this will improve with a local service.

Addressing the Wider Determinants of Health

10. Not applicable

Focussing on Early Intervention and Prevention

11. The Autism Strategy and services that are being developed through the strategy contribute significantly to the early intervention and prevention agenda. We are working with health and the third sector to enable people on the autistic spectrum to receive a diagnosis and access low level support as appropriate.

IMPLICATIONS

12. Autism is a condition which impacts on an individual's ability to communicate with others and is often a hidden disability. The Autism Act was passed in 2009 in response to growing evidence that adults with autistic spectrum conditions are excluded both socially and economically. It specifically addresses the needs of individuals on the spectrum. The Act states that all individuals on the autistic spectrum or awaiting diagnosis are entitled to a Community Care Assessment.

13. It is generally recognised that there are more males than females on the spectrum. There is limited research around autistic spectrum conditions and ethnicity.

CONSULTATIONS

14. Members of the Bedfordshire Wide “Fulfilling Lives” Autism Partnership Board have had opportunities to comment and provide feedback on the Self Evaluation.

15. The Autism Self Evaluation was agreed at the last Bedfordshire Wide “Fulfilling Lives” Autism Partnership Board meeting in September.

16. More generally the “Fulfilling Lives” Autism Partnership Board monitors the progress of the implementation of all 3 Bedfordshire Autism Strategy. Over the last year it has highlighted that:

- The biggest priority for 2013/2014 is the full roll out of the diagnostic and support service
- The biggest area where progress had been made was in the area of training provision for professionals and the availability of support from Autism Bedfordshire

APPENDIX

APPENDIX A - Luton’s Autism Self Evaluation

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

Not applicable

Autism Self Evaluation

Local authority area

1. How many Clinical Commissioning Groups do you need to work with to implement the Adult Autism Strategy in your local authority area?

2

Comment

Our Clinical Commissioning Group is Luton Clinical Commissioning Group.
We have also established a strong partnership with Bedfordshire Clinical Commissioning Group and other local statutory partners; therefore we are able to strategically coordinate the delivery of the Autism Strategy across Bedfordshire and Luton while being sensitive to specific needs of Luton Borough.

2. Are you working with other local authorities to implement part or all of the priorities of the strategy?

- ⊗ *Yes*
- ○ *No*

If yes, how are you doing this?

Our partners in delivery of the Autism Strategy are Luton Clinical Commissioning Group, Bedfordshire Clinical Commissioning Group, Central Bedfordshire Council and Bedford Borough Council

We have two Commissioning Plans for Bedfordshire:
a) Joint Commissioning Strategy and Plan for Luton Borough Council and Luton Clinical Commissioning Group
b) Joint Commissioning Plans for Bedford Borough Council, Central Bedfordshire Council, and Bedfordshire Clinical Commissioning Group
There are two main governance structures in place which allow joint delivery:
a) Commissioners' Implementation Group - four named autism commissioners meet regularly seven times per year. Each commissioners' meeting is themed, with presence of relevant partners.
b) Fulfilling Lives Partnership (Bedfordshire and Luton Autism Partnership Board) - takes place four times per year. The commissioners and relevant partners inform, consult, seek feedback and suggestions from stakeholders.
Each statutory organisation also reports internally via required channels using information from the implementation and partnership meetings work.

Planning

3. Do you have a named joint commissioner/senior manager of responsible for services for adults with autism?

- ⊗ *Yes*
- ○ *No*

If yes, what are their responsibilities and who do they report to? Please provide their name and contact details.

The named Joint Commissioner who oversees the implementation of the autism strategy is Simon Pattison (Head of Adult Joint Commissioning for Luton CCG and Luton Borough Council). Contact details simon.pattison@lutonccg.nhs.uk. Simon Pattison reports to the Director of Commissoning and Integration within Luton CCG, he also links with the Head of Adult Social Care within Luton Borough Council.

4. Is Autism included in the local JSNA?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

Autism has been included in the JSNA since 20011

5. Have you started to collect data on people with a diagnosis of autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Adult Social Care and Mental Health Staff are expected to record a diagnosis of autism on Carefirst case management system , staff are making reasonable progress in recording this information.

6. Do you collect data on the number of people with a diagnosis of autism meeting eligibility criteria for social care (irrespective of whether they receive any)?

- ⊗ *Yes*
- ◯ *No*

If yes, what is

the total number of people?

174

the number who are also identified as having a learning disability?

174

the number who are identified as also having mental health problems?

4

Comment

In relation to question above 4 people are recorded as having a learning disability and mental health problems.

7. Does your commissioning plan reflect local data and needs of people with autism?

- ⊗ *Yes*
- ◯ *No*

If yes, how is this demonstrated?

Currently data is based on population estimates and data from Case Management System. Needs were identified and mapped out through a series of working groups meetings when drawing up the Luton strategy . The implementation of the commissioning plan is now overseen by the Fulfilling Lives Partnership and Learning Disability Partnership Board. These bodies help identify the ongoing needs of those on the autistic spectrum and seeks feedback from all relevant stakeholders, including those on the spectrum and their carers.

8. What data collection sources do you use?

- ◯ *Red*
- ◯ *Red/Amber*
- ⊗ *Amber*
- ◯ *Amber/Green*
- ◯ *Green*

Comment

Data from case management system and that from public data source and the Office of National Statistics

9. Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the Support Service) engaged in the planning and implementation of the strategy in your local area?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

** CCG have both a named joint commissioner and clincial lead for Autism*
** Autism diagnosis and support was one of the main QIPP (Change Programme) projects for BCCG and LCCG in 2012/2013*
** Local CCGs fully understand link between diagnosis, community care assessments and on-going support, therefore is fully open to local authority's input into diagnostic service specification and operational protocols*

10. How have you and your partners engaged people with autism and their carers in planning?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Please give an example to demonstrate your score.

** 2010-2012 Local autism strategy working and steering groups membership included third sector, self-advocates, carers representatives, regional NAS support*
On-going:
** Bedfordshire and Luton Autism Partnership Board invites input from individuals on the autistic spectrum and carers, this is open to all individuals with ASCs and carers in Luton. We have received comments and feedback in relation to the local diagnostic service, housing policy and training plan, for example.*

Autism Training is co delivered by two people on the Autistic Spectrum

11. Have reasonable adjustments been made to everyday services to improve access and support for people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Please give an example.

Autism Awareness training is attended by a wide group of staff across public sector services, this is changing working culture and staff attitudes. We have good anecedotal evidence from some services as to how they have started to make changes to their working practices. This includes GP practices and the DWP making changes to their waiting areas so that ithey are more "autism friendly". The local hospital also take individuals on the autism spectrum on work placements and staff have attended training to make the work place more accessible.

12. Do you have a Transition process in place from Children's social services to Adult social services?

⊗ *Yes*
○ *No*

If yes, please give brief details of whether this is automatic or requires a parental request, the mechanism and any restrictions on who it applies to.

Referrals are automatic for people who have a learning disability and meet adult social care eligibility criteria. It is not necessarily automatic for others, who may need to be referred into the system via the Contact Centre.

13. Does your planning consider the particular needs of older people with Autism?

○ *Red*
⊗ *Amber*
○ *Green*

Comment

Autism training is available to and taken up by staff in Older Persons services. Autism Bedfordshire are developing some services geared to older people on the autistic spectrum, however we still need underake a more substantial needs assessment for older people on the autistic spectrum and collect data for this cohort

Training

14. Have you got a multi-agency autism training plan?

⊗ *Yes*
○ *No*

15. Is autism awareness training being/been made available to all staff working in health and social care?

○ *Red*
○ *Amber*
⊗ *Green*

Comment: Specify whether Self-Advocates with autism are included in the design of training and/or whether they have a role as trainers. If the latter specify whether face-to-face or on video/other recorded media.

Autism Awareness training has been commissioned for 18 months and has been available to all appropriate staff who work with, or may have contact with, adults with ASCs. Front line staff from receptionists to specialist workers are catered for in the training programmes. Social Workers, Communinty Care Workers, , Nurses, GP's and OT's are just some of the types of workers who have attended. Currently over 800 staff have received the training across Bedfordshire and Luton, overwhelmingly offering positive feedback, and as a consequence, service delivery has been seen as improving for those with ASCs. Self advocates with autism are fully involved in the design of training and have a role as trainers (training is face to face) We have a training plan in place and regularly review and address gaps in provision.

16. Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments in their approach and communication?

○ *Red*
⊗ *Amber*
○ *Green*

Comments

Most relevant staff have attended awareness training and or level 2 Autism which covers adjustments in approach and communication.
We are currently developing an indepth Level 3 training course and will be inviting appilcations from relevant staff groups within the next month,this will cover adjustments and communication in detail

17. Have Clinical Commissioning Group(s) been involved in the development of workforce planning and are general practitioners and primary care practitioners engaged included in the training agenda?

- ⊗ *Yes*
- ○ *No*

Please comment further on any developments and challenges.

GP's and other Primary Care practitioners have attended the current Autism Awareness training and specific training sessions have been delivered to a number of GP Practices. A more specialist, Level 3 training programme is being developed with the involvement of two Clinical Psychologists, for delivery to specialist staff, GP's and residential workers

18. Have local Criminal Justice services engaged in the training agenda?

- ⊗ *Yes*
- ○ *No*

Please comment further on any developments and challenges.

Autism Bedfordshire have engaged with and have run a training programme for staff at Bedford Prison and are planning subsequent training for additional staff. A small number of Probation staff have attended the current training, fed back positively to their management and there will soon be negotiations to offer specific training to other Probation staff. Police trainers have attended the training and are cascading it through their own staff team training programmes

We have had two developmental workshops to establish how local the CJS will contribute to the autism strategy. CJS partners engaging with the autism strategy are: Bedfordshire Police, Bedfordshire Probation Trust, CJS Mental Health Team, Community Safety Partnership, Bedford Prison and Bedfordshire Drug and Alcohol Team.
As a result of the workshops we have identified "critical" points for a) autism screening b) information sharing c) autism training across CJS.
All partners have expressed full support to organise their training or access already available local training pathway.
Bedford Prison leads the way by following activities: initial survey on autism prevalence, training delivered to prison staff as well as in reach providers, initial entry screening includes autism screening (AQ 10).
We have indications from full engagement of the local CJS partners that this area of the strategy which is one of our local priorities for 2013 will deliver significant awareness raising and CJS pathway modification for autism in near future.

Diagnosis led by the local NHS Commissioner

19. Have you got an established local diagnostic pathway?

- ○ *Red*
- ⊗ *Amber*
- ○ *Green*

Please provide further comment.

The Adult Autism Service (AAS) is for Adults (18+) and based on a multi-disciplinary model of local and community based assessment and diagnosis to work alongside existing Specialist Health Services, Local Authorities, independent and voluntary services.

The AAS will be based in community satellite clinics covering Bedford; Central Bedfordshire and Luton with an admin base as the central contact point for the service.

AAS will operate 09.00 - 17.00 Wednesday to Friday, with flexibility on appointments to meet patient need.

AAS Admin & Referrals
Clinical Resources Centre - Twinwoods
Milton Road
Clapham
Beds
MK41 6AT

Referrals to the AAS admin are welcome from:

* *GP's*
* *Specialist Healthcare Services*
* *Criminal Justice Service*
* *Local Authorities*

Patients must be 18+ adults who are living in Bedfordshire and Luton, registered with a Bedfordshire or Luton GP and who are believed to be on the autistic spectrum.

All referrals will be acknowledged within 7 days of receipt of referral and an appointment scheduled with the appropriate clinician within 18 weeks.

20. If you have got an established local diagnostic pathway, when was the pathway put in place?

Month (Numerical, e.g. January 01)

7

Year (Four figures, e.g. 2013)

2013

Comment

21. How long is the average wait for referral to diagnostic services?

Please report the total number of weeks

14

Comment

New service, patients will be seen in 18 weeks

22. How many people have completed the pathway in the last year?

18

Comment

10 referred to new service since April 2013

23. Has the local Clinical Commissioning Group(s)/support services taken the lead in developing the pathway?

⊗ *Yes*
○ *No*

Comment

Local CCG fully understands link between diagnosis, community care assessment and on-going support, therefore is fully open to local authority input into diagnostic service specification and operational protocols

24. How would you describe the local diagnostic pathway, ie Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis or a specialist autism specific service?

○ *a. Integrated with mainstream statutory services with a specialist awareness of autism for diagnosis*
⊗ *b. Specialist autism specific service*

Please comment further

Local Autism Pathway is based on "Bristol Model". It is a multidisciplinary team with clinical expertise, training element, clinical supervision element, social care element, and on-going long term support element.

The pathway has capability to support complex cases, however at the same it integrates with the mainstream services (e.g. LD teams, MH teams, etc) in order to support individuals with autism in the "referral area" by providing "free of charge" guidance.

25. In your local diagnostic path does a diagnosis of autism automatically trigger an offer of a Community Care Assessment?

⊗ *Yes*
○ *No*

Please comment, i.e. if not who receives notification from diagnosticians when someone has received a diagnosis?

Protocols and procedures to be finalised, service has only been in place since July 13

26. What post-diagnostic support (in a wider personalisation perspective, not just assuming statutory services), is available to people diagnosed?

** Community care assessment and, if eligible, agreed support package*
** Autism Support Worker linked to Diagnostic and Assessment Pathway for on-going targeted support*
** Autism Bedfordshire available to anyone with the need of support (main commissioned activities are social groups, telephone help line and employment support)*
** Information provision - autism directory complied by Autism Bedfordshire and learning disability directory*
** Carers Support - newly commissioned services will provide support to parents and carers of those on the autistic spectrum*
** Those on the spectrum and their parents and carers are also able to access advocacy support from POhWER*

Care and support

27. Of those adults who were assessed as being eligible for adult social care services and are in receipt of a personal care budget, how many people have a diagnosis of Autism both with a co-occurring learning disability and without?

a. Number of adults assessed as being eligible for adult social care services and in receipt of a personal budget

7

b. Number of those reported in 27a. who have a diagnosis of Autism but not learning disability

1

c. Number of those reported in 27a. who have both a diagnosis of Autism AND Learning Disability

6

Comment

28. Do you have a single identifiable contact point where people with autism whether or not in receipt of statutory services can get information signposting autism-friendly entry points for a wide range of local services?

- [x] Yes
- [ ] No

If yes, please give details

Autism Bedfordshire
Helpline: 01234 350704
Other Enquiries:01234 214871
Email:enquiries@autismbeds.org
Address: St Mark's Church, Calder Rise
Bedford, MK41 7UY
http://www.autismbedfordshire.net/

29. Do you have a recognised pathway for people with autism but without a learning disability to access a community care assessment and other support?

- [ ] Yes
- [x] No

If yes, please give details

Local Autism Pathway is based on "Bristol Model". It is a multidisciplinary team with clinical expertise, training element, clinical supervision element, social care element, and on-going long term support element.
The pathway has capability to support complex cases, however at the same it integrates with the mainstream services (e.g. LD teams, MH teams, etc.) in order to support individuals with autism within "the referral area" by providing "free of charge" guidance.
If the person does not have mental health problem or learning disability they will be able to be supported by the Autism Specialist Team, Autism Support Worker and Autism Bedfordshire. We are still working on the pathways to enable individuals to access a community care assessment

30. Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?

- [ ] Red
- [ ] Amber
- [x] Green

Comment

Our advocacy provider is POhWER
All PohWER Advocates receive training around engagement and working with people Autism. This is part of Pohwer's mandatory training and this is supplemented by accessing external training i.e. Level 2 Autism Training - Autism Beds.

31. Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an advocate?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

See above

32. Can people with autism access support if they are non Fair Access Criteria eligible or not eligible for statutory services?

- ⊗ *Yes*
- ◯ *No*

Provide an example of the type of support that is available in your area.

