Luton

NOTICE OF MEETING

SCRUTINY HEALTH AND SOCIAL CARE REVIEW GROUP

Date	:	**WEDNESDAY, 06 MARCH 2019**
Time	:	**18:00**
Place	:	**COMMITTEE ROOM 2** **TOWN HALL, LUTON**

Members	:	**AGBLEY (CHAIR)**	**MOLES**
		CAMPBELL	**PEDERSEN**
		LEWIS	**PETTS**
		T. MALIK	**RAFIQ**

Co-Opted Members:	**Vacant (Healthwatch Luton)** **Stephanie Power (Healthwatch Luton)**
Quorum:	**3 Elected Members**

Contact Officer: Bert Siong (01582 546781)

Purpose: To discharge Luton Council's powers under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, to ensure that the planning, provision and operation of health and social care services for Luton residents are in their best interest and to advise/ make recommendations to inform and enhance decision-making on any matters affecting these services.

Public Information: Members of the public are entitled to take photographs, film, audio-record and report on all public meetings in accordance with the Openness of Local Government Bodies Regulations 2014. People may not however act in any way considered to be disruptive and may be asked to leave. Notice will be given verbally at the meeting.

EMERGENCY EVACUATION PROCEDURE

Committee Rooms 1, 2, 4 & Council Chamber:
> Turn left, follow the green emergency exit signs to the main town hall entrance and proceed to the assembly point at St George's Square.

Committee Room 3:
> Proceed straight ahead through the double doors, follow the green emergency exit signs to the main Town Hall entrance and proceed to the assembly point at St George's Square.

AGENDA

Members are reminded that they must disclose both the existence and nature of any disclosable pecuniary interest and any personal interest that they have in any matter to be considered at the meeting unless the interest is a sensitive interest in which event they need not disclose the nature of the interest.

A member with a disclosable pecuniary interest must not further participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

A member with a personal interest, which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest, must similarly not participate in any discussion of, vote on, or take any executive steps in relation to the item of business.

Disclosable pecuniary interests and Personal Interests are defined in the Council's Code of Conduct for Members and Co-opted members.

4   **URGENT BUSINESS**
The Chair to report on any business which is considered to be urgent and which should be discussed at the meeting in accordance with Section 100B(4)(b) of the Local Government Act 1972 and to determine when, during the meeting, any such business should be discussed.

5   **REFERENCES FROM COMMITTEES AND OTHER BODIES**

6   **CHAIR'S UPDATE**
Chair to report on issues since the last meeting.

      REPORTS

7   **Merger of Luton and Dunstable Hospital and Bedford Hospital**
(Oral Report of the Chief Executive, Luton and Dunstable Hospital)

19   **LOCAL GOVERNMENT ACT 1972, PART VA**
           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 any item listed above if 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 the
           Paragraphs of Part 1 of Schedule 12A to the Local Government Act
           1972.

MINUTES OF THE HEALTH AND SOCIAL CARE REVIEW GROUP
15TH JANUARY 2019 AT 6.00 P.M.

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

CO-OPTED MEMBERS: Mr. Norris Bullock - Healthwatch Luton

Ms. Stephanie Power – Healthwatch Luton

<u>**ACTION**</u>

01.	**APOLOGIES FOR ABSENCE (REF: 1)**	
	Resolved: Apologies for absence from the meeting were received on behalf of Councillors Petts, Moles and Rafiq.	
02.	**MINUTES (REF: 2.1)**	
	Resolved: That the minutes of the meeting held on 2st November 2018 be taken as read, approved as a correct record and the Chair be authorised to sign them.	
03.	**CHAIR'S UPDATE**	
	The Chair of the Committee advised of progress since the last meeting on 21st November 2018.	

- **Health and Social Care Reference Group (HSCRG):** This group had now replaced the patient participation group previously managed by the GP practices; community groups; public health, etc). Members were informed that the acronym for this group was exactly the same acronym with that of this Committee (Health and Social Care Review Group). Members asked if the name of the patient group could be reviewed to avoid confusion amongst partners and organisations in future. Nicky Poulain explained that consideration had been given and the patient group would be known and called "Health and Social Care Engagement Group" with the acronym HSCEG).
- **JHOSC Chair's meeting in Bedford update**: Two additional items; Maternity and Digital transformation were agreed for discussion at the next JHOSC meeting.
- **Health and Wellbeing Governance Arrangements report**: The Service Director, Health Care and Adults' Commissioning (Stephen Gunther) confirmed that this item would be considered at the next meeting of the Health and Social Care Review Group on 6th March meeting.

	• **NHS Long Term Plan:** The Chief Operating Officer Luton, Nicky Poulain stated that this had only just been published but would be happy to report on the item at a future meeting of this Committee. **Resolved:** That the Chair's update since the last meeting be noted.	
04.	**HEALTHY TOWN INDICATORS – A PERFORMANCE MONITORING SCORECARD (REF: 7)**	
	The Service Director, Health Care and Adults' Commissioning presented the report (Ref: 7) regarding Healthy Town Indicators and Performance Monitoring Scorecard. He informed the Committee of proposals to develop a set of metrics which could be used by the council to monitor progress against the Luton Investment Framework (LiF) strategic priority to improve health and wellbeing in the town. He explained the background to the proposals and stated that the aim of the LiF Project H4 was to ensure that Luton became a healthy and a dementia friendly town. He stated that the improvement of Luton's health and wellbeing was a key part of the many priorities of the Luton Investment Framework. There was need to develop a healthy town measures in order to identify the markers with clear understanding of the issues in the town. The health indicators were essentially numeric measures of health and wellbeing and in order to keep the balance between the LiF measures and the work around the healthy town measures, the service was working together with the Business Intelligence service around collating health and social care indicators to develop additional set of indicators based on the indicators already developed by the World Health Organisation (WHO) through its European Healthy Cities Network. The Chair of the committee commended the report and stated that the social economic indicators had been robustly presented and covers key areas such as housing, homelessness, unemployment, and poverty, etc. He stated that the proposals on the health town indicators was a positive move, however, it was essential for the service to ensure that the identified actions were delivered robustly to address the issues of homelessness. The Service Director explained that some suggestions were put forward by the Corporate Leadership Management Team about the need for best practice and comparison with Luton's statistical neighbours rather than national comparators. They also suggested the addition of more indicators to focus on children's healthcare and wellbeing including children in poverty. The Chair enquired whether there were indicators relating to men's health as statically the life expectancy for men was shorter in comparison to women's life expectancy. In response the Service Director explained that the performance indicators were not statistically different from the England average. In terms of improvement of Luton's statistic in men's health and early death, the statistics had been represented in terms of the ongoing work and actions but the issue was whether there was need to do more, currently there was evidence that the gap were closing and in some areas the gap between the England average and Luton had been narrowed. In terms of reaching out to various groups including the availability of	

child care, the England average was 50.66% whilst the figure for Luton was 40.66%. Nationally Luton does not benchmark this due to various local issues. Also, some of the indicators around health inequalities were determinants of health and were indicators that would drive Luton's health inequalities and outcome.

In respect of deprivation, he further explained that nationally deprivation accounts for roughly a difference of 10% in acute usage hence it was important to look at the wider social determinants that would have a knock on impact on acute and social care usage. In the long term care could be moved into the community. The current proposals in respect of the metrics would be used internally with different groups feeding into various forums including scrutiny to ensure that comments received inform the plans and to enable assurance and effective delivery of the plans.

A co-opted member commented that more work was needed around the number of homeless children and the impact of the lack of education on children. He also added that health inequalities should be included as part of the indicators for improvement. In response, the Service Director, stated that some of the elements were already being considered within the framework of indicators and were part of a long-term generational 30-year action plan.

In response to a question about the impact of Universal Credit on the indicators, the Service Director stated that the UC had only recently been rolled out and that it was too early to see the impact, however, the UC was considered a potential risk to the work around healthy town indicators.

Resolved: That the report Ref: 7 regarding Healthy Town Indicators and Performance Monitoring Scorecard be noted.

05.	**MENTAL HEALTH CRISIS SERVICES REVIEW - PROGRESS UPDATE (REF: 8)**	

The Mental Health Programme Lead, Luton CCG delivered the report (Ref: 8) on the "Mental Health Crisis Services Review - Progress Update". He explained that the information in the report was an update from the previous report presented in August 2018 when plans for Crisis Care were introduced.

He stated that the East London Foundation Trust (ELFT) in partnership with the Luton Clinical Commissioning Group (LCCG) carried out a review on mental health crisis care in Luton to develop an improved mental health crises and urgent response offer for local people. He explained that most crisis and home treatment teams nationally did not operate on a 24/7 basis but a national self-assessment carried out showed that Luton was in line with the majority of Crisis and Home Treatment Teams nationally.

The results of the national self-assessment of Crisis Home Treatment Teams published in October showed that nationally only 42% of Crisis Teams accepted self-referrals and only 43% of teams provided 24/7 service. The target in the Mental Health 5 Year Forward View programme (MH5YFV) required every area to have a 24/7 access to crises services and home treatment service in place by 2021 along with a 10% reduction in suicide rates. ELFT was currently working towards achieving this for Luton sooner than 2021.

Members were informed that Luton CCG recently held a workshop with the involvement of service users and stake holders. The workshop looked at

some specific issues and asked questions around, how the crises service was perceived by stakeholders and service users, the type of support required when in crises, where people wanted to go in crisis, effective communication, safety issues, the level of support in place and what services should be based locally within the GP Clusters were all issues that came out of the workshop.

The most common feedback given was that people felt that they were not being listened to; that a "pre-crisis" stage was needed to support people at an early stage rather than at crisis stage. Most of people also said that they were told that they were not ill enough to gain access to support, especially as they were being referred by someone else.

Another common response received was that in some cases service users only wanted to speak to someone rather than addressing a crisis situation as there were several factors that could lead to having crisis and not just one issue. It was felt that services should be tailored towards specific needs of the patient in order to prevent a crisis situation.

Some of the main points expressed included the need for accessibility of the services whenever required and service improvement in relation to self-referral process.

He further stated that ELFT plan to improve on the issues expressed by the attendees going forward. He said that the accumulation of small things could mean that a person could end up in a crisis situation but this could be avoided if there was quick access to the service.

In terms of responses and follow up intervention, there was need to provide a place of safety during crisis, and to provide alternative and a more appropriate place of safety rather than A&E. Also, where there was confidence in the system, the length of waiting time may not necessarily be an issue. The organisation would look at a suitable option for Luton. A workable module for Luton would include the following: "First Response Offer based on the Cambridge vanguard site model (Ringing 111 then Option 2 where people would be connected directly to a mental health professional), single point of access traige / needs based assessment process, compentent crisis care plan, peer support workers availability, availability of a crises cafe which must be accessible during the day, and potentioal for a crisis house.

Members were informed that a report regarding the outcome of the workshop that took place including any ongoing work and proposals would be produced and published in the near future.

Members were advised of the following key areas of ongoing work and achievement.

- 24/7 crisis support work in Luton
- Funding received by NHS for pregnant women – in respect of their mental health after giving birth (the funding was for Luton/MK and Bedfordshire). The team had its own Consultant/Team Manager/Psychiatrist) who were all currently working through the model in terms of how mental health crisis in Luton would operate.
- Ongoing engagement with service users in terms of

06.		
	proposals on the new model	
	• Funding received from the national Team in regards to the positive progress already made to support the ongoing work	
	• The serenity intensive management service –The Service would pick up those who frequency experience crisis. The Sec 136 was not a pathway, but it was about managing people's aggressive behaviour and those often intoxicated with impact on the system due to their complex mental health needs. The Sec 136 enables the Police to adopt a zero tolerance approach in order to minimise the risk of self-harm as well as harming other people.	
	• The Police would only detain people in if they were considered as risks to themselves or other people but if they were just articulating their religious views then they would require a different pathway.	
	• The Rapid response, approach which was very effective in Lambeth would be considered as a model Luton	
	• Up to 40 people attended the event on 8th January which aimed to establish community led collaborative from which a small design group was pulled together called the Engine. Ongoing.	
	• In respect of the 111 proposal, initial costing had been done and business case set up. In terms of primary care it was proposed to make it simple. The 111 service was live at present until March 2019.	
	Members were further informed of the need to ensure that people were kept out of A&E but it was acknowledged that that in respect of crisis intervention and home treatment without hospitalisation, the demand was greater than the resources with an impact on service users.	
	A Co-opted Member of the Committee stated that there was need to do more work in the community to be able to reach out to those presented with mental health with a pool of resources and available funding, it was hopped that these issues would be addressed and picked up in the new proposed module.	
	Regarding children under 16 years of age and whether they were being addressed as priorities, it was stated that the 5 Year forward plan included opportunity for increased access to children with mental health. The Intensive Support Team would be able to report back on the progress of work.	
	The DSO advised that children matters should be reported to the Scrutiny Children Services Review Group.	
	Resolved: That the report Ref: 8 regarding the Mental Health Crisis Services Review - Progress Update be noted.	
06.	**WORK PROGRAMME REPORT 2018-19 & EXECUTIVE FORWARD PLAN (REF: 9)**	
	Members of the HSCRG considered the draft work programme and requested the Democracy and Scrutiny Officer to have it updated with the	

items set out below and any other items in consultation with the Chair, for future HSCRG meetings.

A member suggested that officers be requested to submit a report regarding air quality in Luton. Councillor Pedersen recently elected Chair of the Overview and Scrutiny Board advised that the Overview and Scrutiny Committee agreed that a Tasks and Finish Group be set up but with focus on the areas around the London Luton Airport. She further advised that due to insufficient numbers of councillors on the committee, it was not possible to progress with the tasks and finish group at this time as a result it was suggested that it should be put on hold until after the General Election in May 2019.

Resolved: (i) That the draft work programme be noted and the Democracy and Scrutiny Officer be requested to update it to include the following items for future HSCRG meetings.

(ii) Luton Healthwatch - Report on inpatient bed falls at the Luton & Dunstable Hospital.

(iii) Health and Wellbeing Board Governance Arrangements – Service Director, Health Care and Adults' Commissioning (Stephen Gunther) HSCRG meeting on 6th March 2019.

(iv) NHS Long Term Plan – Implications for Luton – Nicky Poulain (Chief Operations Officer Luton Clinical Commissioning Group)

INFORMATION ITEM ONLY	
07.	**LUTON & DUNSTABLE UNIVERSITY HOSPITAL INPATIENT FALLS MONTHLY REPORTS (TO FOLLOW ITEM) (REF: 11)**	

A Co-opted Member stated that the number of inpatient bed falls at the Luton & Dunstable Hospital was on the increase.   Luton Healthwatch would consider bringing a report to the Health and Social Care Review Group, possibly at the start of the municipal year.

Resolved: That the standing item on L&D Hospital's monthly report on in-patients' bed falls be received and noted;

(ii) That a report on Inpatient bed falls at the Luton & Dunstable Hospital be submitted to a future meeting of the committee. (Date to be identified).

Note: (i) Cllr Pedersen declared non-pecuniary interests, in her role as volunteer driver for Keech Hospice;
(ii) The meeting ended at 19.20 p.m.

Luton

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM **8**

DATE OF MEETING: 6th March 2019

REPORT OF: The Chief Nurse, Luton and Dunstable Hospital

REPORT AUTHOR: Liz Lees

SUBJECT: Inpatient falls Review - Luton and Dunstable Hospital

PURPOSE

1. To inform the Scrutiny: Health & Social Care Review Group (HSCRG) the outcome of the inpatient falls review conducted by the Luton and Dunstable Hospital.

RECOMMENDATION

2. **HSCRG is requested to consider and comment on the inpatient falls review report.**

REPORT

3. Details of the outcome of the inpatient falls review are contained in the attached Appendix.

PROPOSAL/OPTION

4. For consideration and comments, as appropriate.

APPENDIX

Appendix - Inpatient falls review

NHS

Luton and Dunstable
University Hospital
NHS Foundation Trust

Inpatient falls review.

Review of trends.

August 2016 – August 2018

1

Inpatient Falls, August 16 – August 18

(LND Inpatient falls Aug 16 -Aug 18) (X-chart)
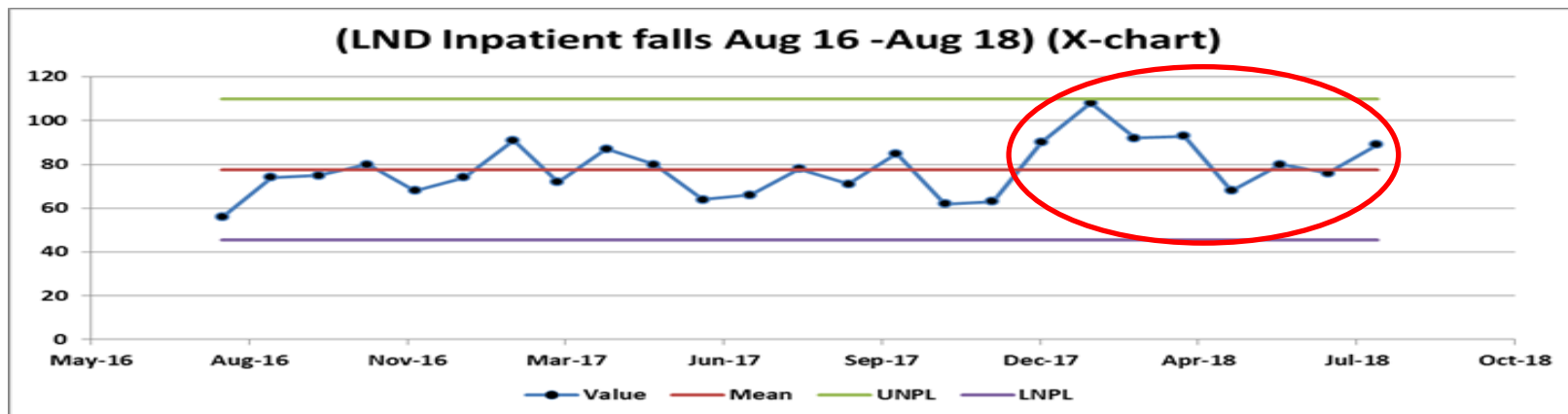
Between August 16 – July 17, the mean average number of falls recorded in the Trust was 73.92 per calendar month, the mean monthly average number of falls increased to 81.15 between August 17 – July 18. During the period covered by the analysis inpatient falls increased by 8.17%. A persistent upward trend is notable from January 2018 which is marked with a red circle on the run chart. The Trust should aim for an average of 74 falls or less per month over a 12 month period historical data suggest that this is an achievable target.

LND, Falls by Month comparison Aug - July 16/17 v Aug - July 17/18
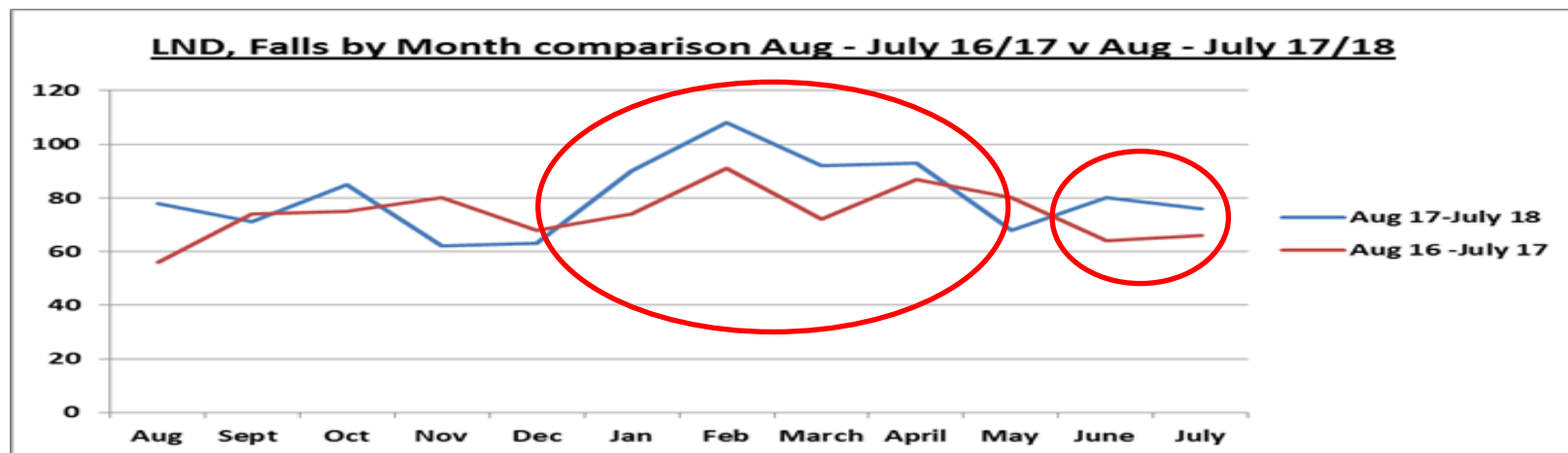
The graph above graph demonstrates that inpatient falls in the Trust have increased for eight of the twelve months between August 17 – July18 when compared to the same period in 2016/17. The mean average number of falls per 1000 bed days between Aug 17 and July 18 is 4.84 falls per 1000 bed days the national average for an acute Trust is 4.8*.

National patient safety thermometer.
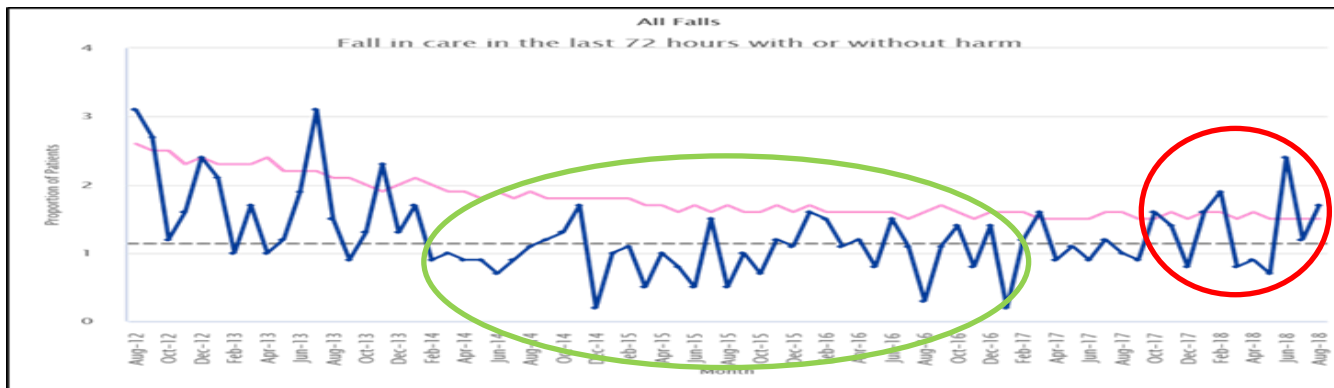
The graph above outlines the Trusts performance against acute Trusts nationally, the pink line on the graph represents the national average ,the blue line is the reported Trust position. Between April 13 – February 17 the Trust performed consistently below the national average however on a number occasions between October 17 – August 18 the trust reported an elevated number of falls when compared to the national average.
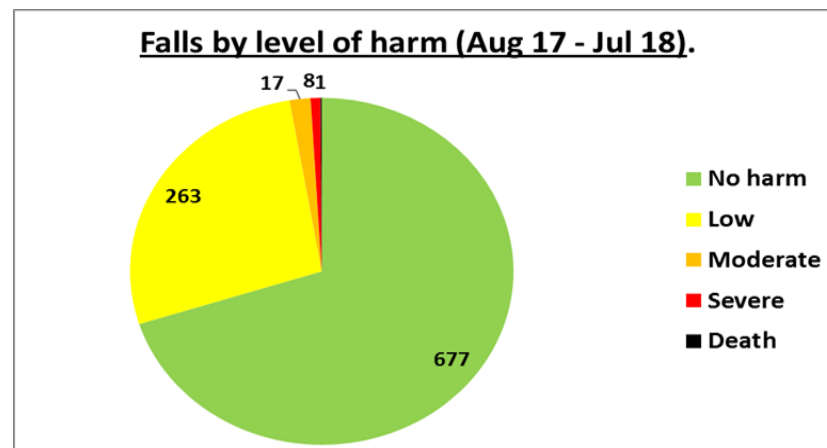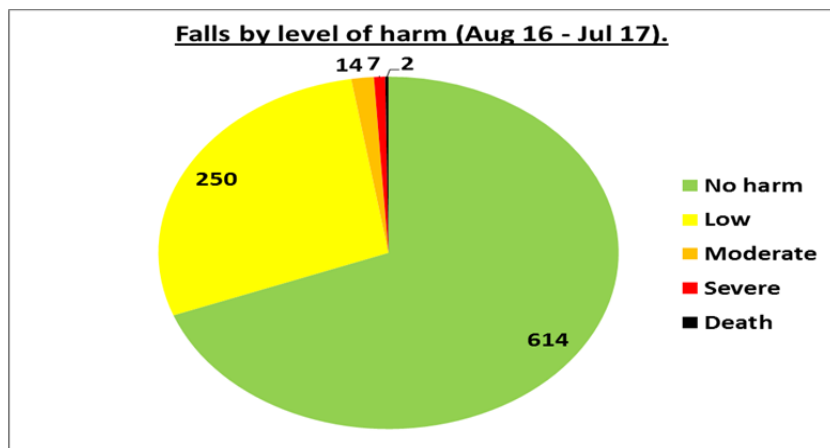
Between August 17- July 18 there was a 9.3% increase in falls resulting in no physical harm to the patient involved when compared to the same period in 16/17. There was not a statistically significant decrease or increase in falls resulting in low, moderate, severe harm. The harms did not rise proportionally therefore it is possible that falls resulting in no harm had been under reported in the Trust between August 16 – July 17. On analysis of ward by ward data and information from a ward visit it is probable that an of element under-reporting occurred on EAU 1 between August 16 – July 17.

Top falls reporting clinical areas LND.

Top 11 falls reporting clinical areas (Aug 16 - July 17 V Aug 17 - July 18)

Legend: Aug 16 - July 17; Aug 17 - July 18

X-axis: EAU, W10, W11, W14, W15, W16*, W17, W19A*, W19b, W22, W3
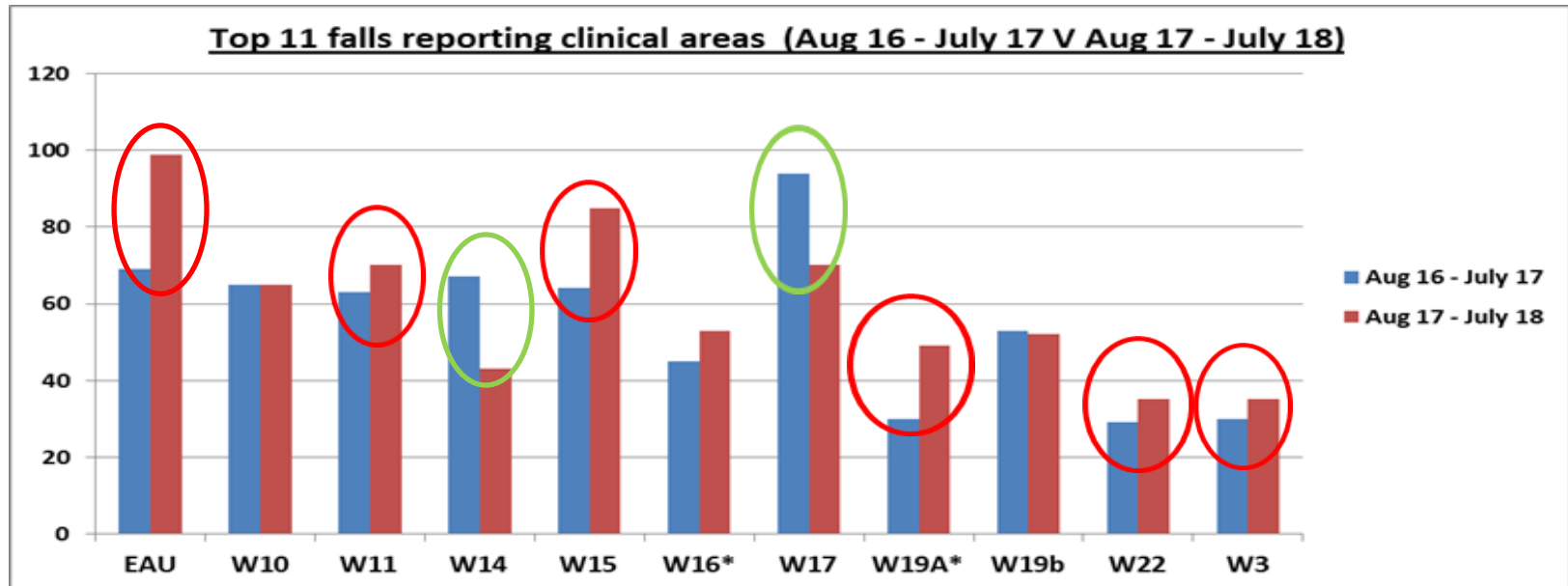
An organisational falls prevention strategy should focus on a year on year decrease in falls. There are six clinical areas highlighting a significant increase in falls. In order for the Trust to revert to reporting a decrease in falls, it is recommended that all six clinical areas receive focused educational support and regular audit from the falls prevention practitioner.

Additionally these clinical areas should be subject to a monthly performance review focusing on reducing falls to create a falls reduction challenge.

Local falls analysis

Falls by age group (Aug 16 - July 17)

Falls by age group (Aug 17 - July 18)
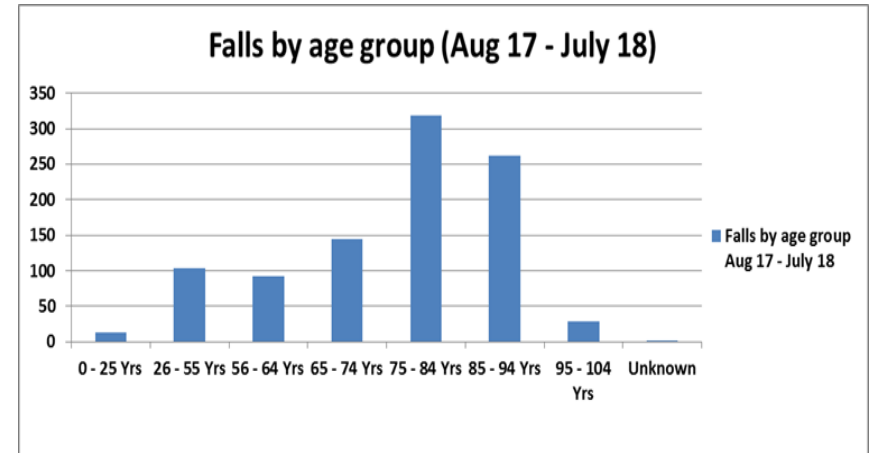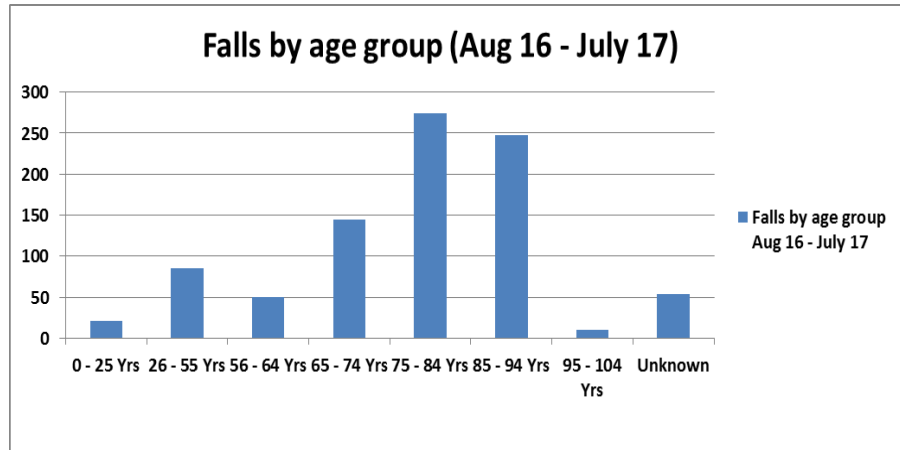
Nice guidance on the prevention of inpatient falls in older persons highlights that the incidences of inpatient falls increases from the age of 65 this trend is reflected in the age demographic of patients who fell whilst an inpatient.

Falls by day of week (Jan 18 – Aug 2018).
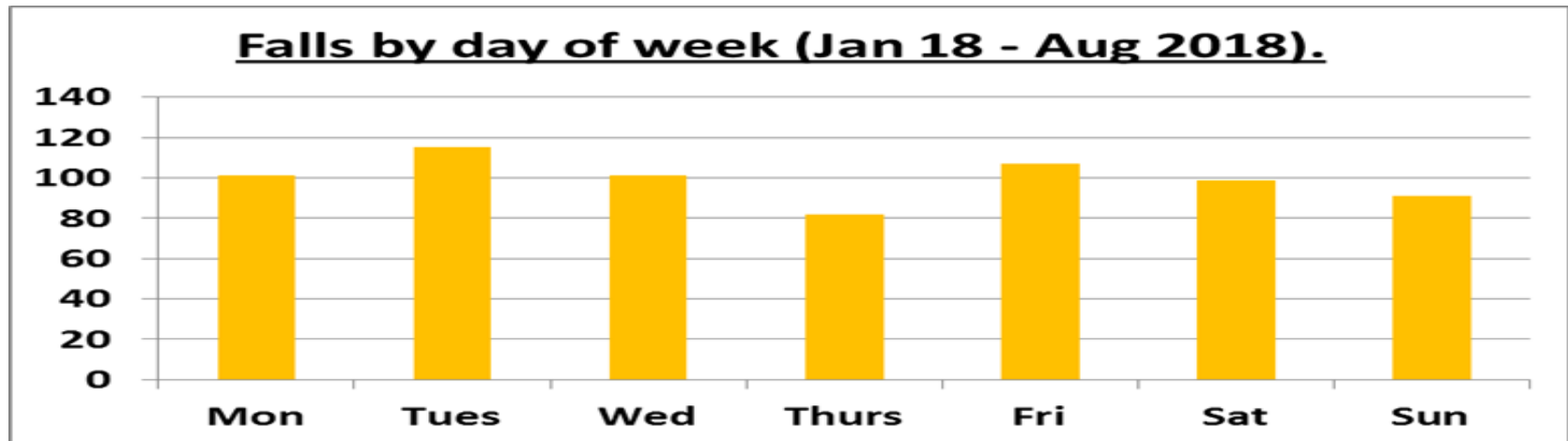
There is not a particular day of the week when falls occur more frequently that is of statistical relevance this is a possible indication of consistent rostering practices throughout the inpatient clinical areas in the organisation. Falls are less likely to occur on Thursdays however it is not possible to establish its significance.