** Autism Support Worker linked to Diagnostic and Assessment Pathway for on-going targeted support for social care non eligible people with Autism*
** Autism Bedfordshire is available to anyone (main commissioned activities are social groups, telephone help line, training)*
** Information provision - information on universal services in Luton is available on the council's website. There is also an Autism Directory and Learning Disability Directory*
** Advocacy services are available to any vulnerable person in Luton*
** Housing related support available through Penrose for relevant individuals*

33. How would you assess the level of information about local support in your area being accessible to people with autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

A copy of the Local Autism Strategy is available on both the Council and CCG Website.
We are also developing a Bedfordshire "Fulfilling Lives Parntership" Website, which gives relevant , accesible information about the Partnership Board and local services. Autism Bedfordshire also have a online directory of local services on their webiste

Housing & Accommodation

34. Does your local housing strategy specifically identify Autism?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Current housing strategy references people with disabilities, this is under review. Strategic Housing Manager aware of the needs of people of individuals on the autistic spectrum and has recently met with the Senior Officer from National Autistic Society

Employment

35. How have you promoted in your area the employment of people on the Autistic Spectrum?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Disability Employment Advisors have had autism awareness training.The local supported employment service runs a project for individuals on the autistic spectrum and can access support from an advisor. We also have funding for autism apprentice project

36. Do transition processes to adult services have an employment focus?

- ◯ *Red*
- ⊗ *Amber*
- ◯ *Green*

Comment

Strong focus on employment and training for everyone going through transitions

Criminal Justice System (CJS)

37. Are the CJS engaging with you as a key partner in your planning for adults with autism?

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Comment

We have had two developmental workshops to establish how local criminal justice system (CJS) will contribute to the autism strategy. CJS partners engaging with the autism strategy are: Bedfordshire Police, Bedfordshire Probation Trust, CJS Mental Health Team,Community Safety Partnership, Bedford Prison.
As a result of the workshops we have identified "critical" points for a) autism screening b) information sharing c) autism training across CJS.
All partners have expressed full support to organise their training or access already available local training pathway.
Bedford Prison implements following activities: initial survey on autism prevalence, training delivered to prison staff as well as in-reachproviders, initial entry screening includes autism screening using autism screening tool AQ 10.

Autism Bedfordshire have engaged with and have run a training programme for staff at Bedford Prison and are planning subsequenttraining for additional staff. A small number of Probation staff have attended the current training, fed back positively to their management and there will soon be negotiations to offer specific training to other Probation

Optional Self-advocate stories

Self-advocate stories.

Up to 5 stories may be added. These need to be less than 2000 characters. In the first box, indicate the Question Number(s) of the points they illustrate (may be more than one. In the comment box provide the story.

Self-advocate story one

Question number

Comment

Self-advocate story two

Question number

Comment

Self-advocate story three

Question number

Comment

Self-advocate story four

Question number

Comment

Self-advocate story five

Question number

Comment

This marks the end of principal data collection.

Can you confirm that the two requirements for the process to be complete have been met?

a. Have you inspected the pdf output to ensure that the answers recorded on the system match what you intended to enter?

☐ *Yes*

b. Has the response for your Local Authority area been agreed by the Autism Partnership Board or equivalent group, and the ratings validated by people who have autism, as requested in the ministerial letter of 5th August 2013?

☒ *Yes*

The data set used for report-writing purposes will be taken from the system on 30th September 2013.

The data fill will remain open after that for two reasons:

1. to allow entry of the dates on which Health and Well Being Boards discuss the submission and
2. to allow modifications arising from this discussion to be made to RAG rated or yes/no questions.

Please note modifications to comment text or additional stories entered after this point will not be used in the final report.

What was the date of the meeting of the Health and Well Being Board that this was discussed?

Please enter in the following format: 01/01/2014 for the 1st January 2014.

Day

26

Month

10

Year

13

HEALTH AND WELLBEING BOARD	AGENDA ITEM: **8.2**

DATE OF MEETING: 29th October 2013

REPORT AUTHOR: Michael Scorer, Better Together programme lead

CONTACT NUMBER: 01582 546204

SUBJECT: Better Together: Luton's Health and Social Care Integration Programme Update

WARD(S) AFFECTED: ALL

Introductory note

1. As ever, I recognise that this report is concerned with real people and real lives and that some of the language in this report can give the impression of detachment from that reality. For example, I have used the word 'customer' to mean patient, or service user or potential patient or service user and their friends and family that support them. Similarly I sometimes use the word carer to mean family member or friend. I do not forget that this report is talking about 'Elizabeth Smith', 'Rashid Khan', 'Simone Rogers' and thousands of other real people with names and their own equally valuable and equally important lives.

PURPOSE

2. To inform the board of progress with the Better Together programme to date.

RECOMMENDATION(S)

3. The Health and Wellbeing Board is recommended to note the report.

BACKGROUND

4. At its meeting on 29 August, the health and wellbeing board considered a report on the establishment of the Better Together programme. One of the drivers for this programme is the predicted growing health and care needs of the local population as set out in the joint strategic needs assessment (JSNA), especially concerning people over 85 and children with disabilities and those under five.

5. Integration, the report noted, is essential because it is the only credible path to improving the outcomes for Luton residents at a price we can afford.

6. The Better Together board held its first meeting on 30 September, with agreed terms of reference and membership as set out in appendix A.

7. The government nationally is setting up the Integration Transformation Fund (ITF), with £3.8 billion announced in July as part of the 2013 spending review.

Subsequent joint statements from NHS England and the Local Government Association (LGA) make it clear that the ITF will be “a single pooled budget for health and social care” that “brings together NHS and Local government resources that are already committed to core activities”. Luton Council and Luton Clinical Commissioning Group (CCG) will need therefore to quickly put in place a plan to transfer services and contracts into the pool along with the money, and possibly re-commissioned services, as required covering 2014 to 2016. Joint governance arrangements will also need to be agreed. Other questions to consider include agreeing lines of accountability for the budget, ownership of integrated commissioning plans and how we can use this money to stimulate and support innovation. This will all form part of a new ‘S.75’ agreement, which the Council and the CCG must have in place by 1 April 2014.

8. The health and wellbeing board will be asked to sign-off the ITF plan and for Luton this will be a central part of the Better Together programme. At the time of writing this report further guidance on the ITF is expected from the LGA and NHS England, though no extra powers are planned for the health and wellbeing board and thus the ITF plan (and S.75 agreement) would also need to be agreed by the CCG board and the Council’s Executive.

[A S.75 agreement is an agreement made under section 75 of the National Health Services Act 2006 between a local authority and an NHS body in England (in this case Luton CCG). Section 75 agreements can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner(s) if it would lead to an improvement in the way those functions are exercised].

REPORT

9. NHS England wrote to all CCG leaders and NHS area directors on 10 October (copied to Council chief Executives) on the matter of integration and key areas for improvement. This chimes with the early work in the Better Together programme that is focussing on key areas of integration.

10. Additionally, as the new director general for social care at the Department of Health, Jon Rouse, pointed out at the Department's last national stakeholder forum, international best practice suggests successful, patient-focused, integrated health and care systems share 11 common features (their emphasis):

- Strong **clinical leadership** across sectors and disciplines
- Use of **data driven processes** to drive improvement
- Multi-disciplinary teams built round **primary care practitioners**
- Strong investment in **preventative services** to improve patient self management
- Use of risk stratification and **proactive assessment** and care planning
- Effective **care co-ordination** in crises, starting in A&E, including social and mental health care and through to discharge

- Seamless transfer between acute and community settings, backed up by **continuous dialogue** between the lead primary care practitioner and hospital consultant
- Single **electronic care record** with patient access/interaction
- Both integrated **commissioning** and integrated provision
- Integration between physical and mental health services, with **similar access standards**
- Same incentives across system – outcomes, process, **user experience**, value for money.

11. As proposed in the 29 August report, two early projects are now underway. Both of these projects develop work that has already been undertaken or is currently underway and where integration is a fundamental part of achieving a successful outcome. When they are developed, which is planned for November 2013, the business cases for change will go to the Council's Executive for approval.

12. The first early project, under the 'frail and elderly' work stream is the hospital discharge project that aims to keep people out of hospital, either by avoiding the need for admission through early intervention or by enabling quicker discharge through integrated and holistic planning.

13. This is picking up many of the points listed above as 'international best practice' and builds on the work of the task and finish group. At the heart of the project is a proposal to develop a single bespoke care and health plan for each affected older person and a designated care and health coordinator. This should support a holistic and seamless service by ensuring that when a customer is dealt with by any part of the health and care system the professionals involved will always have up-to-date relevant information. Additionally, having a coordinator means that the customer and their family always know who to speak to and who is 'in charge' of their care.

14. The coordinator's role will be to dynamically manage the 'case' in order to achieve the agreed outcomes, i.e. staying out of hospital unless absolutely necessary for treatment. The coordinator will therefore be expected to actively look for ways, through early intervention or prevention, of keeping a person from needing hospital treatment in the first place. Equally once an older person does go into hospital it will be the coordinators duty to pull together a multi-disciplinary, clinically led, holistic approach that enable the customer to move out of hospital as soon as they are ready and into suitable, possibly intermediate, care on their way home.

15. In practical terms the plan and its coordination may be ensuring an older person is properly hydrated, takes their medicines, eats, can go to the toilet and is safe. The key will be that the plan is personal, takes into account the customer and their carers wishes and organises the various health and care services involved so that visits are shared and where possible multi-skilled health or care visitors do more than one job.

16. The second early project is integrated referral, assessment and planning, which is within the 'disabled and SEN (special educational needs) child' work stream. At

the heart of this project is also the delivery of a bespoke holistic plan, the education, health and care plan (EHC) which the Children and Families Bill intends to make a legal requirement from September 2014. The project will build on work already well underway in Luton by helping care, health and schools partners to develop new integrated ways of working.

17. An additional major output of this project will be the production of Luton's 'local offer', setting out all services that parents could normally expect to receive, including at school, by health and social care. This will be a web-based service accessible directly by the public or by professionals providing assistance to families.

18. The proposition in the 'disabled and SEN child' work stream is that working together, health, education and social care colleagues will be able to share a single assessment of disabled and SEN children and plan and provide services seamlessly around a comprehensive understanding of their needs. This should enable the family to take a more active role in planning care and providing support for their child and cut out duplication whilst providing stronger leadership of the child's overall needs.

19. In both the above early projects there will inevitably be bigger problems to solve than just relating to that particular project. For example, agreeing and implementing ways of sharing client information, which may involve both IT solutions and new policies or procedures including ways of working with customers. In these instances the relevant service block project team will coordinate the development of a solution that is both evidence and need led and will provide a solution for other integration projects as they unfold.

20. Work is already underway looking at the IT requirements to enable information sharing about customers.

21. Elsewhere work is beginning on all programme areas. Under the 'back-office and support' heading we have begun looking at what support services, particularly public consultation, communication and engagement, equalities and human resources could be provided as a shared service between the Council and the CCG. Better Together options are also being considered in the Council review of passenger transport to see whether there are financial and customer care advantages to combining passenger transport with non-emergency patient transport. If successful these measures should provide a boost to the local economy and make savings that can reduce pressure on front-line services. In the case of patient and passenger transport the ambition would also be to reduce the number of journeys in the interests of safety and better health and care outcomes.

22. The 'organisation' area of the programme is responsible for leading change and integration in policies, procedures and culture of the future integrated multi-organisation model. In part this will aim to overcome organisation barriers to integration, short of organisational merger, that are identified in the services work streams. In part this will lead on such as developing common standards or agreeing protocols for cross-organisation teams.

23. Organisation integration needs top level highly visible leadership and follow through on our agreement to set aside organisational interests in favour of the interests of the customer. That needs to be reflected not just in a common vision, but also in a common identity and set of beliefs and values for each organisation. As a result the programme board will hold an integration summit: 'Better Together in Luton' that will aim to achieve these ends.

24. Finally, it has been reported separately elsewhere that the CCG is leading a recommissioning programme for mental health and community health services. At the time of writing this report, the Council executive is due to consider at its meeting of 21 October whether it wishes to join this programme and re-commission jointly. The Executive is recommended to join the programme and to suggest ways in which joint re-commissioning can better reflect local needs and aspirations. Integrated commissioning is one of the 'common features' of international best practice outlined above. The Council and the CCG will work closely together to ensure that the re-commissioned services fully integrate delivery in line with the Better Together model, ie seamless services around the person with a bias toward increasing early intervention and decreasing the need to emergency and specialist services.

IMPLICATIONS

25. Legal, financial and equalities issues will be considered during the development of the programme.

CONSULTATIONS

26. The programme fully involves Luton Healthwatch and will work closely to develop mechanisms for resident and customer engagement.

27. Additionally the programme will make use of existing patient and service user reference groups and will invite any Luton resident to get involved through its web page.

APPENDICES

Appendix A - Better Together Board Terms of Reference

Appendix B - NHS England-LGA Letter - Next Steps on implementing the Integration Transformation Fund

Appendix C - NHS England Letter - Planning for a sustainable NHS responding to the 'call to action'

Appendix D - Integration Transformation Fund - Draft Plan Submission Template

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

No papers that require listing were used in the preparation of this report.

Better Together Programme Board

Terms of Reference

1. Purpose

The purpose of this group is to steer and drive the transformation of health and social care services (for children and adults) into a holistic integrated operating model across Luton.

2. Background and Context

There are significant national and local drivers for the development of whole system integration.

At a national level, the Health and Social Care Act 2012 puts a responsibility on health and wellbeing boards to promote integration and the government is committed to introduce a national minimum eligibility threshold for care and support in England by April 2015. The 2013 Children and Families Bill includes the duty on local authorities to draw up single (or integrated) education, health and care plans for children with special education needs or who are disabled, and to set out a 'local offer' of services available to parents and young people.

At a local level, integration is identified in the Health and Wellbeing strategy as one of the key factors in improving health and reducing health inequalities. Additionally

There is a considerable body of evidence that supports the idea that holistic health and care services organised around a person (patient, service user or carer) leads to better health outcomes and has the potential to cost less. Luton Council's prospectus says: "We know that achieving good health outcomes comes from more than having good health services and that housing, education, work, diet, lifestyle and social activities make a big and sometimes decisive difference to health inequalities." This view is supported in the public health white paper 2010 and Marmot report "Fair Society, Healthy Lives", also 2010.

We know that service users, patients, their families and carers sometimes find that the different systems they have to navigate work against them rather than for them.

The proposition at the heart of this programme is that services designed and delivered around the person enable them and their family to stay independent for longer and that this not only improves their immediate and longer term health outlook, it also cost the public purse less money because it delays or avoids the need for expensive residential or hospital in-patient care.

3. Responsibilities

The Better Together board sets the strategic direction of the programme and is responsible for overseeing high level delivery. As such it will not sign-off operational matters such as service redesign options; rather it will have the opportunity to require

changes to priorities and pace and to scrutinise and decide how they might contribute to strategic programme aims.

- Shape the future of the whole systems economy in Luton, reporting up to the health and wellbeing board.
- Agree the vision for the future integrated services
- Governance function
- Monitor programme progress
- Realising the project outcomes / benefits
- Monitoring the budgets
- Make recommendations to the health and wellbeing board for sign-off
- Agree the scope of the programme and its deliverables
- Steer and oversee the development of the strategic vision ensuring communication and engagement takes place with citizens and patients, clinicians, staff and providers
- Steer and oversee the development of a robust implementation plan with clear and ambitious milestones and timelines for delivery
- Ensure the development and delivery of a communication and engagement plan for citizens and patients, clinicians, staff and providers linked to the implementation plan.
- Monitor and oversee the delivery of the programme in accordance with the final version of the agreed implementation plan (21/6/13)
- Ensure the development of a risk register and monitor mitigation actions
- Identify and resolve escalated barriers and obstacles to delivery
- Oversee the establishment of robust evaluation and performance management framework to identify benefits and measure outcomes and impact

4. Accountability

The board is accountable to the health and wellbeing board and will provide it with a regular summary of progress and performance, key issues and recommendations requiring ratification or decision. The board will link with the senior management teams in the Council and the CCG as required in relation to the development of policy changes or other decisions that will require member or trustee approval.

5. Membership (roles and responsibilities)

There will be multi-agency representation on this board and each representative member will be responsible for communication of key decisions and actions through their respective organisations.

In the event that the usual attendee from an organisation is unable to attend a meeting they will ensure that a substitute is sent in their place.

CCG chief officer;
CCG director of commissioning and integration;
GP board member;
NHS England area team
LBC finance director;
CCG director of finance;

LBC corporate director of housing and community living;
LBC director of children's services;
LBC director of public health;
Luton and Dunstable university hospital ;
CCS;
SEPT;
Healthwatch.

The chair of the board and two deputy chairs will be elected by a simple majority of those members of the board present at the first board meeting or at subsequent meeting following the resignation of any office holder.

6. Frequency of Meetings and Minutes

The Better Together Board will meet a minimum of five times a year synchronised with the health and wellbeing board. Formal minutes and a log of key actions and agreements will be maintained.

7. Operational Subgroups

This is a complex programme of work and operational subgroups will be established to take forward individual projects and to provide day to day programme and project management.
.
A voluntary sector representative group will be established andit will be invited to put forward a sector representative to the board and to the sub-groups.