Local falls analysis

Falls by Hour (Aug 17 – July 18)
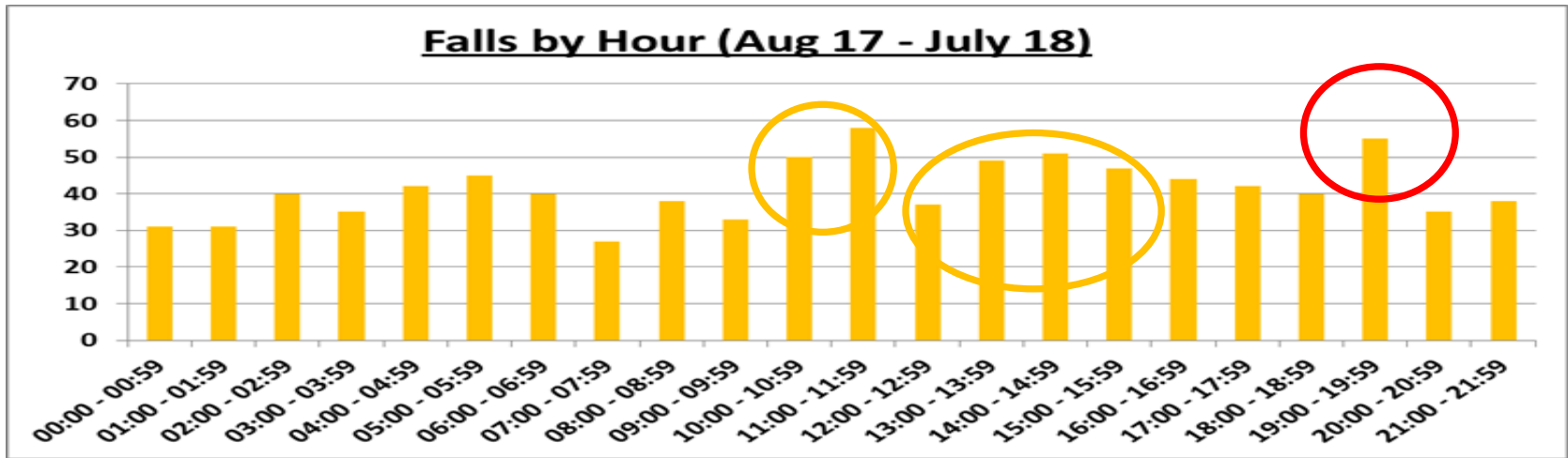
Falls generally occur at times of high patient activity and at a lower frequency at night. Elevated numbers of falls between 10:00hrs – 17:00hrs is consistent with patterns observed nationally. There is a peak in falls between 19:00 – 20:00hrs which may coincide with poor practices at nursing handover.

Patient activity at time of fall (Aug 17 – July 18).
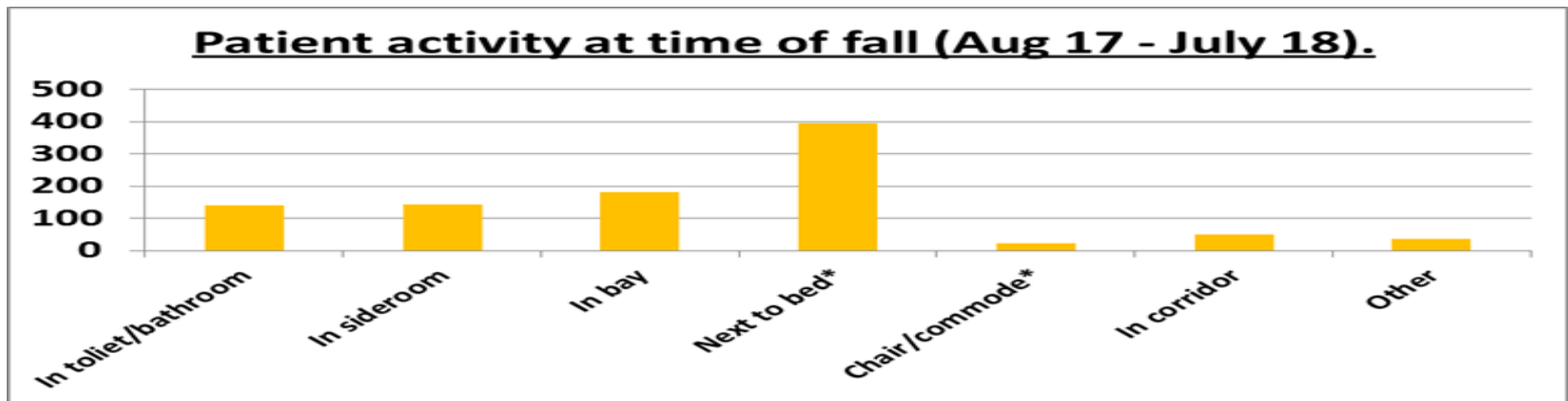
The majority of falls are reported in a location near the patients bed space which is consistent with patterns reported nationally.

Local falls analysis

Dementia and Falls (Aug 17 - July 18).

181

785

- No
- Yes
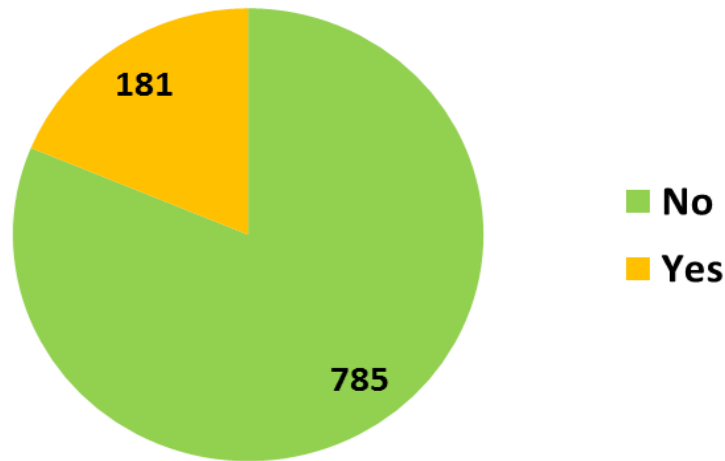
18.7% of falls occurred in individuals with a diagnosis of dementia, research conducted on the incidence of falls amongst this group concluded that they are 4 times more likely to fall than individuals who do not have a diagnosis of dementia, other studies concluded that 40-60% of people with dementia will have at least one fall over the course of a 12 month period. 21-24% of inpatient falls in acute Trusts occur in patients with a diagnosis of either dementia or acute delirium.

Bed rail use and falls (Aug 17 - July 18)

384

409

173

- N/A
- No
- Yes
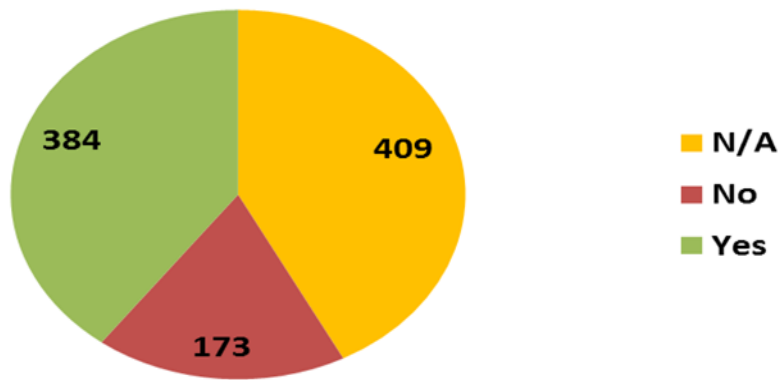
Bedrails are considered to be the most dangerous medical devices and all Trusts are required to have a safe use of bedrails policy. 60.2% of falls occurring in the organisation involved patients who were not using bed rails which is an indication that these devices are not overused. The current bed stock used in the Trust is compliant with current national patient safety recommendations in terms of bed rail dimensions.

Local falls analysis

Patients risk assessed (Aug 17 -July 18).

48

107

N/A

No

Yes

811
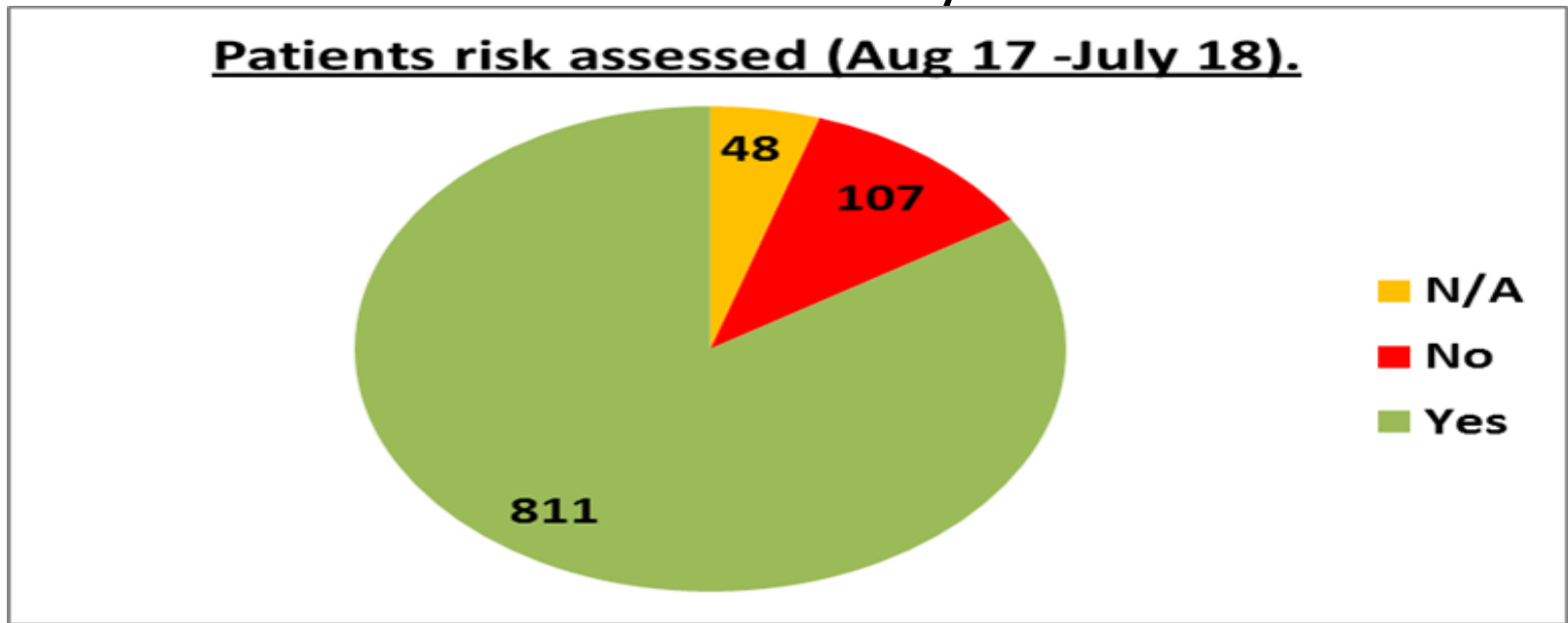
All patients should be risk assessed for falls in hospital, it is important that risk assessments are not based on a scoring methods such as MORSE but based on risk factors identified in nice guidance. All individuals over the age of 65 should be considered at high risk of falls and have an individualised care plan for the prevention of falls, NHS England recommend using the RCP fallsafe bundle approach.

Local falls analysis

Falls and sensor devices (Aug 16 - July 17)

- Sensor device: 189
- No Sensor device: 698
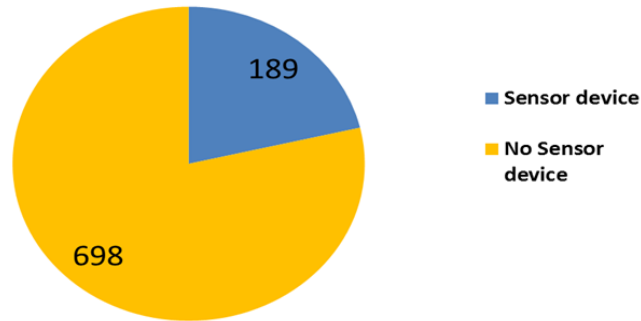
Falls and sensor devices (Aug 17 - July 18)

- Sensor device: 165
- No Sensor device: 801

Percentage of trials (y-axis 0–100) vs interventions: multi-professional, > five components, post-fall review, toileting plans, medication review, staff education, urine screening*, environment, footwear, numerical risk score, exercise, hip protectors, wristband, alarms, beside sign, patient information.

Legend: significant reductions in falls / no significant reductions in falls

Healy F, et al 2010, Preventing falls and falls related injuries in hospital *Clinics in Geriatric Medicine*(26 4 645-692). Identified that the research base surrounding the use of sensor devices largely conclude that they do not reduce the incidence of inpatient falls. A study published by the University of Florida in 2012 also concluded that they are of little benefit in reducing falls in acute hospitals.

Effective interventions include medication reviews, increased staff education, environmental assessments and removal of hazards, insuring suitable footwear, multidisciplinary review, implementation of a falls prevention bundle approach.

 Please note that routine urine screening for urinary tract infection in patients who fall is recommended in many falls prevention studies. It is important to highlight that this recommendation directly contradicts aspects of public health England's advice on the diagnosis of UTI's. Local infection prevention policy should be adhered to, routine urine dipstick tests may result in an increase in unnecessary antibiotic treatment in asymptomatic patients. The development of antibiotic resistance presents a greater public health risk than falls.

Recommended grading of falls by level of harm

NHSI recommend the following grading's

- No harm: where no harm came to the patient, e.g no visible bruising (Although no physical harm there can be psychological harm)

- Low harm: required first aid, minor treatment, extra observation or medication, e.g graze on right hand

- Moderate harm: likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital, e.g fractured pubic rami

- Severe harm: where permanent harm, such as brain damage or disability, was likely to result from the fall, e.g fractured neck of femur

- Death: where death was the direct result of the fall

All falls resulting in moderate harm, severe harm or death should be subject to an RCA investigation. Severe harm falls should be assessed as to whether they meet the SI threshold, falls resulting in an injury which is directly attributed to the patients cause of death should be automatically declared as an SI. (The ultimate decision on whether to declare and SI or IRI should be made by designated senior Trust member of staff with the mandate to do so).

The Cost of inpatient falls

- A fall in hospital can be devastating. The human cost of falling includes distress, pain, injury, loss of confidence.

- Falls also affect family members and carers of people who fall and have an impact on the quality of life, health and social care costs.

- Falls represent significant cost to NHS Trusts and to the wider healthcare economy.

- The cost of inpatient falls is generally under appreciated nationally, the direct financial impact of falls are often not clear to decipher within current financial management processes and are hidden within the detail of other cost pressures.

- NICE (2017) estimated that falls among older people cost the NHS £2.3 billion a year.

- In January 2017, NHSI commissioned an economic review to gain a greater understanding of the need to insure that best practices are implemented in hospitals with inpatient beds. The economic review also identified the monetary cost of a fall by level of harm, making it possible to calculate the likely cost of inpatient falls to an organisation.

Cost of inpatient falls

Severity of harm	Average cost per fall (£): Direct impacts only		Average cost per fall (£): Direct + indirect impacts	
	Over 65	Under 65	Over 65	Under 65
No harm	2,621	1,337	2,621	1,337
Low harm	2,903	1,495	2,949	1,540
Moderate harm	8,068	5,328	8,519	5,779
Severe harm	10,587	7,237	14,197	10,847
Death	0	0	6,769	6,769

In July 2017 NHSI published a report on the cost of inpatient falls which makes it possible to calculate the financial burden of inpatient falls on the Trust economy.

Examples of a direct impacts = cost of managing an injury or increased stay, complication of care.

Examples of indirect impacts = litigation, cost of answering a complaint, cost of an investigatory process.

The last accurate average national benchmark for falls per 1000 bed days in an acute Trust is 4.8. The national audit of inpatient falls 2015 determined that this figure was 6.6 however it has now been recognised that a number of Trusts submitted erroneous data which was used to calculate the national average in this study. It is therefore optimum for Trusts to adopt the 4.8 per 1000 bed day benchmark which was established by the NPSA in 2007.

Report Link: https://improvement.nhs.uk/resources/incidence-and-costs-inpatient-falls-hospitals/

Length of stay analysis of falls

- The NHSI report on the cost of inpatient falls was unable to conclusively identify the increases in patients length of stays resulting from falls.

- It was identified through two studies that the average length of stay for an inpatient who suffers a zero harm fall is 8.2 days and 9 days for a low harm fall. One of these studies related to a hospital setting in Australia and the second study related to a small cohort of patients in a UK hospital.

- NHSI are planning a future study to analyse the full impact of falls on inpatients length of stay in NHS hospitals.

Avoiding risk adversity (a potentially negative consequence of falls prevention strategy).

- Setting a zero falls target is not realistic the Trust have significantly reduced the incidences of inpatient falls over the course of the past 6 years and the focus should be on achieving a year on year decrease in incidents.

- It is important to continue to promote patient mobility and independence whenever possible from an early stage of an individuals admission, physical deconditioning of elderly patients during the initial stages of an admission can increase the risk of falls during the later stages of an admission.

- National data on the epidemiology of inpatient falls clearly demonstrate that falls follow definite seasonal patterns and occur at a higher rate in the winter months, this is likely due to an increased risk of physical deconditioning amongst the elderly population during the winter months coupled with seasonal disease trends. In hospitals activity is higher in the winter months with sustained pressure on services. The higher the level of activity the greater the risk of clinical incidents such as falls. Falls reductions trajectories should be staged to reflect trends, the overall aim should be to achieve a lower number of incidents on a comparative month by month basis, for example aim for a lower number of falls in January 2019 when compared to January 2018.

- It is highlighted in the NHSI report on the cost of inpatient falls that they are often a necessary part of a patients' rehabilitation process.

- The cost of trying to eliminate all falls incidents is likely to be prohibitively expensive and would lead to possible implementation of anecdotal practices over researched and evidence based interventions.