8. Quorum

This is a commissioner led programme therefore a director level representative from the CCG, NHS England area team and the Council is required to be present or otherwise able to input the views of their organisation into the meeting in order for key decisions to be ratified.

9. Declarations of interest
Any declarations of interest will be declared and recorded at the beginning of each programme board meeting.

10. Review Dates

Reviews will take place at the end of each key phase as follows:
· Analysis – December 2013
· Service model and implementation plan development – Jan 2014
· Implementation phases – from April 2014

17 October 2013

To: CCG Clinical Leads
Health and Wellbeing Board Chairs
Chief Executives of upper tier Local Authorities
Directors of Adult Social Services

cc: CCG Accountable Officers
NHS England Regional and Area Directors

Dear Colleagues

Next Steps on implementing the Integration Transformation Fund

We wrote to you on 8 August 2013 setting out the opportunities presented by the integration transformation fund (ITF) announced in the spending review at the end of June. While a number of policy decisions are still being finalised with ministers, we know that you want early advice on the next steps. This letter therefore gives the best information available at this stage as you plan for the next two years.

Why the fund really matters

Residents and patients need Councils and Clinical Commissioning Groups (CCGs) to deliver on the aims and requirements of the ITF. It is a genuine catalyst to improve services and value for money .The alternative would be indefensible reductions in service volume and quality.

There is a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of the plan and pooled budgets.

Changing services and spending patterns will take time. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. Accordingly the NHS planning framework will invite CCGs to agree five year strategies, including a two year operational plan that covers the ITF through their Health and Wellbeing Board.

A fully integrated service calls for a step change in our current arrangements to share information, share staff, share money and share risk. There is excellent practice in some areas that needs to be replicated everywhere. The ingredients are the same across England; the recipe for success differs locality by locality.

Integrated Care Pioneers, to be announced shortly, will be valuable in accelerating development of successful approaches. We are collaborating with all the national partners to support accelerated adoption of integrated approaches, and will be launching support programmes and tools later in 2013.

Where does the money come from?

The fund does not in itself address the financial pressures faced by local authorities and CCGs in 2015/16, which remain very challenging. The £3.8bn pool brings together NHS and Local Government resources that are already committed to existing core activity. (The requirements of the fund are likely to significantly exceed existing pooled budget arrangements). Councils and CCGs will, therefore, have to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. This calls for a new shared approach to delivering services and setting priorities, and presents Councils and CCGs, working together through their Health and Wellbeing Board, with an unprecedented opportunity to shape sustainable health and care for the foreseeable future.

Working with providers

It will be essential for CCGs and Local Authorities to engage from the outset with all providers, both NHS and social care, likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. CCGs and Local Authorities should also work with providers to help manage the transition to new patterns of provision including, for example, the use of non-recurrent funding to support disinvestment from services. It is also essential that the implications for local providers are set out clearly for Health and Wellbeing Boards and that their agreement for the deployment of the fund includes agreement to the service change consequences.

Supporting localities to deliver

We are acutely aware that time is pressing, and that Councils and CCGs need as much certainty as possible about how the detail of the fund will be implemented. Some elements of the ITF are matters of Government policy on which Ministers will make decisions. These will be communicated by Government in the normal way. The Local Government Association and NHS England are working closely together, and collaborating with government officials, to arrive at arrangements that support all localities to make the best possible use of the fund, for the benefit of their residents and patients. In that spirit we have set out in the attached annex our best advice on how the Fund will work and how Councils and CCGs should prepare for it.

The Government has made clear that part of the fund will be linked to performance. We know that there is a lot of interest amongst CCGs and Local Authorities in how this “pay-for-performance” element will work. Ministers have yet to make decisions on this. The types of performance metrics we can use (at least initially) are likely to be largely determined by data that is already available. However, it is important that local discussions are not constrained by what we can measure. The emphasis should be on using the fund as a catalyst for agreeing a joint vision of how integrated

care will improve outcomes for local people and using it to build commitment among local partners for accelerated change.

Joint local decision making and planning will be crucial to the delivery of integrated care for people and a more joined up use of resources locally. The ITF is intended to support and encourage delivery of integrated care at scale and pace whilst respecting the autonomy of locally accountable organisations.

This annex to this letter sets out further information on:

- How the pooled fund will be distributed;
- How councils and CCGs will set goals and be rewarded for achieving them;
- Possible changes in the statutory framework to underpin the fund;
- The format of the plans for integrated care and a template to assist localities with drawing up plans that meet the criteria agreed for the fund;
- Definitions of the national conditions that have to be met in order to draw on the polled fund in any locality; and
- Further information on how local authorities, CCGs, NHS England and government departments will be assured on the effective delivery of integrated care using the pooled fund.

Leads from the NHS and Local Government will be identified to assist us to work with Councils and CCGs to support implementation. More details on this can be found in the annex. We will issue a monthly bulletin to Councils and CCGs with updates on the Integration Transformation Fund.

Yours faithfully

Carolyn Downs
Chief Executive
Local Government Association

Bill McCarthy
National Director: Policy
NHS England

NHS England Publications Gateway Ref. No.00535

Annex

Advice on the Integration Transformation Fund

What is included in the ITF and what does it cover?

Details of the ITF Fund

The June 2013 SR set out the following:	
2014/15	2015/16
An additional £200m transfer from the NHS to social care, in addition to the £900m transfer already planned	£3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements

In 2015/16 the ITF will be created from the following:
£1.9bn NHS funding
£1.9bn based on existing funding in 2014/15 that is allocated across the health and wider care system. Composed of:
• £130m Carers' Breaks funding
• £300m CCG reablement funding
• £354m capital funding (including c.£220m of Disabled Facilities Grant)
• £1.1bn existing transfer from health to social care

1. The Integration Transformation Fund will be £3.8 billion worth of funding in 2015/16 to be spent locally on health and care to drive closer integration and improve outcomes for patients and service users. In 2014/15 an additional £200m transfer from the NHS to social care in addition to the £900m transfer already planned will enable localities to prepare for the full ITF in 2015/16.

2. In 2014/15 use of pooled budgets remains consistent with the guidance[1] from the Department of Health to NHS England on 19 December 2012 on the funding transfer from NHS to social care in 2013/14. In line with this:

3. *"The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition we want to provide flexibility for local areas to determine how this investment in social care services is best used.*

4. *A condition of the transfer is that the local authority agrees with its local health partners how the funding is best used within social care, and the outcomes expected from this investment. Health and wellbeing boards will be the natural place for*

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

discussions between the Board, clinical commissioning groups and local authorities on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

5. *In line with our responsibilities under the Health and Social Care Act, NHS England is also making it a condition of the transfer that local authorities and clinical commissioning groups have regard to the Joint Strategic Needs Assessment for their local population, and existing commissioning plans for both health and social care, in how the funding is used.*

6. *NHS England is also making it a condition of the transfer that local authorities demonstrate how the funding transfer will make a positive difference to social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer"*

7. In 2015/16 The fund will be allocated to local areas, where it will be put into pooled budgets under joint governance between CCGs and local authorities. A condition on accessing the money in the fund is that CCGs and local authorities must jointly agree plans for how the money will be spent, and these plans must meet certain requirements.

How will the ITF be distributed?

8. Councils will receive their detailed funding allocation following the Autumn Statement in the normal way. When allocations are made and announced later this year, they will be two-year allocations for 2014/15 and 2015/16 to enable planning.

9. In 2014/15 the existing £900m s.256 transfer to Local Authorities for social care to benefit health, and the additional £200m will be distributed using the same formula as at present.

10. The formula for distribution of the full £3.8bn fund in 2015/16 will be subject to ministerial decisions in the coming weeks.

11. In total each Health and Wellbeing Board area will receive a notification of its share of the pooled fund for 2014/15 and 2015/6 based on the aggregate of these allocation mechanisms to be determined by ministers. The allocation letter will also specify the amount that is included in the pay-for-performance element, and is therefore contingent in part on planning and performance in 2014/5 and in part on achieving specified goals in 2015/6.

How will Councils and CCGs be rewarded for meeting goals?

12. The Spending Review agreed that £1bn of the £3.8bn would be linked to achieving outcomes.

13. In summary 50% of the pay-for-performance element will be paid at the beginning of 2015/16, contingent on the Health and Wellbeing Board adopting a plan that

meets the national conditions by April 2014, and on the basis of 2014/15 performance. The remaining 50% will be paid in the second half of the year and could be based on in-year performance. We are still agreeing the detail of how this will work, including for any locally agreed measures.