Recommendations

- A formal falls reduction trajectory should be set for the organisation and published monthly within quality assurance schedules. It is important that realistic reduction targets are set and that the success of the falls prevention strategy is measured through the achievement of year on year reductions. (Trajectory's should flex to reflect seasonal variations)

- Use of statistical analysis is very important to highlight and action subtle increases in falls incidents and to identify themes and trends. Use of statistical analysis can lead to early recognition of issues and can identify the optimum moment when deployment of resources is required to support a clinical area.

- Quality analysis aids the acknowledgement and proliferation of interventions which are proven to work as opposed to focusing on anecdotal interventions which may not have a beneficial impact on the reduction of falls (sensemaking).

- A monthly ward to board falls report should be completed by the falls prevention nurse, it is important to not only highlight the Trusts position but it should also highlight each divisions performance in a manner which is broken-down by clinical area so that a balanced and focused organisational challenge can be created.

- Falls prevention can be seen as a stand-alone niche speciality, it would be optimum for the Trust to establish a harm free care panel comprising of Falls prevention nurse, VTE practitioner and tissue viability nurse to create a wider forum for the sharing of incident learning. All three incident categories have elements and complexities which are often interlinked, learning from moderate harm + incidents can be shared through this forum..

Recommendations

- There are some indications that no harm inpatient falls were under reported between August 16 – July 17. It is advisable that the falls prevention nurse undertakes a risk of under reporting audit quarterly in each clinical area in the surgical and medical divisions. There is an audit tool within the fallsafe resources page on the RCP website, this tool is recommended by NHSI and follow's the same line of enquiry as regulators when assessing the risk of under reporting in hospitals such as asking staff if they were on duty when the last incident occurred?, did they report the incident personally? if not do they know who reported the incident? Results of the audit should also be shared with the ward manager in real-time and published within the content of a monthly falls report.

- The clinical areas who are highlighted in the report as demonstrating increases or stagnation in terms of falls prevention should be targeted to reduce falls. Supportive interventions should include education on the importance of risk cohorting, safe shift leadership practices and the effective local deployment of nursing staff on a shift by shift basis. Baywatch and a safety meeting/huddle system are already in place however extra support should be offered by the nurse education team and the falls prevention nurse to insure that these processes are being conducted to a high standard and particularly promoted throughout the remainder of October and November. (Facilitation required).

- The falls prevention nurse should audit the top 10 falls reporting clinical areas on a monthly basis sharing learning with the clinical area immediately post auditing and publish results in the monthly falls prevention reports. All clinical areas should be encouraged to score 90% or more in the audit which would involve the random selection of 10 patients in each clinical area. Local matrons should support this process by conducting an audit in each of their clinical areas of responsibility monthly and divisional lead nurses should aim to audit in all clinical areas of responsibility on a bi-monthly basis. The falls nurse should develop the audit tool based on key compliance elements within the existing falls prevention policy.

Recommendations

- Sensor devices are used routinely in the organisation. There are many factors which may inhibit the effectiveness of these devices such as: (1) There is a risk that nursing staff may consider these devices as the major falls prevention solution thus overlooking higher priority falls prevention interventions. (2) There is a risk that patients using sensor alarms could be observed less frequently by care staff based on an over estimation of the effectiveness of these devices leading to a greater risk of falls. (3) A high proportion of inpatient falls occur within 10 seconds of a patient standing which is often an insufficient time period for carers to respond to an alarm or pager. (4) Sensor alarms are sensitive devices and can be activated by the slightest of movements which can trigger an auditable alarm/pager leading to frequent false alarms, this problem may affect carer response times to an alert. The use of sensor devices are likely to be of a limited benefit during exceptionally low staffing circumstances, the Trust should review the widespread use of these devices.

- The Trust should drop the benchmark from 6.6 falls per 1000 bed days to 4.8 falls per 1000 bed days. The national audit of inpatient falls (2015) concluded that the national average was 6.6 per 1000 bed days, it is generally accepted that many Trusts submitted erroneous bed day data in the audit which contributed an inaccurate benchmark. (For benchmarking please see page 5 of NHSI's report on the cost of inpatient falls)

- The target ambitions for the 6 highest clinical areas outlined in the analysis were set using monthly data covering 25 calendar months and are achievable however during months were wards exceed the target this should be an indication for supportive intervention by the Trusts falls prevention nurse.

- Review of the estate of bathrooms, handrails and call bells in patient bathrooms

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM 9

DATE OF MEETING: 6th March 2019

REPORT OF: The Chief Operating Officer, Luton CCG

REPORT AUTHOR: Victoria Bean, Luton CCG Commissioning Manager
TEL: 01582 532037

SUBJECT: Stroke Patients in Luton – Time taken to reach hospital by Emergency Ambulance

PURPOSE

1. The purpose of this report is to inform and assure the Scrutiny: Health and Social Care Review Group (HSCRG) that LCCG are working with EEAST and the Luton and Dunstable Hospital Trust to improve and address any performance issues regarding stroke patients and waiting times in Luton.

RECOMMENDATION(S)

2. The HSCRG are recommended to note the content and actions of this report.

BACKGROUND

3. On the 14th January 2019 an article titled 'Stroke patients in Luton waiting more than an hour to reach hospital after calling 999' was featured in Luton Today. The article, written by Laura Hutchinson, was escalated to the HSCRG by Councillor David Agbley MSc. The article also stated 'Once at the stroke centre, patients had to wait up to two hours and 34 minutes for an X-ray scan.'

4. Both the East of England Ambulance Service Trust (EEAST) and the Luton and Dunstable Hospital Trust (L & D) have helped to produce the following in response to the article and to provide assurance to all stakeholders.

REPORT

EEAST

5. *Stroke 60* measures against an expectation for an Ambulance Trust's to recognise a potential stroke patient at the point of 999 call, dispatch a transportable resource appropriately and the attending crew to treat and transport that patient to a designated Hyper-Acute Stroke Unit (HASU) within the 60 minute target. This is a commissioned clinical pathway that may require hospital bypass as not every local hospital is a designated HASU.

6.   In January 2019 EEAST commissioned and published a report called; '*Stroke 60 Deep dive. Improve responsiveness and care delivery to time-related conditions.*' In this report EEAST undertook an in-depth analysis detailing current performance and future actions from the findings.

7.   The report details that over the last 12 months, across the EEAST region, there have been a noticeable drop in the overall performance related to Stroke 60 Ambulance Clinical Quality Indicators (ACQI). This has dropped from approximately 50% to 40% with some figures as low as 36% across the region.

8.   The findings also highlighted two previously acknowledged factors to account for this:

      i) Introduction of Ambulance Response Programme (ARP), the associated response plan and ACQI data collection targets changing to match ARP.

      ii) Time related factors including:
            a. Time to allocate and mobilise a resource against a Stroke patient
            b. Time taken to travel to the patient (resource and geography related)
            c. Time spent on scene treating the patient prior to departing for relevant HASU
            d. Distance to HASU (geography related)/transport time

9.   The introduction of the ARP emphasised the mobilisation of a Double Staffed Ambulance (DSA) only to a Stroke patient removing the initial Rapid Response Vehicle (RRV) that may have historically started treatment sooner. The ARP introduction also changed the ACQI parameters to 90th percentiles and removed the ability for exclusions to be applied increasing the number of cases being reported on that were not necessarily always Stroke patients.

10.   Timing breakdown revealed no major anomalies in the various categories and reinforced the fact that each can play its own part in keeping times down but that lack of resources will delay dispatch time. The report found that on scene times are within acceptable time frames given the treatment and extrication necessary.

11.   The findings summarised that distance to call and travel time to hospital are not within EEAST's control and that time to allocation of a resource can vary and is subject to vehicle availability.

12.   Varying degrees of analysis, deep dives and action plans have now been put in place to mitigate these findings and there has been concern raised both internally at EEAST Quality groups and from the regions CCGs to better understand why this has occurred.

Bedfordshire and Luton:

13.   With specific reference to Bedfordshire and Luton, taking into account the findings of the Stroke 60 deep dive report, there were 63 reported cases of Stroke (from November 2018 activity data and meeting data reporting criteria).

14.   The National Target for Stroke 60 is 56%. The performance for Bedfordshire and Luton combined is as per table below:

ACQI - Stroke HASU < 60 minutes 2018/19			
West Locality By Sector Business Units	Sep-18	Oct-18	Nov-18
Trust	36.2%	39.3%	41.4%
Bedfordshire, Luton	37.1%	46.4%	46.9%

Luton Only:

15. When looking at Stroke patients from Luton only the performance improves and recognised as one of the best performing areas of the trust, routinely achieving Stroke 60 targets and in November, 100% of potential Strokes being triaged to a Hyper-acute stroke unit (HASU) in <60 minutes and consistently above national targets. The table below breaks down the performance for Luton patients by month.

STROKE

(a) fast positive stroke patients hasu < 60 minutes	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Performance	100%	62.5%	71.4%	88.9%	50%	66.7%	70%	100%

Luton and Dunstable University Hospital Trust

16. The Luton and Dunstable University Hospital stroke team provides Hyper acute (thrombolysis 'clot busting' treatment), Acute and Rehabilitation services. The unit provides specialist stroke services to patients across Luton, Bedfordshire, Hertfordshire and Milton Keynes. The unit manages patients admitted as emergencies through the Emergency Department and accepts transfers from other hospitals. This is an accredited specialist stroke unit for the region serving a catchment population of 750,000.

17. The unit aims to have all patients' brains scanned for a suspected stroke within one hour from arriving in the Emergency Department. The scan used is a computed tomography (CT scan) not a brain x-ray. The CT is a diagnostic tool used to create detailed pictures of features inside your head. Information on scan times and other parameters are recorded nationally and available to the public via https://www.strokeaudit.org/results.aspx. The current performance for the unit is an average of 32 minutes (median average) for a brain scan from arriving into the Emergency Department. Whilst some patients will have waited longer than the hour for a CT scan from arrival, this is an area in which the Trust has made significant historic improvement, and continues to explore opportunities to increase the proportion of patients receiving their scan within the hour.

18. The L&D is the regional designated hospital for Thrombolysis, where a drug is used to dissolve blood clots in the brain, reducing the damage to the surrounding brain. This is emergency treatment which has to be given within four and half hours of the stroke occurring and it may not be appropriate in every case. Where thrombolysis treatment is indicated, the target time for CT is 60 minutes from arrival in the Emergency Department and the Trust is consistently meeting this target time.

PROPOSAL / OPTION

19   Following EEAST's deep dive as identified above, the CCG have been supporting EEAST to undertake the following actions and recommendations:

- A dedicated Clinical Decision and Effectiveness Group (CDE) for time critical cases analysis for compilation of an action plan for deliverable measures. This could include:
    - Case example promotions through clinical comms regarding success stories of rapid assessment and on scene times of Stroke, Primary Percutaneous Coronary Intervention (PPCI) and trauma.
    - Use of Hospital Ambulance Liaison Officer or 'HALOs' as they are more commonly known at HASU and Major Trauma Centres (MTC) for immediate assessment of measures such as ACQI bundle, on scene time analysis, Trauma Triage Tool (TTT) use and pre-alert given.
- Ensure that the clinical team have access to data from the MDS and the SSRR reports to generate live time analysis for monitoring and assurance reports.
- Endorsement of the recommendations from the Dec 2018 Quality report on the expansion of the Stroke 60 data capture to enhance the analysis and transparency of the Stroke 60 reports and share these with the crews for awareness.
- Promotion of the PPCI150, Stroke 60 and Trauma Triage Tool KPIs with crews for awareness of measures being analysed that they may otherwise be unaware of.
- Analysis of time sensitive cases (PPCI and Stroke) to determine if an initial RRV response speeds up overall on-scene time to reduce overall 999 to hospital time.

20.   EEAST also continues to focus on key learning points; whereby they are driving forward improvement in performance in speed of allocation and on scene times, aiming to achieve this through local awareness and greater accountability of performance.

APPENDIX

None

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

REFERENCE DOCUMENTS:
EEAST - Stroke 60 Deep dive 'Improve responsiveness and care delivery to time-related conditions'

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM
	10

DATE OF MEETING: 6th March 2019

REPORT OF: Simon King, East of England Ambulance Service

REPORT AUTHOR: Simon King **CONTACT TEL:**

SUBJECT: East of England Ambulance Service Performance Update

PURPOSE

1. To provide the Scrutiny: Health & Social Care Review Group (HSCRG) an update on the performance East of England Ambulance Service.

RECOMMENDATION

2. HSCRG is requested to review and note the performance of the East of England Ambulance Service.

REPORT

3. Details of the performance of the East of England Ambulance Service are contained in the presentation, which will be delivered at the meeting.

PROPOSAL/OPTION

4. Unless there are any issues, the East of England Ambulance Service will be pleased to provide an update in a year's time.

APPENDIX

None

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM
	11

DATE OF MEETING: 6th March 2019

REPORT OF: The Chief Operating Officer, Luton CCG

REPORT AUTHOR: Caroline Capell, Luton CCG **CONTACT TEL:**

SUBJECT: Urgent Primary Care Access

PURPOSE

1. To inform the Scrutiny: Health & Social Care Review Group (HSCRG) of the progress to date in Luton for Urgent Primary Care Access.

RECOMMENDATION

2. The HSCRG are asked to note the content of the presentation, which will be delivered at the meeting and assurance that access to urgent primary care services are improving across Luton.

REPORT

3. The presentation will highlight the progress made to date on improving access to urgent primary care including:

- GP Extended Access
- NHS 111 Patient Pathway
- Direct Bookings into GP Practices
- Urgent Treatment Centre

- NHS 111 Clinical Advisory Service
- Children's Rapid Response
- Bell House Surgery Pilot

PROPOSAL/OPTION

4. The next steps identified in the presentation are to:
   - Continue roll out and review of opportunities for direct bookings
   - Expand approach to appointment types and access

APPENDIX

None

LIST OF BACKGROUND PAPERS (if any)
Not Applicable

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM **12**

DATE OF MEETING: 6th March 2019

REPORT OF: The Chief Operating Officer, Luton CCG

REPORT AUTHOR: Mary Bennis, Luton CCG **CONTACT TEL NO.:**

SUBJECT: Update of the Implementation of the Dementia Strategy

PURPOSE

1.   The purpose of the report is to update the Scrutiny Health and Social Care Review Group on the progress on the implementation of the dementia strategy and meeting national dementia diagnosis targets.

RECOMMENDATION

2.   **That the Scrutiny Health and Social Care Review Group note the report.**

REPORT

Introduction

National Dementia Strategy

3.   Luton Clinical Commissioning Group and Luton Council have been implementing the dementia strategy in Luton and recording progress on the work plan. The strategy was coproduced with people with lived experience, their families and carers along with community providers, community support and voluntary sector organisations, as well as local businesses who are 'dementia friendly'. We researched the priority areas within the national guidance and agreed on seven themes:

    i.   Enabling equal, timely access to diagnosis and support
   ii.   Promoting health and wellbeing
  iii.   Developing a dementia friendly town
  iv.   Supporting carers of people with dementia
   v.   Ensuring excellent quality of care
  vi.   Preventing and responding to crisis
 vii.   Evidence based commissioning

4. The strategy will be in place 2016 - 2020 and was launched at a dementia conference attended by 220 local people.The conference raises awareness, encourages people to recognise dementia symptoms earlier, talk about how to manage and live well with dementia, in order to make decisions about their life and personal assets, create advanced care plans while they still have the cognitive ability and mental capacity. There are also opportunities to be part of pharmaceutical research and new approaches such as cognitive behaviour therapies, memory enhancing activities and learning to use daily assistive technology, telehealth and telecare techonology.

Outcomes of the Strategy

5. There has been some success in identifying people with dementia earlier, as more people are coming forward when experience symptoms at eighteen months into the degenerative disease, when they notice they are experiencing more than age related deterioration symptoms.Previously people would present at 5 years on the pathway and would have found out whilst attending for other reasons (e.g. that had led to a crisis or urgent admissions into hospital), they were also living with dementia.

6. People and local businesses remain members of the Dementia Action Alliance and want to grow and expand for more people to join the dementia friendly town initiatives. The DAA meet quarterly and are currently developing ideas on how to show the public a recognition sign on stores within the shopping centre, the banks and community resources, so people learn to recognise and want to be part of the movement.

7. The hospital have recognised people with dementia by using a butterfly symbol for people above their bed, to raise awareness for staff.Carers can stay overnight in hospital, there is a carers' waiting area too. This is helping reduce the distress and stigma experienced.

8. Care homes are changing the lay out and environment to be more dementia friendly. Increasing lighting, decor with colours proven to uplift mood. Staff are being skilled up with training by the CCG and primary nursing services to learn to recognise symptoms earlier such as managing hydration, nutritional needs and speech and launguage therapy, continence care, behaviour management, fall reduction, skin care and preservation, reducing all antipsychotic medication.

9. Plans are in place and discussion with family to agree carer plans and contingencies to avoiding hospital admissions when not necessary. There is a plan to introduce dementia friends awareness sessions for all care homes and their visitors.

10. The primary care nursing team are working more closely with the mental health older people's team to create care plans in the community, the multidisciplinary teams are using evidence of caring for people at home as much as possible, such as assistive technology. People are encouraged to have more stimulating

activities, a calm area or place to go in the community, outings to the local amenities and regular socials in the care homes inviting the local community in.

11. We are codesigning with the people with lived experience and carers using their stories to improve the pathway for diagnosis, post diagnostic care and the way they receive advice.Commissioning more carers wellbeing services offering 12 workshops for groups of carers to increase their health, wellbeing and resillience to continue to care for loved ones.

Dementia Diagnosis Target is set at 66.7%benchmark

12. Luton has strived to exceed the national dementia target, working with teams and the different community providers to identify people earlier, refer and advise each appropriate service provider of the need for diagnosis and encouraging family and carers to come forward and attend appointments. There has also been support by the CCG to the GP practices to ensure all people diagnosed are confirmed and registered on the quality outcome framework (QOF) held by NHS England to measure progress across England on a monthly basis.

13. The current dementia diagnosis national target is set at 66.77% and Luton has achieved:

October 2018	67%
November 2018	67.7%
December 2018	67.7%
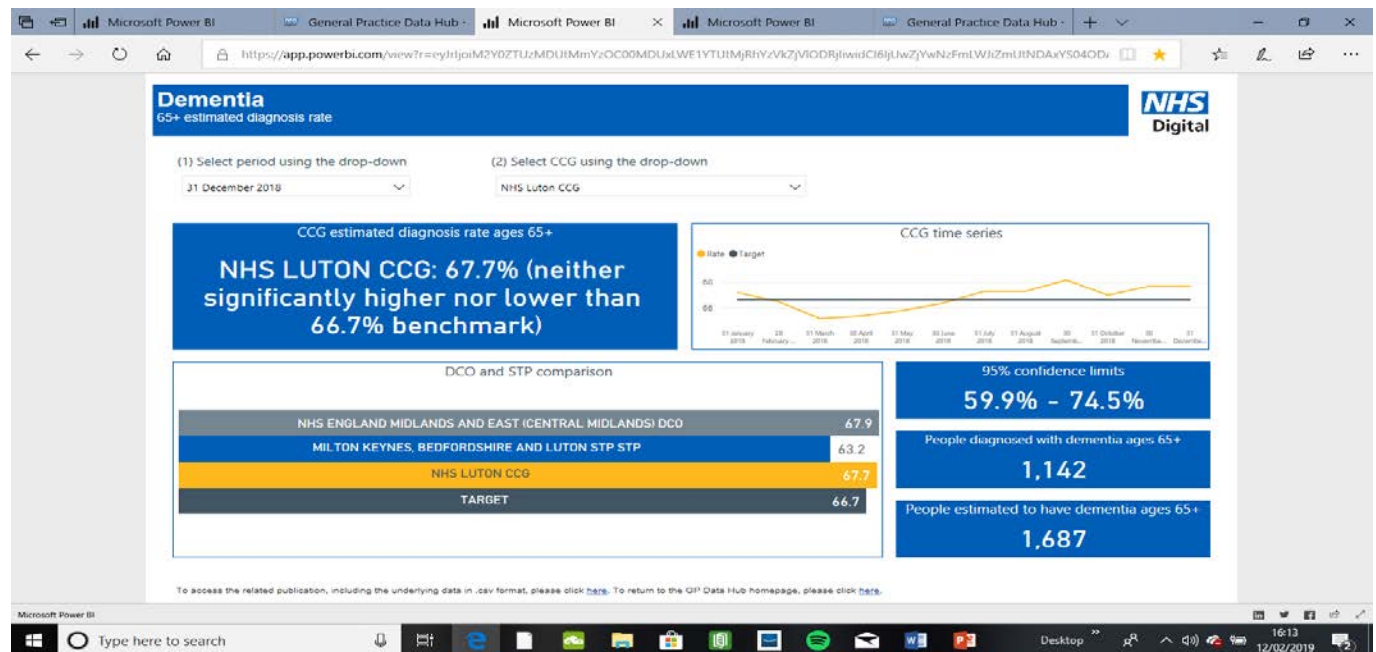
Personalisation

14. Following the successful application to be part of the NHS England Integrated Personal Commissioning programme 2015 – 2018 , and Personalised Care Demonstrator programme 2018 – 2019, dementia was given a higher profile. The

personalised care operating model framework is a pillar within the 10 year NHS Long Term Plan and Five Year Forward View. Luton have embedded the five key shifts of personalised care:

How the key shifts of Integrated Personal Commissioning fit with the personalised care triangle
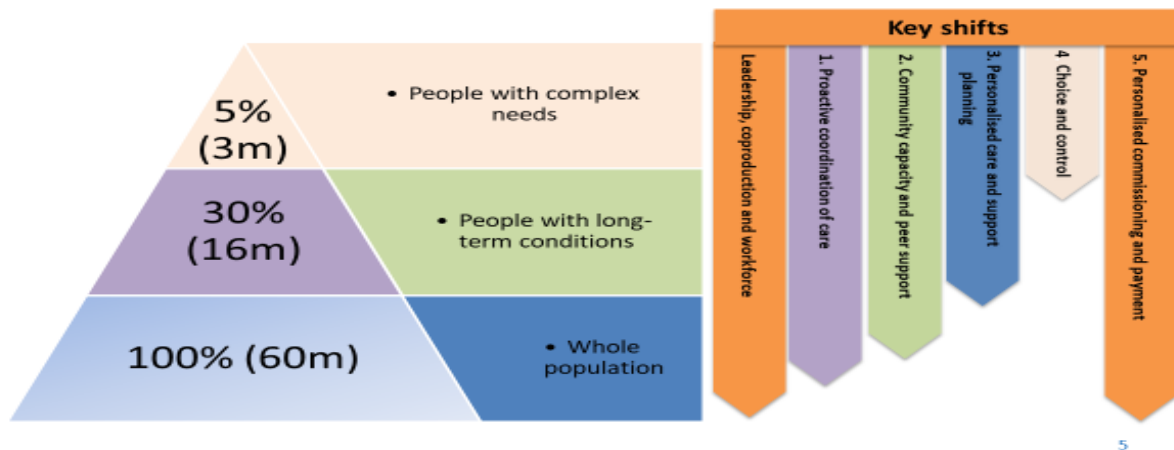
Whole population approach to personalised care
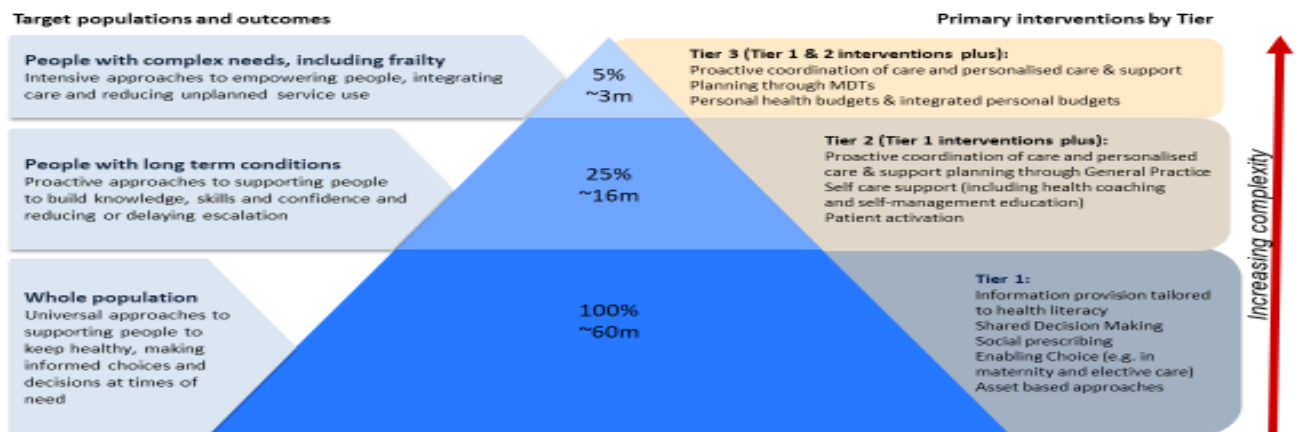
15. We have been expanding the personalised care model into Bedford and Milton Keynes, focussing on:

- **Scale:** personalised care take up between 1% and 2% of the population.
- **Scale:** personal health budgets take up between 1 and 2 in 1,000 of the population.
- **Spread:** elements of personalised care model across relevant STP/ICS geography – with some aspects in place across the whole STP;
- **Extending scope** to incorporate other elements of personalised care as a whole population approach.

16.   The GP surgeries and the multi discipliniary At Home First intensive support teams have been part of the development of replicable models, looking at the population health approach and identified all those registered over the age of 65 yrs who are diagnosed with long term conditions including dementia. They are offered a person centered approach of proactive coordination, person centred conversations of 'what matters to them', a person centred care and support plan and access to community and peer support.

17.   The team working with the family in partnership to help them get back to optimol health. They experience health coaching, have a thorough health and wellbeing assessment from a multi discipliniary team who will also encouarge people to make hospital avoidance and advanced care plans.

18.   The GPs have a regular agenda item for dementia to ensure people are being identifed early, there is close monitoring on the pathway and memory assessment process used. People require a diagnosis, with ongoing support provided by the Alzheimers Society and carers wellbeing support service provided by the Disability Resource Centre and Age Concern. There is the post diagnostic specialist dementia nurse and regular support groups and acitvities arranged.

19.   Other progress made in the healthier lifestyle promoted through public health and the community support organisations such as Active Luton, Turning Point total wellbeing service. Working more closely with GPs to help people interact more with their community to reduce the risk of loneliness, whilst making small improvements in their lifestyle such as eating more nutritional meals, taking up hobbies, quiting smoking and reducing alcohol intake. Looking at their assets and positive strengths in their life. People are encouraged to recognise when their memory is changing or their mobility to seek support and be more proactive to stay as independent as they possibly can for longer in their own homes.

20.   Activities provided are evidence based. General health and wellbeing improvements are being monitored and the person's experience of services are being sought to constantly improve how we support people using a coproduction and codesign approach.

21.   The dementia diagnosis pathway was coproduced and is now due to be refreshed to include the new models of care that have been proven and are business as usual. The pathway now includes community navigation, social prescription, psychological support talking therapies, psychological and behavioural management support within care homes.

22.   The frailty and complex care framework has offered an improved service, with everyone over the age of 65 to be given a health check and advice on how reduce any risks and maintain and live their life with any conditions safely. Services are more integrated and offered with the focus on the person at the centre.

23.   There is a commitment to be more inclusive, flexible and visable to the local community. To help people understand what it is like to live with dementia, there are virtual dementia tours for the staff and public. There is advice from the specialist dementia nurse, now one in each provider- hospital, memory service and

community nursing services. Advice on how to manage and where to gain support earlier before a crisis or admission. More prevention, avoid and delay approaches are being used to encourage positive change.

24.   The mental health provider is offering Quality Improvement projects to encourage more people from the black and ethnic minority community and hard to reach groups to attend memory assessment services, increasing engagement with BAME populations in Luton, gathering information from the public from these communities on what are the potential barriers to engagement, and encouraging people to give their ideas for change.

25.   The key providers have increased their workforce to include a specialist dementia nurse in Cambridge Community Services. To support the at home first pathway, enhanced health in care homes, end of life and carers.

26.   ELFT have appointed another dementia specialist nurse for the memory service and another consultant psychiatrist to support memory services, offer therapy and medical support advice to care homes. ELFT are offering training on dementia to GPs, care homes and other services.

27.   Keech Hospice are carrying out a feasibility for an Admiral nurse to support the my care coordinator, palliative services.

28.   The CCG medicines optimisation team have allocated a pharmacist to review medications

29.   Plans to have specialist nurse meetings to collaborate and offer peer support to one another as their roles will overlap. Dementia nurse in primary care and Memory clinic to encourage/ support GP surgeries to complete the QOF register once diagnosis has been confirmed.

30.   L&D hospital continue to improve patient and carers experiences. Fully implementing John's campaign, identify people on wards with advice to GP in discharge letters to follow up. Dementia training in hospital for all clinical staff training continues. Hospital charter standards to work towards becoming Dementia Friendly. 2019 -2021 working on national incentives alongside other groups

East of England Self Assessment

31.   Bedford, Luton and Milton Keynes dementia commissioners and providers agreed to complete the East of England network self assessment for dementia post diagnostic support. The STP dementia stakeholders agreed to share their assessments in a workshop held in December 2018 and support each other where there were trends to improve on.The group have agreed to meet once a year to share good practise and develop improvements where possible together.

Areas identified for further improvement and more collaborative integrated working over the next year

32. **Care Plans and Advance Care Plans**

The main discussion was on who should be doing the care plans and advanced care plans as people present at different services at different times following the diagnosis. There appears to be several different pathways for people depending on other conditions they may have.

- ➢ The voluntary sector in BLMK offer post diagnostic support and there may be an opportunity to explore further about their role in supporting with care plans and advance care plans. It is reported that the Alzheimer's Society already complete 'This is me' with service users and identify their needs and offer advice and signposting to other support services.

- ➢ It was discussed that awareness raising is required for the public regarding advance care plans so that people can think and plan for their future whether they have dementia or not it is better to plan in advance while you can make choice and be more in control and share those plans with family in advance also.

- ➢ There was discussion regarding the training of GP's in relation to advance care planning as they may be the first and main consistent contact with the service user and will need to have an awareness of when to refer to others for support.

- ➢ There was discussion about end of life care and the need for the sharing of records between the different services so that it can be seen as to who is supporting the service user with advance care planning.

- ➢ It was identified that an area which could be explored further is about advance care plans being completed in residential and nursing care homes.

- ➢ It was discussed that it may need to be reviewed as to when advance care plans need to be completed in the service users pathway and when would be an ideal opportunity to discuss with the service user about this i.e. perhaps following a diagnosis of dementia being given so that the service user can be encouraged to make the plan earlier while they may be more able to make choices or perhaps at a later stage when they have further things to consider. Also, it was discussed about this conversation being part of a wider conversation such as discussing about making a will.

33. It was felt that perhaps an STP wide piece of work may be required to look at who and when advance care plans could be completed and that the East of England's findings from the recent audit may assist with taking this forward. It was suggested that the current advance care plans that are being completed could be shared across Bedfordshire, Luton and Milton Keynes. There was discussion about the opportunity to coproduce the dementia post diagnosis pathway with carers and

people with lived experience. It was felt that a shared digital record is a Bedfordshire, Luton and Milton Keynes STP priority which would assist with reducing possible duplication and improving the sharing of current plans. It was felt that this could also reduce the number of times that service users tell their 'story', which may at times be distressing. It was acknowledged that the STP is focusing on trying to improve interoperability between the different organisations IT systems.

Annual Reviews

34.   There was discussion about who completes the annual review and that this was an area that needed to be explored further. It was felt that there was an opportunity for advance care planning to be undertaken at this review.

IAPT and Access to Psychological Therapy and psychological support

35.   There was discussion about the psychological support available from IAPT for people with dementia and that this was an area that could be developed further. It was felt that there was an opportunity for further training of IAPT staff to develop their skills to provide interventions to support people with dementia.

People residing in care homes

36.   There was discussion about care homes and how dementia friendly they are and about the respite care provision that is available for people with dementia and whether there was adequate provision and whether the provision that is available meets the needs of local residents. There was also discussion about support services that were available in the community to support people with dementia in their own homes to offer respite to family and the person.

SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM 14

DATE OF MEETING:	6 March 2019
REPORT OF:	Service Director, Policy, Communities & Engagement
REPORT AUTHOR:	Bert Siong **TEL:** 01582 546781
SUBJECT:	Work Programme Report 2018-19 & Executive Forward Plan

PURPOSE

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

RECOMMENDATIONS

2. That HSCRG approves its work programme with or without any amendments, as appropriate;

3. That HSCRG determines whether to include for scrutiny on its work programme, any of the items from the Executive Forward Plan and the Health and Wellbeing Board work programme;

4. That HSCRG delegates responsibility for making necessary changes to its work programme between meetings, to the Democracy and Scrutiny Officer, after consultation with the Chair.

REPORT

5. The draft HSCRG work programme 2018-19 with proposed items for future meetings is attached at **Appendix A.**

6. The latest Executive Forward Plan is attached at **Appendix B** for information and consideration.

7. The Health and Wellbeing draft work programme 2018-19, covering items for future meetings, is attached as **Appendix C** for information and consideration.

8. Members are requested to review the documents and determine the items they wish to include on the programme and suggest any other emerging matters not currently listed.

APPENDICES

Appendix A - Draft HSCRG work programme 2018-19

Appendix B - Executive Forward Plan

Appendix C - Health and Wellbeing draft work programme 2018-19

Luton

Scrutiny: Health and Social Care Review Group (HSCRG) Work Programme - Municipal Year 2018/19 (Draft)

(This work programme is updated regularly following each meeting of the committee and as required, in consultation with the Chair. Unallocated potential future items are listed at the end of this document)

Meeting Date: 27th June 2019	**Time:** 6.00 pm **Committee Room:** 3
Reminder Date: 30/5/2019	
Deadline for Titles: 06/6/2019	
Deadline for Reports submission: 13/6/2019	
Democracy & Scrutiny Officer: tbc	

Agenda items	**Report Author/ Format and Comments**
Election of Chair	Democracy and Scrutiny Officer
Chair's Update	Cllr. Oral Report (Standing item)
Universal Credit – Progress on implementation	Sue Nelson/ Clive Jones Written Report
Illicit Drugs Market In Bedfordshire	Nick Underwood/ Scott Owen, Bedfordshire Police Written Report/ Presentation
Sustainability Transformation Partnership (STP) – Update - BLMK Integrated Care System (ICS) Single Operating Plan	Gerry Taylor, Luton Council & Nicky Poulain, Chief Operating Officer, Luton CCG Written Report (Standing item, if available)
Performance data – ResoLUTIONs Drug and Alcohol Treatment Service progress update	Sarah Pacey – Public Health Manager Written Report
Strategic Vision for Sport and Physical Activity (18-22) – Update (tbc)	Matthew Hudson Written Report
Work programme and Future meetings	Democracy and Scrutiny Officer - Written Report (Standing item)
Information Only Items	
Luton & Dunstable University Hospital Inpatient Falls Monthly Report	Liz Lees, Chief Nurse, L&D Hospital Written Report
Dates of Future Meetings: (tbc) 7 July 2019 25 September 2019 27 November 2019 16 January 2020 4 March 2020	

FORWARD PLAN OF **KEY DECISIONS** FROM 4th March 2019

EXECUTIVE MEMBERSHIP: Councillors Simmons (Chair) Akbar, Burnett, Castleman, Hopkins, Hussain, A. Khan, Malcolm, Shaw and Timoney.