14. In practice there is a very limited choice of national measures that can be used in 2015/6 because it must be possible to baseline them in 2014/5 and therefore they need to be collected now with sufficient regularity and rigour. For simplicity we want to keep the number of measures small and, while the exact measures are still to be determined, the areas under consideration include:

    - Delayed transfers of care;
    - Emergency admissions;
    - Effectiveness of re-ablement;
    - Admissions to residential and nursing care;
    - Patient and service user experience.

15. In future we would hope to have better indicators that focus on outcomes for individuals and we are working with Government to develop such measures. These can be introduced after 2016/7 as the approach develops and subject to the usual consultation and testing.

16. When levels of ambition are set it will be clear how much money localities will receive for different levels of performance. In the event that the agreed levels of performance are not achieved, there will be a process of peer review, facilitated by NHS England and the LGA, to avoid large financial penalties which could impact on the quality of service provided to local people. The funding will remain allocated for the benefit of local patients and residents and the arrangements for commissioning services will be reconsidered.

Does the fund require a change in statutory framework?

17. The Department of Health is considering what legislation may be necessary to establish the Integrated Transformation Fund, including arrangements to create the pooled budgets and the payment for performance framework. Government officials are exploring options for laying any required legislation in the Care Bill. Further details will be made available in due course. The wider powers to use Health Act flexibilities to pool funds, share information and staff are unaffected and will be helpful in taking this work forward.

How should councils and CCGs develop and agree a joint plan for the fund?

18. Each upper tier Health and Wellbeing Board will sign off the plan for its constituent local authorities and CCGs. The specific priorities and performance goals are clearly a matter for each locality but it will be valuable to be able to:

    - Aggregate the ambitions set for the fund across all Health and Wellbeing Boards;

- Assure that the national conditions have been achieved; and

- Understand the performance goals and payment regimes have been agreed in each area.

19. To assist Health and Wellbeing Boards we have developed a draft template which we expect everyone to use in developing, agreeing and publishing their integration plan. This is attached as a separate Excel spread sheet.

20. The template sets out the key information and metrics that all Health and Wellbeing Boards will need to assure themselves that the plan addresses the conditions of the ITF. We strongly encourage Councils and CCGs to make immediate use of this template while awaiting further guidance on NHS planning and financial allocations.

21. Local areas will be asked to provide an agreed shared risk register, with agreed risk sharing and mitigation covering, as a minimum, steps that will be taken if activity volumes do not change as planned. For example if emergency admissions increase or nursing home admissions increase.

What are the National Conditions?

22. The Spending Review established six national conditions:

National Condition	Definition
Plans to be jointly agreed	The Integration Plan covering a minimum of the pooled fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Well Being Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and Local Authorities should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.
Protection for social care services (not spending)	Local areas must include an explanation of how local social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with the 2012 Department of Health guidance referred to in paragraphs 2 to 6,

National Condition	Definition
	above.
As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends	Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The forthcoming national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England will provide guidance on establishing effective 7-day services within existing resources.
Better data sharing between health and social care, based on the NHS number	The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right cultures, behaviours and leadership are demonstrated locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. Local areas will be asked to: • confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to; • confirm that they are pursuing open APIs (ie. systems that speak to each other); and • ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place. NHS England has already produced guidance that relates to both of these areas, and will make this available alongside the planning template. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by the Department of Health).

National Condition	Definition
Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional	Local areas will be asked to identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning.
Agreement on the consequential impact of changes in the acute sector	Local areas will be asked to identify, provider-by-provider, what the impact will be in their local area. Assurance will also be sought on public and patient engagement in this planning, as well as plans for political buy-in.

How will preparation and plans be assured?

23. Ministers will wish to be assured that the ITF is being used for the intended purpose, and that the local plans credibly set out how improved outcomes and wellbeing for people will be achieved, with effective protection of social care and integrated activity to reduce emergency and urgent health demand.

24. To maximise our collective capacity to achieve these outcomes and deliver sustainable services we will have a shared approach to supporting local areas and assuring plans. This process will be aligned as closely as possible to the existing NHS planning rounds, and CCGs can work with their Area Teams to develop their ITF plans alongside their other planning requirements.

25. We will establish in each region a lead local authority Chief Executive who will work with the Area and Regional Teams, Councils, ADASS branches, DPHs and other interested parties to identify how Health and Wellbeing Boards can support one another and work collaboratively to develop good local plans and delivery arrangements.

26. Where issues are identified, these will be shared locally for resolution and also nationally through the Health Transformation Task Group hosted by LGA, so that the national partners can broker advice, guidance and support to local Health and Well Being Boards, and link the ITF planning to other national programmes including the Health and Care Integration Pioneers and the Health and Well Being Board Peer Challenge programme. We will have a first review of readiness in early November 2013.

27. We will ask Health and Well Being Boards to return the completed planning template (draft attached) by 15 February 2014, so that we can aggregate them to provide a composite report, and identify any areas where it has proved challenging to agree plans for the ITF.

Publications Gateway Reference No: 00542

4W12
Quarry House
Quarry Hill
Leeds LS2 7UE

To: NHS Commissioners: CCG leaders and NHS England Area Directors

CC: Chief Executives of NHS providers
Chief Executives of upper tier Local Authorities
Chair and Chief Executive of LGA
ALB Chief Executives
Permanent Secretary, Department of Health
NHS England National and Regional Directors

10 October 2013

Dear Colleague

Planning for a sustainable NHS: responding to the 'call to action'

Earlier this year, we published a landmark document: *The NHS belongs to the people – a call to action.* This document sets out the challenges facing the NHS and makes the case for developing bold and ambitious plans for the future. Commissioners have embraced the *call to action* and are leading discussions locally about how the NHS needs to change. Commissioners now face the task of crystallising the conclusions of these discussions into comprehensive plans.

We heard from the NHS Commissioning Assembly last month about the importance of giving early advice to commissioners, so I am writing to set out my assessment of the challenges facing us as commissioners and the key actions that need to be taken. We will be issuing planning guidance later in the year, but I thought it would be helpful to highlight ten key points at this stage:

1. **Improving outcomes** - commissioners need to place improving outcomes for patients at the heart of their work. For that reason, commissioners should prioritise an approach to planning which combines transparency with detailed patient and public participation**.** We need to construct, from the bottom up, quantifiable ambitions for each domain of the NHS Outcomes Framework. We will, therefore, be asking CCGs and NHS England Area Teams to work together to determine local levels of ambition, based on evidence of local patient and public benefit, against a common set of indicators that place our duty to tackle health inequalities front and centre stage. This will ensure that we can clearly articulate the improvements we are aiming to deliver for patients across seven key areas:

- Reducing the number of years of life lost by the people of England from treatable conditions (e.g. including cancer, stroke, heart disease, respiratory disease, liver disease);
- Improving the health related quality of life of the 15 million+ people with one or more long-term conditions;
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital;
- Increasing the proportion of older people living independently at home following discharge from hospital;
- Reducing the proportion of people reporting a very poor experience of inpatient care;
- Reducing the proportion of people reporting a very poor experience of primary care;
- Making significant progress towards eliminating avoidable deaths in our hospitals.

2. **Strategic and operational plans** – given the scale of the challenges we are facing, we are asking commissioners (CCGs and NHS England commissioners) to develop ambitious plans that look forward to the next five years, with the first two years mapped out in the form of detailed operating plans. Taking a five year perspective is crucial, as commissioners need to develop bold and ambitious plans rather than edging forward on an incremental basis one year at a time. It will be essential for commissioners to work closely with providers and social care partners as they develop these plans, and we are in dialogue with the relevant national bodies to define fully aligned planning processes to facilitate this.

3. **Allocations for CCGs**– we want to provide certainty to commissioners. To this end, we intend to notify CCGs of their financial allocations for both 14/15 and 15/16 to help them plan more effectively. We are currently working with a subgroup of the Commissioning Assembly to finalise proposals for future allocation formulae for CCGs and direct commissioning, but stability is a key consideration and the pace of change is likely to be slow, given that we are operating with very limited financial growth overall.

4. **The tariff** – we recognise the importance of stability of tariff as well as its accuracy and responsiveness to the needs of patients. Together with Monitor, we intend to minimise changes to the structure of the tariff for 14/15. By December we plan to jointly publish our priorities for tariff in 15/16, giving commissioners and providers the maximum amount of time to assess any impact on the financial position of their services and respond systematically to tariff signals.