Commencing from Monday 4th February 2019 the Council plans to make key decisions on the issues set out below.   Key decisions relate to those which are likely:

◊   to result in the local authority incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or

◊   to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the Borough.

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

Forward Plan Published	Publication of Agenda	Executive Meeting Date	Forward Plan Published	Publication of Agenda	Executive Meeting Date
4th February 2019	28th February 2019	4th March 2019			
25th February 2019	14th March 2019	25th March 2019			
22nd March 2019	11th April 2019	22nd April 2019			

Link to published Executive Agendas, Reports and Decisions: http://democracy.luton.gov.uk/cmis5public/Documents/PublicDocuments.aspx

Note:

From time to time there will be a necessity to consider issues which will result in key decisions being taken which are not included in the Forward Plan, e.g. items of extreme urgency for Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012. (4(2)(a) Confidential information. 4(2)(b) Exempt Information. 4(2)(c) lawful power to exclude person to maintain orderly conduct of the meeting.))

This is a Formal Notice under the Local Authorities (Executive Arrangements)(Meetings and Access to Information)(England) Regulations 2012 that part of the Executive meeting listed in this Forward Plan will be held in private because the agenda and reports for the meeting will contain exempt information under Part 1 of Schedule 12A to the Local Government Act 1972 (as amended) and that the public interest in withholding the information outweighs the public interest in disclosing it.

The last page of this document sets out the definitions of Exempt Information under Paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972. Any correspondence to be addressed to: The Service Director, Policy and Performance, Luton Borough Council, Town Hall, Luton, LU1 2BQ unless otherwise stated.

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Treasury Management decisions on borrowing and investments to optimise the Council's financial position	To borrow and invest, and to restructure borrowings where appropriate, in order to optimise the Council's financial position while minimising risk and ensuring that all actions are in accord with the Council's treasury management policy and strategy.	Head of Corporate Finance	Ongoing with dates dependent on financial market conditions	Record of decisions	N/A	Dev Gopal (01582) 546087 Councillor Malcolm
Budget Monitoring Reports 2018/19 Quarter 3	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	4th March 2019	Report	No	Dev Gopal/Tim Lee (01582 546087/546094) Councillor Malcolm
Outcome from the Tenancy Agreement Consultation	To provide feedback on the formal consultation process and seek authority to implement the new tenancy agreement	Executive	4th March 2019	Report	No	Patrick Odling – Smee/Debbie Redman (01582 547276/6202 Councillor Shaw
Recommendations of the Scrutiny Finance Review Group – CPAR	To consider the recommendations of the Scrutiny Finance Review Group	Executive	25th March 2019 (4th March 2019 4th February 2019 12th November 2018 20th August 2018 16th July 2018)	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Matt Hussey (01582 546032) Councillor Simmons
Century Park Access Road	To seek approval to proceed with the Century Park Access Road project	Executive	25th March 2019 (4th March 2019)	Report	YES - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Antony Aldridge (01582 547308) Councillor Simmons

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
NEW – Rogue Landlords	To seek approval to mainstream the PSHO post	Executive	25th March 2019	Report	No	Dave Stevenson (01582 546186) Councillor Shaw
Position Statement on CBC Local Plan	To consider and agree a position statement (or Statement of Common Ground) in response to the CBC Local Plan	Executive	25th March 2019	Report	No	Sue Frost (01582 546329) Councillor Castleman
Affordable Housing Supplementary Planning Document	To agree to proceed with consultation after May 2019	Executive	25th March 2019	Report	No	Claire Astbury/ Azma Ahmad-Pearce (01582 546969/6262) Councillor Shaw
Active Luton SSC – Information Communication Technology Proposal	To agree the developed proposal for ICT services for Active Luton	Executive	25th March 2019	Report	No	Matthew Hudson (01582 548433) Councillor Hopkins
NEW – Luton Young People's Council	To agree the proposal	Executive	25th March 2019	Report	No	Maureen Drummond (01582 547228) Councillors Hussain/A. Khan
London Luton Airport – Debenture Loan	To approve the debenture loan application	Executive	25th March 2019 (12th November 2018 20th August 2018 16th July 2018 25th June 2018 26th March 2018 12th February 2018)	Report	Yes - Para. 3 of Part 1 of schedule 12A to the Local Government Act 1972	Dev Gopal (01582 546087) Councillor Simmons

LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES

Title	Key decisions and key issues	Decision maker	Date of decision	Documents submitted for consideration	Should exclusion of the public be considered	Contacts/ Lead Executive Member(s)
Environment Strategy	To approve the adoption of the Environment Strategy	Executive	25th March 2019	Report	No	Cara Corbett (01582 548441) Councillor Castleman
Corporate Performance Report Quarter 3 2018/19	To report the Quarter 3 performance for 2018/19	Executive	25th March 2019	Report	No	Israr Siddique (01582 547848) Councillor Malcolm
Business Growth Initiatives	To agree the principles and options for Business Growth Initiatives	Executive	22nd April 2019 (12th November 2017 17th September 2018 23rd April 2018)	Report	No	Laura Church (01582 546443) Councillor Simmons
Budget Monitoring Reports Period 11	To note the results of the budget monitoring forecasts for 2018/19 and to approve any recommendation arising from the latest budget position	Executive	22nd April 2019	Report	No	

LUTON BOROUGH COUNCIL
FORWARD PLAN OF KEY DECISIONS AND KEY ISSUES

EXEMPT INFORMATION
SUMMARY OF THOSE MATTERS WHICH BY VIRTUE OF PART 1 OF SCHEDULE 12A OF THE
LOCAL GOVERNMENT ACT 1972 MAY BE DISCUSSED IN PRIVATE

Paragraph
No.

1.   Information relating to any individual.

2.   Information which is likely to reveal the identity of an individual.

3.   Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4.   Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour related matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

5.   Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6.   Information which reveals that the authority proposes:

   (a)   to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
   (b)   to make an order or direction under any enactment.

7.   Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Luton

HEALTH AND WELLBEING BOARD WORK PROGRAMME – 2018/19 – APPENDIX C (DRAFT) - EXTRACT

(This work programme is updated regularly following each meeting of the Board and as required, in consultation with the Chair. Forthcoming items with unscheduled dates are listed at the end of this document)

Date of Meeting: 13 March 2019	Time: 6.00pm	Committee Room: 3
Reminder Date:	20/02/2019	
Deadline for Titles:	27/02/2019	
Deadline for Reports submission:	06/03/19	
Democracy & Scrutiny Officer:	Eunice Lewis	

AGENDA ITEM	REPORT AUTHOR/OFFICER & BOARD MEMBER
Luton Safeguarding Children Board (LSCB) Annual report 2017-18	Fran Pearson, Chair LSCB/ Vijay Patel, Safeguarding Children Business Manager/ Portfolio Holder – Children Services
Impact of Universal Credit on Free School Meals and the cost of a potential alternative short term solution	Clive Jones/ John Wrigglesworth – Cllr Simmons, Chair and Leader of the Council
NHS Long Term Plan	Gerry Taylor and Nicky Poulain
NEW – Homelessness and Begging in Luton Town Centre	Patrick Odling-Smee/ Vicky Hawkes/ Leader of the Council - Chair
Healthy Towns Initiative	Stephen Gunther/ Gerry Taylor, Director of Public Health, Commissioning and Procurement
Health and Wellbeing Board Terms of Reference	Stephen Gunther/ Gerry Taylor, Director of Public Health, Commissioning and Procurement
INFORMATION ONLY ITEMS	
Work programmes: HWB/HSCRG	Democracy and Scrutiny Officer Board Member: Leader of the Council - Chair

Items to be scheduled:
- Update on Dementia Strategy and Dementia Friendly Town - Mike Dolan (Date tba)
- Impact of the implementation of Universal Credit in Luton Update – Clive Jones/ Service Director, Revenues, Benefits and Customer Services - June 2019;
- JSNA Summary, including Proposed Priorities – Update – Katy Bodycombe/ Stephen Gunther - June 2019;
- Review and Update of the Joint Health and Wellbeing Strategy - Gerry Taylor/ Stephen Gunther - Date tbc;
- Luton Mental Health and Wellbeing Services – Annual Performance Update – Deferred to date tbc;
- Cambridgeshire Community Services (CCS) – Annual Performance Update – Deferred to date tbc);
- Public Health Peer Review – Outcome – Gerry Taylor - Date tbc

Luton Safeguarding Adults Board
2017/18 Annual Report

Contents

Our Priorities

The Annual Report of the Luton Safeguarding Adults' Board is a report on the Board's effectiveness from April 2017 to March 2018. The starting point for the Board's work programme is that as a body, we want to make adults at risk in Luton safer, by improving the way agencies work together to protect them.

The Board's priorities are based on local need. As a result, the Board focussed on three priorities in 2017 to 2018. These were:

- continuing to improve our governance;
- getting the best possible understanding of the profile of adults in Luton who are vulnerable;
- to drive up practice in understanding what service users want from the safeguarding processes by Making Safeguarding Personal, particularly by improving the experience of adults who are vulnerable but appear to have mental capacity – whose needs our safeguarding Adults Review into the case of "Helen" suggested professionals can find hard to support.

The Board also conducts 'usual business' throughout the year in order to coordinate local efforts to keep adults at risk safe. Looking back is also an opportunity to look forward to the future. Consequently, this report concludes by setting out the Board priorities for 2018 to 2019. As with the 2017-18 year, these were agreed on the basis of safeguarding needs identified during the year, which the Board tested out against the what data was telling us.

Making a difference

This report reflects that working collectively, the Board has given leadership and developed new practice to keep adults at risk in Luton safer. Throughout the report we have included examples of good practice. The work on adult exploitation that the Board has led is of particular note. All types of abuse and neglect of vulnerable adults are hidden and under-reported. Exploitation in all its forms is one category of abuse that national and local data suggests is particularly under-reported. By working with all agencies and with the Safeguarding Children Board,

Helen's Safeguarding Adults Review

Included in this report is a summary of the learning and follow-on actions from Helen's case. I would like to offer, on behalf of the Adult Safeguarding Board, our condolences to Helen's family after losing her. Services in Luton did not serve Helen well. We commissioned an independent review, as Section 44 of the Care Act requires us to. The final report is a stronger report because Helen's family have been so generous with their time in contributing to the review. They made suggestions about the first draft and we did additional work to follow up on their points. All Board members are committed to trying in every way to learn from Helen's experience and

reduce the likelihood of other adults at risk in Luton having similar things happen to them.

Lay members: Community and Faith engagement

Our community members, both Luton residents who bring us views and voices from different perspectives, informed by their own experience in the area of adult safeguarding, have made our board richer. This has partly been because of the way they help scrutinise the work of the Board and ask questions that are not always easy or straightforward to answer but which safeguarding boards quite rightly should address. I would like to thank Emma Sullivan and Kauser Ahmed. The lay members have been central to our new group for the adults' and children's safeguarding boards, planning practical ways of how we will work with the huge variety of faith and community organisations that make Luton the wonderfully diverse place that it is.

Holding myself and the Luton Safeguarding Adults Board to account

I hope you will look at our plans for 2018-2019, and use these to question me about how effective the Board is in leading and driving improvements in safeguarding adults in Luton. I want to bring the annual report to as many organisations and groups in Luton as possible, as part of our work to engage faith and community groups.

Over the course of the year we set up a joint team to support the adult and child safeguarding boards. This will make the best use of resources but most importantly mean that we naturally think about families, however those families define themselves, and recognise that sadly, children who have been abused and neglected, can become vulnerable adults in response to this, whose needs should be recognised. I would like to thank the team who support the Board for their help this year, and along with them, all Board and sub group members for their contributions.

Fran Pearson

Independent Chair

Luton Safeguarding Adult Boad (LSAB)

The LSAB is responsible for making sure that health and care agencies, work together to help keep adults in Luton safe from harm and neglect, and to protect their rights under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

The Care Act requires the Board to develop and publish an annual strategic plan, publish an annual report and commission safeguarding adult's reviews, where serious abuse or death has occurred, and learning can take place (see Care Act sections 6, 43 to 45 and Schedule 2 for more information).

Board Partners

Bedfordshire Police	Luton Clinical Commissioning Group
Luton Borough Council (Adult social care, housing)	Cambridgeshire Community Services
National Probation Service	Luton and Dunstable Hospital Trust
POhWER (Advocacy Services)	East London Foundation Trust
Healthwatch Luton	East of England Ambulance Service

Vision

For Luton to be a place where no one should have to tolerate, or be exposed to, abuse, neglect or exploitation.

The Safeguarding Principles

The work of the Board is driven by the safeguarding principles, set out in the Care Act 2014:

Empowerment: LSAB are working with partner organisations to firmly establish the working principles of Making safeguarding personal for practitioners in adult services across Luton.

Prevention: The Board has used a safeguarding prevention group to bring together partners to discuss cases which cause concern. Alongside that, it is working with the Local Safeguarding Children Board on engaging with the community and faith sectors to improve their understanding of safeguarding and how they improve their practice in working with vulnerable people.

Proportionality: The Board uses data on referrals for safeguarding and the outcomes to scrutinise the quality of services. There is evidence from the teams that deal with safeguarding enquiries, that they are trying to ensure that people are supported and redirected to more appropriate services rather than safeguarding.

Protection: The Board has used data and audit to review the timeliness of responding to adult safeguarding enquiries. Subsequently, all partners are actively monitoring the timeliness, and setting out actions to deal with any significant delays.

Partnership: The Board has supported the move for Luton's Multi Agency Safeguarding Hub (MASH) to deal with adult safeguarding enquiries as well as children's. The MASH consists of partners from the Police, Luton Clinical Commissioning Group and the Local Authority children and adult services, adopting a think family approach to safeguarding.

Accountability: The Board, through its performance and audits, is able to identify good practice and also set out measures when practice needs to be improved.

2017/18 Highlights

The LSAB set out a Strategic Plan 2017 – 2020, following a peer review in January 2017. The three key priorities were:

1. To drive up practice in understanding what service users want from the safeguarding processes by Making Safeguarding Personal

2. To put together a comprehensive picture of risk in Luton to inform our longer term strategy for 2018 – 2020

3. To build on the last 12 months' development of its governance

Highlights of the year included establishing firmer partnerships across Bedfordshire, to work on areas of joint concern such as developing one set of multi agency safeguarding guidance, agreeing areas for joint training and practice needs.

The strategy outlines what we will do to identify, challenge and prevent criminal exploitative behaviours across the town.

A single multiagency safeguarding policy was agreed and implemented across organisations in Bedfordshire.

The Board also worked with the Anti Slavery Partnership to raise awareness of trafficking and modern slavery. The aim is to progress the work ensuring cases of adult exploitation are quickly identified and front line staff are empowered to provide the victims with the support they need.

The LSAB, Luton Community Safety Partnership and Luton Health & Wellbeing Board agreed a joint Adult Exploitation Strategy which was launched in April 2018. https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/Adult-exploitation-strategy.pdf

The peer review initiated a restructure of the LSAB subgroups, with a clearer mandate to facilitate accountability.

The Executive Group: The sad events around Grenfell, prompted the need for the LSAB to be assured about housing in relation to the implications for adults at risk/vulnerable adults. A joint report was prepared by the Council, Housing and Bedfordshire Fire and Rescue.

The Workforce Training and Development Subgroup: Worked with Bedford and Central Bedfordshire SABs to deliver an event on Making Safeguarding Personal, and define local training needs. Discussion also took place on agreeing areas of training which could be delivered collaboratively.

The Community Engagement Subgroup: The Board worked with Luton Community Safety Partnership (CSP) on a campaign to raise awareness of Safeguarding and sexual exploitation in Luton.   The Board also worked with the CSP to develop an adult exploitation strategy.   This strategy sets out the commitment of all the strategic partnerships in Luton identify, tackle and most importantly, prevent criminal exploitative behaviours across Luton.
https://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/Adult-exploitation-strategy.pdf

The Service User Subgroup: This group was established with a view to it supporting the Board by feeding in information from existing user groups, but also providing a view on future priorities.

The Safeguarding Adults Review Subgroup: The sub group, on behalf of the Board, decides which incidents/deaths meet the criteria for a Safeguarding Adult Review. A review on Helen (at family's request her real name was used) concluded in 2017. A summary of Helen's case can be found on page seven of this report.

The group considered five referrals in 2017/18, none of which met the criteria for review, but in each case, measures were put in place by partner agencies. One particular incident was referred to NHS England by the Board and investigated by the Luton Clinical Commissioning Group. Measures for improvement were put in place and outcomes reported to back to NHS England.

Priority One: Drive up practice in understanding what service users want from the safeguarding processes by Making Safeguarding Personal:

A Making Safeguarding Personal (MSP) conference was held on 14 November 2017, which focused on three key areas relating to MSP; barriers and gaps, what is working well and what we will do differently. Participants included managers across adult social care services from Bedford, Central Beds and Luton. Key learning points were:

- greater focus on clients' wishes, decisions and desired outcomes,
- having the confidence to challenge poor practice/wrong decisions,
- multi-disciplinary ownership and accountability,
- providers to be more proactive in identifying and addressing professional biases,
- keeping the SU informed of the process.

The new Service User Engagement Group, whilst still in early stage, is committed to raising awareness of safeguarding in Luton and capturing the voices of vulnerable adults through various means.

There has been a focus on improving practitioner understanding and use of the Mental Capacity Act through the delivery of training and the implementation of a competency framework.

The quality of practice has also been scrutinised through the development of quarterly multi-agency audits. The audit panel review ten safeguarding enquiries selected at random. Thematic findings are fed back to the Board and case issues are fed back to the manager and worker.

Priority Two: To put together a comprehensive picture of risk in Luton to inform our longer term strategy for 2018 – 2020:

In Feb 2018 the Board invited voluntary sector organisations in Luton to meet and discuss what they identified as risks for vulnerable people living in Luton. The main risks identified were a lack of awareness of support available, lack of support during out of hours, complex discharges, isolation, community capacity and resilience, increase in threats of violence and gang influence, homelessness and a shortage of housing, amongst others.

In March 2018, a profile of risk in Luton was completed at the request of LSAB. The paper summarised the risk and protective profile of Luton communities. The content of this report formed the basis of a risk profile workshop in Luton. The aim of the workshop was to examine and understand the risk and protective profile of Luton. The outcomes of this work will be carried forward as a priority for 2018/19.

Priority Three: To build on the last 12 months' development of its governance:

There has been a review of all the groups with a reduction and refocusing of the sub groups. Luton Clinical Commissioning group have taken a key role in supporting the Board's commitment to strengthening it's governance, by chairing the Performance Audit and Quality Assurance subgroup where partners quarterly performance reports and the case audits are tabled for scrutiny..

In 2017/18 the Board responded to a whistleblowing report concerning adult safeguarding in mental health: Strategy meetings commenced in July 2017, and a series of actions were generated for the East London Foundation Trust. The Board would like to take this opportunity to express appreciation for the commendable response from our colleagues from the Trust to this challenge, who worked very closely with the Clinical Commissioning group and other Board partners.

The business support unit merged with the Luton Safeguarding Children Board business unit in Feb 2018. The merger has led to some greater capacity and resilience in terms of support for the work of the Board.

A review of the work in Luton on PREVENT highlighted a need for the Board to be better placed to understand the work and its outcomes. As a result the Chair/ Business manager now sit on the PREVENT Board and the Annual report will be considered by both Safeguarding Boards.

2018/19 Objectives

The Board agreed that there was a need to keep the priorities as they were.

Priority One: Drive up practice in understanding what service users want from the safeguarding processes by Making Safeguarding Personal.

Update – there has been work at a Pan beds level to develop a data set that provides better information to evidence how safeguarding processes demonstrate the principles.

Priority Two: To continue to gather a comprehensive picture of risk in Luton, and to use it to inform the Board strategy.

Priority Three: To build on the last 12 months' development of its governance.

Update - the business units are now integrated which has led to improved continuity and support for both boards. The integration has also enabled better identification of issues and cross referencing across the Boards. The sub groups have been working effectively and are considering issues such as the delays in completing S42 within 28 days.

Helen's Case

Helen's family were consulted at length in the preparation of this SAR report and have expressed their wish for the published summary to be entitled "Helen". The review was undertaken by an independent author, Sue Gregory.

Helen passed away on the 1 October 2015 aged 39 years, from pneumonia and respiratory failure. The Coroner recorded a verdict of "Natural Causes". Helen was a strong and independent minded woman with the mental capacity to make her own decisions which she often did.

In December 2014, Helen was admitted to the Intensive Care Unit at Luton and Dunstable Hospital experiencing respiratory complications. It was later reported that she was having suicidal thoughts. Helen was readmitted in March 2015. Disruptions to her care plan made her more downhearted.

In June 2015, Helen, returned to her mother's home with a specialist bed installed in the living room. Helen asked to a change of carers and the timing of visits. In mid June 2015 Helen requested an urgent review, but there was a long delay in allocating this request due to unprecedented staffing shortages at the time.

From July 2015 Helen and her mother made a number of phone calls to the Council, particularly regarding her requests to split her care visits. In early September, Helen escalated her complaints to Healthwatch Luton, and a local Councillor.

In mid September 2015, Helen was again admitted to the hospital with further respiratory difficulties. Helen died on the 1 Oct 2015.

Summary of findings

Despite all efforts at multidisciplinary working, services failed to evidence the "Think Family" approach, which requires services to consider the needs of the whole family, working in partnership with other organisations to meet those needs rather than in "silo". All professionals in contact with Helen's family, with the exception of the Wheelchair service, failed to escalate or act on the inadequate living environment and conditions, which presented an immediate health and safety and fire risk. Her family were not aware, nor consulted about the fact that Helen had a "Do Not Attempt Resuscitation" (DNAR) decision recorded in her hospital notes. The discharge process resulted in Helen, not getting the right level of care. Service contingencies for dealing with severe staff shortages were not effective

Helen in her own words:

"What hope do I have to ever recover or feel better when this keeps happening? I encourage anyone who truly cares to come and spend a day with me to see what it's like to be helpless, when days feel like weeks, weeks feel like months."
My life is at risk day to day because I cannot get out of bed or out of the house. What if there's an emergency. I dread to think of it... And no one cares... I have no fighting spirit left in me and why should I fight the system that helps so many people in need."

Recommendations and progress on them

The Review identified a number of interrelated points relating to Mental Capacity and Patient Choice; assessments; effectiveness of communication; effectiveness of Complaints Processes and Advocacy Services and agreeing systems which will support learning from future reviews and serious incidents.

Luton Safeguarding Adults Board has asked all services to undertake key service improvements, as well as participate in other service specific learning events. Some of the main service improvements have included:

- Embedding multidisciplinary working across partner organisations which included complex discharges from hospital, to ensure continuity of care for people living in their own homes.

- The Board has established a competency framework for mental capacity.

- The Adult Social Care service has had a full and more stable complement of staff at all levels over the last 18 months. An Initial Assessment Service has been established to ensure a prompt response to any new request, which has improved the timeliness of assessments, reviews and responses to complaints.

- All LSAB partners were asked to review their respective complaints procedures and provide assurance regarding the escalation routes within each organisation.

- The Discharge Team in the hospital now attend internal hospital discharge meetings and ward rounds, in order to plan ahead of complex discharges into the community. The Team has also established an operational protocol for completing home visits in such cases, and all discharge planning and discussions now happen face to face rather than via the electronic system.

- Medical staff have been advised of training available on having 'Difficult Conversations' to increase confidence when these conversations are required. The Trust continues to encourage the use of Clinical Nurse Specialists to be involved (where appropriate) in these key conversations. Staff were instructed to ensure that a clear record of conversations regarding DNAR are documented within the patients clinical record.

Adult G Update

In August 2013 following a series of reported concerns about his mental wellbeing, Adult G fatally stabbed his neighbour outside of his garage. In June 2017, a coroner's inquest concluded that the deceased was unlawfully killed, and that the incident could not have been predicted by the agencies involved with initial concerns. At the time of his death his murderer (Adult G) was being investigated for mental illness. In 2017/18 a number of learning events took place to help embed the learning from this case.

Issues arising from the case

There was a lack of ownership/leadership in the Adult G case. We have seen improvements in the quality of record keeping, multi agency working, consent, capacity and engagement with the subject of a concern. These changes have been in part, due to the introduction of quarterly multiagency audits, undertaken by our core partners. The audits have served to address highlighted issues relating to lost

history and gaps in knowledge and documentation, sharing information at the right time, quality of communication and access to records not easily available.

Work is ongoing to address areas relating to better understanding of cultural presentation, ensuring that family knowledge is not lost through poor engagement.

The Multi Agency Safeguarding Hub has served to improve responses to concerns, communication and joint working. An emphasis on increased professional curiosity has been communicated through training across our partnerships, including joint training between Mental Health services and the Police.

2017/18 Safeguarding Activity

The information below sets out a summary of safeguarding activity over the year.

Table 1: Concerns and Enquiries
2015/16 to 2017/18

— Total No. Concerns 2015/16 to 2017/18
— Total No. Enquiries 2015/16 to 2017/18
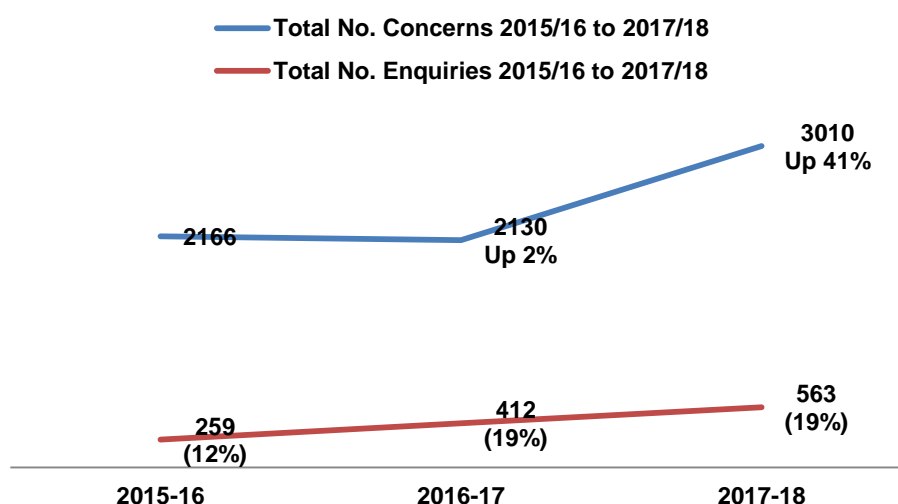
There was a 41% increase in concerns of abuse in 2017/18 3010, compared with 2130 in 2016/17. As in the previous year, nineteen percent of the concerns raised in 2017/18 led to an enquiry.

Table 2: Enquiries by Age 2015 -18

■ % 2017/18   ■ % 2016/17   ■ % 2015/16
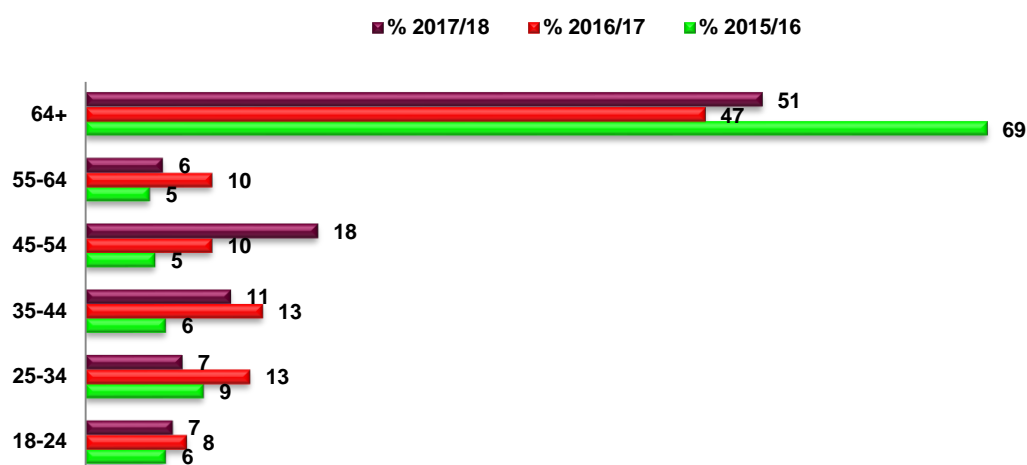
The 64+ age group continue to have the highest level of enquiries, they mainly present with physical support needs most notably in the category of Neglect and Acts of Omission, taking place in their own home.

There was a considerable rise in enquiries amongst the 45-54 age groups, with an increase of 53% from the previous year. Neglect & Acts of Omission was the most common type of abuse in this age group, followed by Financial Abuse.

Table 3: Enquiries by Gender (%) 2015-18
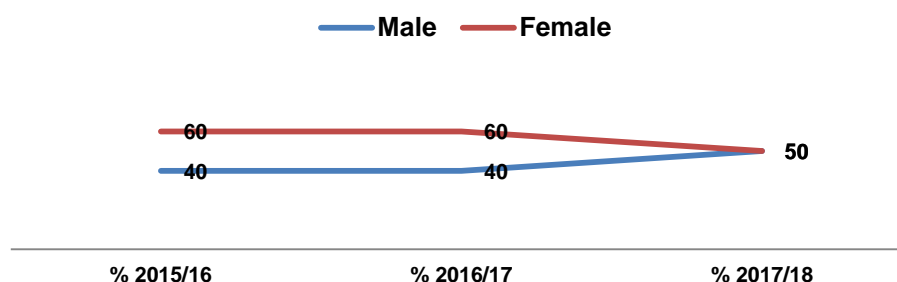
The gap between enquiries for males and females at risk narrowed consistently throughout 2017/18 and for the first time, we saw an equal number of s.42 enquiries for males as for females.

Table 4: Enquiries by Type of Abuse 2015-18
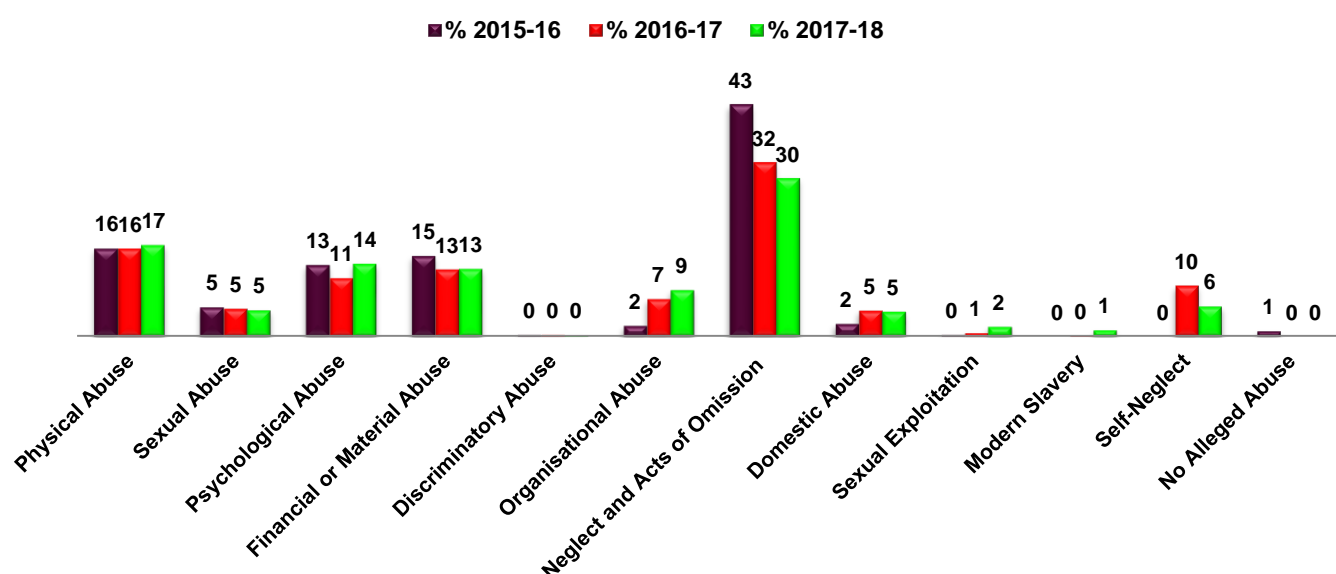
Whilst Neglect and Acts of Omission continues to be the highest enquiry by type of abuse there was a 35% decline in 2017/18, compared to the previous year, from 194 cases in 2016/17 to 126 cases in 2017/18, maintaining a sharp downward trajectory from 2015/16.

There were eight enquiries relating to Modern Day Slavery in 2017/18, mainly amongst the 25-44 age group.

Table 5: Enquiries by Ethnicity 2015-18

■ % 15-16 ■ % 16-17 ■ % 17/18

Ethnicity	% 15-16	% 16-17	% 17/18
White	77	69	67
Mixed / Multiple	0.8	2	1
Asian / Asian British	7	11	10
Black / African / Caribbean / Black British	7	8	8
Other ethnic group	1	3	2
Undeclared / Not Known	7	8	12
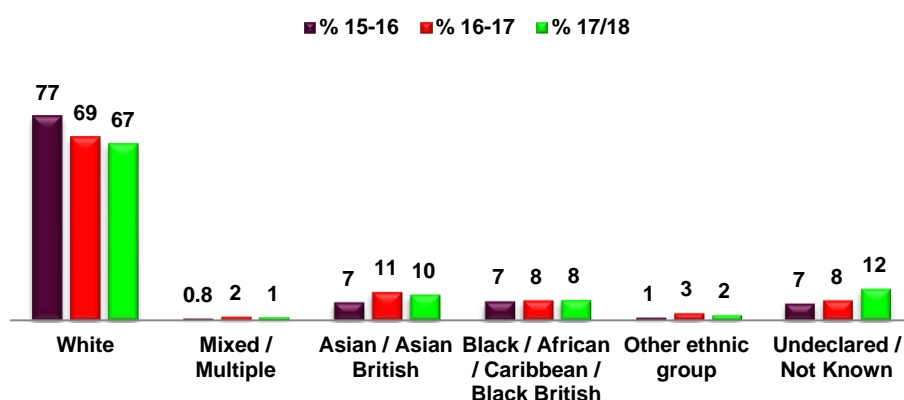
67% of enquiries were for people from white ethnic background. Assurance is needed regarding whether this is an accurate picture of abuse in Luton. Detailed analysis of ethnicity will be undertaken in 2018/19 to gain a better understanding of safeguarding needs across different community groups

A Faith and Community subgroup has been formed to support future engagement with all community groups and to raise awareness of safeguarding across Luton.