5. **The integration transformation fund** – the financial settlement for 15/16 includes the creation of an integration transformation fund (ITF). This will see the establishment of a pooled budget of £3.8bn, which will be committed at local level with the agreement of Health & Wellbeing Boards. (Locally, CCGs can decide to place additional resources into the ITF if they wish). The ITF is a 'game changer': it creates a substantial ring-fenced budget for investment in out-of-hospital care. However, it will also require us to make savings of over £2bn in existing spending on acute care. This implies an extra productivity gain of 2-3% across the NHS as a whole in 15/16. We will work with Monitor

to determine how this is reflected in the expectations placed on commissioners (in the form of QIPP savings from demand management, pathway change, etc) and providers (in the form of the efficiency deflator incorporated in tariff). We are currently exploring the feasibility of bringing forward an element of the 15/16 saving requirement into 14/15 to avoid a financial 'cliff edge' in 15/16.

6. **Developing integration plans** – the NHS will only be sustainable in 15/16 if we put the ITF to the best possible use and reduce significantly the demand for hospital services. It is my view that investment should be targeted at a range of initiatives to develop out of hospital care, including early intervention, admission avoidance and early hospital discharge - taking advantage, for example, of new collaborative technologies to give patients more control of their care and transform the cost effectiveness of local services. This will require investment in social care and other Local Authority services, primary care services and community health services. We are currently exploring how an accountable clinician can be identified to coordinate the out-of-hospital care of vulnerable older people and the ITF might be used to accelerate this initiative. We will write to you over the next few days (jointly with the Local Government Association) with more details on the process for developing integration plans.

7. **Working together** – a critical ingredient of success for the transformation fund will be the quality of partnership working at local level. Health & Wellbeing Boards will need to have strong governance arrangements for making transparent and evidence-based decisions about the use of the ITF. The Chief Executive of NHS England will remain the accounting officer for the ITF, accountable to parliament for its use, and in that context I am asking NHS England Area Directors to take a close interest in the effectiveness of local arrangements for governance and implementation.

8. **Competition** – there has been considerable discussion about the impact of competition rules on commissioners over recent months. The key requirement for commissioners is to determine how to improve services for patients including how to use integrated care, competition and choice. Commissioners should adopt transparent decision making processes which use competition as a tool for improving quality, rather than as an end in itself. NHS England and Monitor will support commissioners who adopt this approach to competition.

9. **Local innovation** – while we will set a national framework for planning we want to encourage local innovation and don't want to be overly prescriptive. Within the scope of the new tariff rules for 14/15 agreed with Monitor, we will welcome innovative local approaches that enable change to happen on the ground. For example, commissioners could add additional resources to the transformation fund or they could agree local variations to the national tariff in line with the recently published 14/15 national tariff system rules, where they can demonstrate that it is in the interests of patients to do so. Commissioners could explore new contracting models, such as giving acute providers responsibility for patients 30-100 days following discharge from hospital and introducing prime contractor arrangements for integrated care.

10. **Immediate actions** – I would encourage commissioners to focus on three immediate tasks. First, you should progress the development of five year plans and engage local people in this work. Second, you should strengthen your local partnership arrangements so that you are well placed to make decisions about the use of the ITF. Third, you should identify the things that will make the greatest difference to patients locally and maintain a relentless focus on putting them into action at pace.

Over the coming months we will be publishing further material to help commissioners navigate their way through the planning process. This will include detailed planning guidance, financial allocations and 'commissioning for value' packs for CCGs which will help each CCG to identify where there is the greatest opportunity.

We are committed to working in partnership with CCGs, and I would encourage feedback from CCGs via the Commissioning Assembly planning and finance working group chaired by Paul Baumann, NHS England's Chief Financial Officer. More immediately, however, I advise you to press ahead with development of your plans, and I hope the points I have highlighted in this letter will help you make early progress. The challenges facing both commissioners and providers are significant, and it is essential we start to address them without delay.

Yours faithfully

Sir David Nicholson
Chief Executive

Integration Transformation Fund

Draft Plan Submission Template

Local Authority	**<Name of Local Authority>**
Clinical Commissioning Groups	**<CCG Name/s>**
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
	<CCG Name/s>
Boundary Differences	**<Identify any differences between LA and CCG boundaries and how these have been addressed in the plan>**
Date agreed at Health and Well-Being Board:	**<dd/mm/yyyy>**
Date submitted:	**<dd/mm/yyyy>**
Minimum required value of ITF pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**
Total agreed value of pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**

Authorisation and Sign Off

Signed on behalf of the Clinical Commissioning Group	<Name of ccg>
By	<Name of Signatory>
Position	<Job Title>
date	<date>

Signed on behalf of the Clinical Commissioning Group	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

<Insert extra rows for additional CCGs as required>

Signed on behalf of the Local Authority	
By	<Name of Signatory>
Position	<Job Title>
date	<date>

Signed on behalf of the Health & Wellbeing Board	
By Chair of the HWB:	<Name of Signatory>
Position	<Job Title>
date	<date>

Service provider engagement

Please describe how health and social care providers have been involved in the development of this pla, and the extent to which they are party to it

Patient, service user and public engagement

Please describe how patients, services users and the public have been involved in the development of this plan, and the extent to which they are party to it

Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 9

DATE OF MEETING:	29th October 2013
REPORT AUTHOR &	Nisar Mohammed, Project Manager, Healthwatch Luton
CONTACT NUMBER:	01582 817060
SUBJECT:	Healthwatch Luton Work Programme

WARD(S) AFFECTED: ALL

PURPOSE

1. To provide an overview of the current Healthwatch Luton work programme and to consider issues arising from the work programme.

RECOMMENDATION

2. The Health and Wellbeing Board is recommended to note the information presented.

BACKGROUND

3. The Healthwatch Luton 2013/2014 work programme is determined by the following:

- The priority areas identified through stakeholder consultation (April – July 2013)
- Issues/concerns that are brought to our attention by the general public
- Issues/concerns identified via consultation/engagement within the voluntary and community sector
- Opportunities presented to us as part of service reviews/commissioning cycles

REPORT

4. The following work streams were identified as priority areas during our stakeholder consultation exercise:

(a) Review of General Practices

This work stream commenced in September 2013 and was created to assess the accessibility (Wheelchair access), systems in place (appointments/ bookings),

patient environment and the patient experience when accessing services at a doctor's surgery within the Borough of Luton.

This work involves visiting all doctor surgeries in Luton and completing patient surveys.

Aim:

- Provide feedback to all practices and put forward recommendations for each practice to consider prior to the publication of our final report.
- Produce an up-to-date gp scorecard based on the results from the patient survey along with the information received from practice staff and observations made during our visits.

Progress: as of 14/10/2013 we have visited 17 out of 39 doctor surgeries in Luton and have completed 293 patient surveys.

Timescales: visits to be completed in November 2013. Results and recommendations to be sent to all practices during December 2013. Final report to be published Jan-Feb 2014.

(b) Children and Young People

We are in the process of initiating the following work streams

(1) Emotional, mental health and wellbeing
(2) Drug and alcohol services

Our aim is to engage with commissioners, providers and service users for the purpose of assessing the care pathways in place, the awareness of services available within the local community and to gather the views/analyse the feedback of those eligible to access and/or currently accessing services.

Progress: we are in discussion with LBC's public health department about working together on some aspects of this work as a review of personal, social, health and economic education in Luton Secondary Schools is currently taking place.

(c) Luton and Dunstable hospital

Aim: to assess the patient experience by distributing a patient satisfaction survey across all inpatient wards at the Luton and Dunstable hospital.

Progress: we are working with the hospital on the design and delivery of our inpatient satisfaction survey. This is being done to avoid duplication of existing patient feedback activity and to increase the benefit and effectiveness of our patient survey.

(d) Older People

Aim:

- Assess the existing quality data available for care home services.
- Identify priority areas for research and engagement activity.

Progress: We are in the process of liaising with LBC's adult social care staff and the Care Quality Commission local area team.

(e) Mental Health and NHS Community Services

Aim: to work in partnership with Luton Clinical Commissioning Group (LCCG) in conducting a review of the appropriateness and effectiveness the existing services have in meeting the needs of the local population.

Progress: initial discussions with LCCG have taken place. Stakeholder lists are currently being populated for the purpose of establishing a comprehensive process for service assessment and service user engagement.

5. The following work streams have been identified through issues/concerns that have been brought to our attention and are currently being explored further:

(a) Young people being admitted into mental health inpatient units

total number of young people admitted during 2011-2012:	18
total number of young people admitted during 2012-2013:	33

More statistical information has been requested from SEPT.

(b) Quality of services for people receiving Home Care

We have received anonymous information relating to the quality of service delivered by "At Home" care agencies, while no specific safeguarding issues have been raised, a trend is developing.

Home care will be discussed at our board meeting 16.10.13 in the form of a facilitated discussion with board members and any member of the public present.

(c) Quality of care and treatment received for adults with learning disabilities in assisted living

We have received anonymous information reporting concerns about this client group. A safeguarding alert has been issued by Healthwatch Luton to LBC and further information has been requested from LBC's Purchasing and Quality Assurance team.

(d) Accessibility of services for people with Multiple Sclerosis

Research into this is currently taking place in the form of a case study. This issue was brought to our attention by an individual who suffers from progressive

Multiple Sclerosis and (since April 2013) has required surgery for ingrown toe nails. This individual was originally told that he did not meet the criteria to receive treatment in accordance with the contract his general practice has with a provider (has to be diabetic or over 80 years old). The practice nurse has now reviewed this case with a clinical team and a referral has now been made to a provider for assessment. There is still no guarantee that this individual will receive the treatment they require, the provider will make an assessment as to whether or not the individual meets their clinical criteria to receive treatment.

(e) Communication/information sharing policies and protocols at the Luton and Dunstable hospital, including within departments and between departments

This work stream has been initiated following information received from several patients. A trend has been identified which indicates problems around communication with patients and information sharing between departments and within departments. Issues have been reported to us from patients receiving care at the eye clinic, fracture unit and endoscopy department. Further information has been requested from the L&D hospital.

Voluntary and Community Sector:

6. We have circulated invitations to hold workshop sessions with voluntary and community sector organisations. We are in the process of organising and delivering engagement sessions with the following organisations:

Headway Luton

Embrace Life Luton

Noah Enterprise

Luton Community Health Forum

Oasis Centre

Walk to Freedom

Impact mh

Mary Seacole

Diabetes UK

Representation and involvement:

7. We are currently involved in the following:

LBC Wellness Project

NHS England procurement of two GP contracts in Luton

NHS England Quality Surveillance Group for Hertfordshire and South Midlands Area Team

Healthwatch England Regional meetings

Healthwatch England release of 8 consumer rights – having attended the launch of the Healthwatch England annual report, we are now in the process of identifying a strategy to ensure the 8 Healthwatch consumer rights have an impact at a local level. We will also do some work around identifying consumers of health & Social Care responsibilities

8. We have not listed our representation and involvement on a number of boards, implementation groups and patient groups as our review of meeting representatives and involvement at these meetings is currently ongoing.

9. **Healthwatch Luton Champions**

Total number of individual members registered	203
Number of organisations registered	53
Total number of Healthwatch Champions registered	148
Total number of Champions who have attended a training session	50

Age Group	**Number of registered Champions**
Under 18	45
18-25	21
26-40	29
41-65	41
Over 65	12

IMPLICATIONS

10 Not applicable

CONSULTATIONS

Not applicable

APPENDICES

None

LIST OF BACKGROUND PAPERS

None

HEALTH AND WELLBEING BOARD	AGENDA ITEM: 10

DATE OF MEETING: 29th October 2013

REPORT OF: The Head Of Policy And Performance

REPORT AUTHOR & & CONTACT NUMBER: Bert Siong – Tel 01582 546781

SUBJECT: Scrutiny Task & Finish Group – Discharge from Hospital Review

WARD(S) AFFECTED: ALL

PURPOSE

1. To consider and note the recommendations of the review and how partners are dealing with them.

RECOMMENDATION(S)

2. That the Board considers and notes the recommendations of the Scrutiny Task & Finish Group and how partners are dealing with them.

BACKGROUND

3. Discharge from Hospital was identified as a topic for review by the Scrutiny Health & Social Care Review Group, as a result of a number of issues, including the increase in emergency admissions to hospitals, concerns about incidences of inappropriate hospital discharges and the lack of a joined-up approach from services to manage post-discharge care.

4. The Task & Finish Group comprised five elected Members, chaired by Councillor Keir Gale. A Luton LINk member was co-opted on to the group and continued to sit as a member of Healthwatch Luton after 1st April 2013.

REPORT

5. The review assessed and identified the needs of Luton patients treated in hospitals locally and outside Luton and reviewed provisions to meet those needs, in terms of the level of integration between services to prevent admissions/ re- admissions, ensure a smooth discharge process and good quality of care after discharge.

6. The findings identified services were generally performing well, but where they were not, there was an acceptance of the key issues of concerns and were taking steps and introducing measures in all areas to make improvements, including ensuring good patient experience.

7. In making its recommendations, the Task &Finish Group was intent on ensuring services maintained their momentum with measures already introduced to address areas for development, as well as consider further actions in some areas to make improvement.

8. A list of the recommendations is provided in Appendix A. Those wishing to read the full report can access it though the following link to the Council's website: http://consult.luton.gov.uk/portal/lbc/scrutiny/tf_discharge_hosp

9. The recommendations were positively accepted by all services and work on them is progressing through the 'Better Together' Programme, led by Luton Borough Council Adult Social Care and Luton CCG. A co-ordinated detailed progress report is expected to be provided to the Scrutiny Health & Social Care Review Group on 9th January 2014.

IMPLICATIONS

10. None.

CONSULTATIONS

11. Not applicable.

APPENDICES

Appendix A - List of Recommendations of the Scrutiny Task & Finish Group - Discharge from Hospital Review

LIST OF BACKGROUND PAPERS
LOCAL GOVERNMENT ACT 1972, SECTION 100D

Final Report and Recommendations of the Scrutiny Task & Finish Group - Discharge from Hospital Review
(http://consult.luton.gov.uk/portal/lbc/scrutiny/tf_discharge_hosp)

AGENDA ITEM

11

LUTON BOROUGH COUNCIL
HEALTH AND WELLBEING BOARD - WORK PROGRAMME 2013 / 2014 (Extract)

DATE OF MEETING	TITLE	ISSUE	BOARD MEMBER	REPORT AUTHOR
16 January 2014	Health and Wellbeing Strategy – performance report	To consider progress and respond to key issues	Pam Garraway / Martin Pratt / Gerry Taylor	Morag Stewart
16 January 2013	*Better Together* - Health and Social Care Integration	To identify key issues for the Health and Wellbeing Board	Pam Garraway	Michael Scorer
16 January 2014	Healthwatch quarterly report	To consider issues arising from the Healthwatch work programme	Nisar Mohammed	Nisar Mohammed
16 January 2014	Overview and Scrutiny Task and Finish Group – Infant mortality	To consider the recommendations of the review	Cllr Khan (obs)	Eunice Lewis
16 January 2013	Safeguarding – Adults' and Children's	To identify key issues for consideration by the Board	Pam Garraway / Martin Pratt	Catherine Barrett
16 January 2014	Luton CCG Draft Operating Plan	To sign off draft	Nina Pearson	Carol Hill
16 January 2014	Luton Carers' Strategy	To approve the strategy	Pam Garraway	Simon Pattison

DATE OF MEETING	TITLE	ISSUE	BOARD MEMBER	REPORT AUTHOR
31 March 2014	Wellness – implementation plan	To approve final plan	Gerry Taylor	Morag Stewart
31 March 2014	Joint Strategic Needs Assessment / Pharmaceutical Needs Assessment	To note progress and agree priorities	Gerry Taylor	Stuart Lines
31 March 2014	Healthwatch quarterly report	To consider issues arising from the Healthwatch work programme	Nisar Mohammed	Nisar Mohammed
31 March 2014	*Better Together* - Health and Social Care Integration	To identify key issues for the Health and Wellbeing Board	Pam Garraway	Michael Scorer
31 March 2014	Luton CCG - Final Operating Plan	To sign off final plan	Nina Pearson	Carol Hill
31 March 2014	Working arrangements between the Scrutiny: Health & Social Care Review Group and the Health & Wellbeing Board	To identify and agree complementary practical working arrangements.	Cllr Khan (obs)	Bert Siong
To be confirmed				