Table 6: Enquiries by Support Reason (%) 2015-18

■ % 2015-16 ■ % 2016-17 ■ % 2017-18

Support Reason	% 2015-16	% 2016-17	% 2017-18
Learning Disability Support	8	8	8
Physical Support	55	62	53
Mental Health Support	6	28	35
Social Support	1	1	2
Support with Memory and Cognition	1	0	0
None recorded	27	1	1
Sensory Support	2	1	0
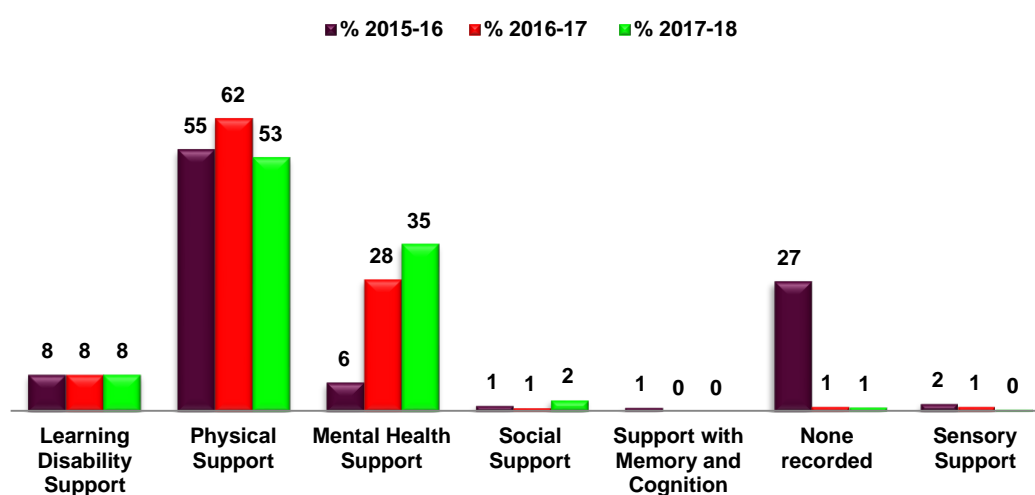
Physical support remains the largest category of enquiry by support reason, There was a decrease from 62% in 2016/17 to 53% in 2017/18. This is followed by enquiries relating to mental health support at 35% which has risen considerably from 2015/16 (6%).

Table 7:
DoLS Applications 2015-18 by Quarter

175	213	144	95	192	239	261	259	147	271	224	198
15-16 Q1	15-16 Q2	15-16 Q3	15-16 Q4	16-17 Q1	16-17 Q2	16-17 Q3	16-17 Q4	17-18 Q1	17-18 Q2	17-18 Q3	17-18 Q4
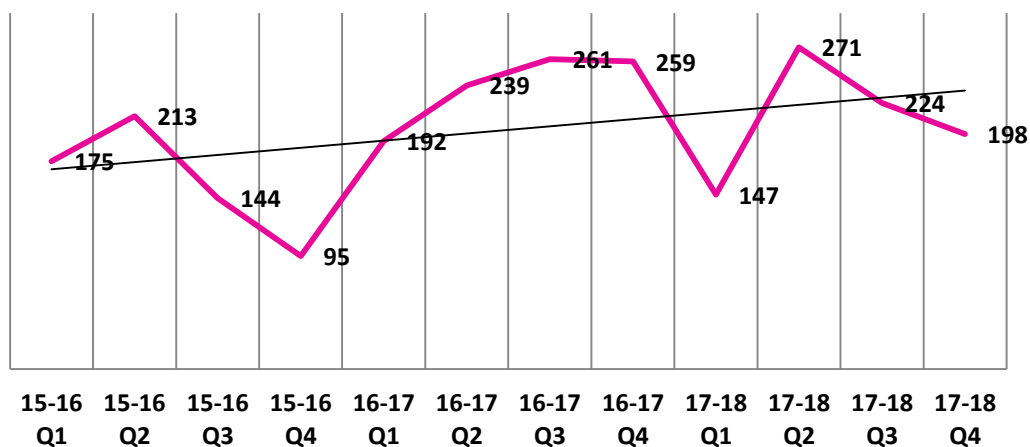
Deprivation of Liberty Safeguards (DoLS) and Court of Protection DoLS:

840 DoLS applications in 2017/18 compared with 951 in 2016/17, a 12% decline in applications

- 44 reported backlogs at the end of year
- 279 Court of protection applications processed

SCRUTINY: HEALTH & SOCIAL CARE REVIEW GROUP (HSCRG)	AGENDA ITEM **16** (FOR INFORMATION ONLY)

DATE OF MEETING: 6 March 2019

REPORT OF: The Chief Executive Officer, Healthwatch Luton

REPORT AUTHOR: Lucy Nicholson   **TEL :** 01582 817060

SUBJECT: Healthwatch Luton – Hospital Review on Falls and other trends

PURPOSE

1.   To update the HSCRG of Healthwatch Luton's trends on falls at the hospital and update on review of Ward 15

RECOMMENDATIONS

2.   **For the HSCRG to read report in line with the L&D Hospital Falls report in March 2019.**

REPORT

3.   Healthwatch Luton are the independent health and social care champion in Luton. We are here to listen to people's experiences, and highlight trends in feedback to the providers, scrutiny, and the CQC along with Healthwatch England.

4.   Our main interest for this report is in falls for patients, and the conditions surrounding patient falls that lead to serious harm or death.

5.   We do not profess that all falls in hospital will cease, and understand the hospital cannot assure anyone of this. Our concern is around the circumstances around falls, reporting of falls, and implementing new schemes alongside Baywatch to ensure falls are reduced.

Background

6.   Healthwatch Luton were informed by the general public of a theme of 'falls' at the hospital in late 2016, early 2017. Some of the feedback had been found in 2015, but the main themes spanned over the 2016-2017 period. Healthwatch Luton at this point decided to raise awareness to the hospital, and the HSCRG, who received a 'Trends Letter' outlining key themes in feedback from the public.

7. The main themes Healthwatch were hearing about were:

- Falls Risks at the hospital not being suitable managed
- Anticoagulant use in patients without consent or knowledge
- Timely CT scans for people who had had a fall
- Dementia Care

8. These trends were highlighted by numerous patients and their families to Healthwatch Luton, including but not limited too a prominent case to which the hospital were dealing with.

9. After the 'Trends Letter' and highlighting concerns to Scrutiny, the hospital responded to HWL in the form of a letter in November 2017, outlining their response to each area. Some of which HWL deemed reasonable, such as re-tendering for low-rise beds for falls risk patients and implementing a new 'Baywatch Scheme') and some of which HWL were dissatisfied (such as timely scans).

10. Healthwatch Luton then proceeded to embark on an Enter and View programme at the hospital, including Ward 15 where a few of the falls feedback had come from in January 2018. We informed the CQC of our concerns about falls and other trends, and concluded our Enter and View Programme in Feb 2018.

11. Our Enter and View findings highlighted concerns around the Baywatch Scheme, which staff themselves informed Healthwatch 'worked in theory but in practice was hard due to lack of staff'. Healthwatch informed the hospital of their findings – and the hospital responded to our recommendations. A full report can be found on our website.

Current Findings

12. Late 2018, after two more falls within the same ward, Healthwatch Luton requested to revisit the hospital to review the response to our recommendations.

13. A full report of the review will be available to download on our website, but the key findings of the review highlighted that Ward 15 had much improved in line with our recommendations.

14. The main findings showed:

- The Baywatch scheme had much improved
- Staff morale had much improved
- Discharge processing had been much improved
- Activities for patients had been improved and Dementia care improved

15. Our main interest is in falls for patients, and the conditions surrounding patient falls that lead to serious harm or death. We have been in touch with and discussed reporting of falls at the hospital, and need to understand how the hospital prevent further falls and how they report falls when they do happen.

16. Our main interest was around the Baywatch scheme, and with more falls reported to Healthwatch, we are seeking assurance that more is being done to ensure people falling in hospital are provided with:

i. Timely and appropriate scans
ii. Support to the family is provided on site immediately

17.   We have since heard of a further fall, in November 2018, which is similar to our 2017 findings – a fall from a patient, on anticoagulants without informed consent, an untimely CT scan which ended in a death of a patient.

Assurances

18.   It would assure the public to understand, and those families who have had patients fall:

  i.   What the hospital are doing to further reduce falls, other than or alongside Baywatch
  ii.   How the hospital report falls to Scrutiny and NHS Improvement
  iii. Why has there been a discrepancy in the falls reported to HWL and falls reported to Scrutiny

Next Steps

19.   We would ask for Scrutiny to support Healthwatch Luton's request for assurances from the hospital of the following:

  i.   Consistent and transparent reporting of falls each quarter in the hospital which result in serious harm or death
  ii.   Implementation of further practices, like Baywatch, which will focus on and support lessening falls, such as training for staff
  iii. A review of CT scans and their timing when patients fall
  iv.   A review of the provision of anticoagulants given to patients without informed consent.

APPENDIX

Appendix - General Findings from HWL from Oct-Feb 2019

General Findings from HWL from Oct-Feb 2019
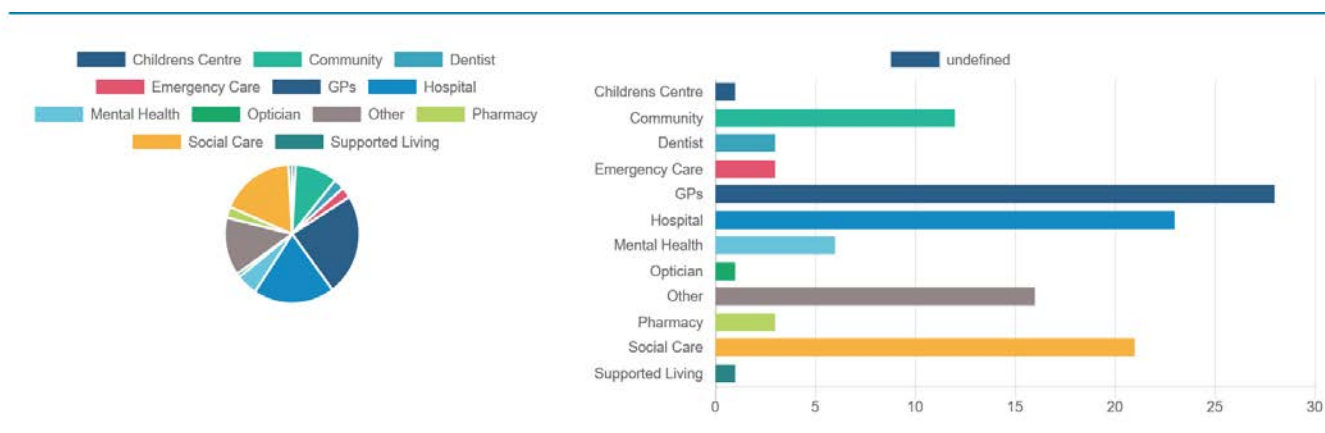
Healthwatch Luton have spoken to nearly 200 people since October 2018, on over 40 services in Luton, mainly to seldom heard or hard to reach people in the community. The main themes in feedback are on GP Access, Hospital Treatment and Care and Social care staffing and treatment.

Healthwatch are working with providers to ensure this feedback is noted and responded to, and efforts are being made to support the LCCG in particular around GP Acces, hospital treatment and care and social care. We are also focusing on mental health provision in 2019.

HWL will focus on two hard to reach areas in 2019:

- Learning disability
- Mental Health

We will be running two projects around this work, and will work in partnership with commissioners and providers to ensure patients receive the best care possible.

HWL are also working with NHSE on the Long Term Plan, and will be doing some targeted engagement in Luton over the next few months on areas such as:

- Cancer
- Respiratory conditions
- Dementia
- LD
- MH

Extract from the Corporate Performance Summary Report for Quarter 3 2018-19

Priority 3: Improving health and wellbeing

PI 10: There were 382 looked after children (including Unaccompanied Asylum Seeking Children) at 31 December 2018, this has increased from 370 at 31 September 2018 and is just above the end of year 2017/18 figure of 381. The rate per 10,000 under 18 population at 31 December 2018 was 67.0, this is lower than Luton's statistical neighbours at 73.6 and slightly above the England average at 64.0.

PI 11: Performance for Single Assessments completed within timescales (45 working days from their start date) was impacted in the first quarter; however this has since improved and has been increasing on a monthly basis to 71.0% at 31 December 2018. The aim is to meet the target of 82.0% by the end of the financial year 2018/19.

PI 12: Luton's Fostering Team is seeing a steady stream of fostering enquiries and interest following the recruitment strategies. At 31 December 2018, 11 newly approved carers have been recruited. A recent 'Invest to Save' strategy through the Luton Families Programme has seen an uplift in the allowances paid to carers, which is now in line with partnership agencies. A drive in marketing strategies will see a move towards more exclusive marketing campaigns with better use of partner agencies to support recruitment initiatives. There has been a positive shift in motivation noted and foster carers have been in support of recent recruitment campaigns as a direct result of the allowance uplift.

PI 13: 11 children were granted adoption orders as at 31 December 2018 which contributes towards achieving the full year 2018/19 target of 22 children. It is expected that there will be several other adoption cases that may be concluded in the final quarter of 2018/19. The past 6 years in Luton demonstrate something of a two year cycle as numbers fluctuate, with an average of 19 adoption orders. The overall national and regional trends show a reduction in adoption outcomes. Courts are emphasising that birth parents are provided with the opportunity to appeal or oppose adoption plans. This has attributed to the lengthy delays in final hearing dates for several cases in Luton.

PI 14: Recruitment & Retention of Social Workers – There were 147 FTE children and family social workers in Luton Children's Services as of 30th December 2018; this includes workers from Children and Family Social Work, Early Help and the Youth Offending Service. 66.46% of all the social workers across Children's Services were permanent. There were ongoing initiatives to increase these numbers, including recruitment campaigns throughout this quarter which have been successful in attracting applications. There were 76.28 FTE adult social workers in Luton as at 31st December 2018. By the end of quarter 3, 80.24% of all the social workers across adult social care were permanent. There were ongoing initiatives during the quarter to increase the permanent FTE to 80% by December 2018, and this has been achieved.

PI 15: Acceptable waiting times for assessment: For new clients (aged 18+): In quarter 3, the services in ASC continued to perform well in the completion initial assessments within 28 days - with 93.3% (640) being completed within this timeframe. Following initial assessment for need, eligible care packages in 89.4% (640) of the time are in place within 28 days, falling slightly below the 90% target. The number of existing clients reviewed at the end of quarter 3 achieved 71.7% (2362), well above the quarterly target of 67.5%. The numbers waiting for an OT assessment have also seen a further decline from 309 in quarter 1, to 287 in quarter 2 and now 183 in quarter 3. Recent reduction in the waiting list can be attributed to a review of the list itself and signposting cases to other departments so they can be dealt with quicker.

APPENDIX

Appendix A – Extract for HSCRG - Corporate Performance Data Pack - Q3 2018-19

Luton Council

Extract for HSCRG - The Corporate Performance Data Pack

Luton

This is a summary of key indicators to help us understand our performance against the six priorities for Luton outlined in the Prospectus, the Investment Framework and the Joint Strategic Needs Assessment (JSNA). It will enable both councillors and members of the public to scrutinise performance and associated socio-economic and health factors on a quarterly basis.

Please refer to the accompanying Corporate Performance Summary for commentary and conclusions about our current performance.

Rag Rating	(G)	Performance is good: At least 95% target achieved	(A)	Performance is satisfactory but requires corrective action: Within 10% of target	(R)	Performance requires serious action: More than 10% outside target
					✔ ✘	Where this is no target, performance will be measured against the previous reporting period

Corporate Performance Indicators Index

This list includes quarterly indicators in the data pack and how they have performed in the current reporting

Theme	Ref	Description	2018-19					Direction of Travel	Target: Q3	Annual Target
			Q1	Q2	Q3	Q4	EOY			
Improving health and wellbeing	10	Rate of children looked after per 10,000 population aged under 18yrs	64.0 (G)	64.9 (G)	67.0 (A)			▼	64.0	64.0
	11	Percentage of single assessments completed and authorised	57.2% (R)	67.9% (R)	71.0% (R)			▲	80.0%	80.0%
	12	Number of newly approved foster carers	2 (R)	9 (R)	11 (R)			▼	18	25
	13	Number of children adopted from care	3 (R)	5 (R)	11 (R)			▲	16	22
	14	Recruitment & Retention of Social Workers	See template	See template	See template					
	15	Acceptable waiting times for assessment	94.8% (G)	93.3% (G)	93.3% (G)			▼	90.0%	90.0%
		Waiting times for care packages provided within 4 weeks after assessment.	94.1% (G)	92.7% (G)	89.4% (G)			▼	90.0%	90.0%
		Adults and older clients who have been reviewed as a percentage of those receiving a service	39.0% (G)	60.0% (G)	71.7% (G)			▼	67.5%	90.0%

Integrated Quality & Performance Report

NHS Luton CCG

M07 October 2018/19
Report Created: 17/01/2019
Version 2.0

Contents	Page

LINK TO CORPORATE OBJECTIVES AND RISK

	WHICH CORPORATE OBJECTIVE DOES THE PAPER RELATE TO?
✓	Working with our partner organisations to drive and deliver the integrated priorities of the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan.
	Listening and working with patients and their families, carers, frontline staff, clinicians, social care professionals and system leaders in order to ensure a shared vision for health and wellbeing services that addresses health inequalities across Luton and the wider footprint.
✓	Actively commissioning innovative, locally accessible services that meet the health and wellbeing needs of the diverse population of Luton.
✓	Prioritising the development of evidence-based approaches in order to support prevention, self-care and early intervention.
	Robustness in delivering our long term financial plan to maintain the financial sustainability of the CCG.
✓	Commissioning evidence-based, responsive services that reduce variation manage the demand for healthcare and provide the best value for the local population.
	Recruiting and retaining the best staff with the passion to deliver the CCG's ambitions that make a difference to our local population.
	Ensuring a dynamic and effective approach to communication that engages the people of Luton in order to successfully promote prevention and self-care and the delivery of effective health and wellbeing services.
	Supporting a diverse and inclusive workforce that promotes individual and team development across the system through innovation and partnership working.

LINK TO THE BOARD ASSURANCE FRAMEWORK

WHAT ARE THE KEY RISKS ON THE BOARD ASSURANCE FRAMEWORK?	
✓	Insufficient resources and workforce capacity across Luton to deliver the priorities of the Sustainability and Transformation Plan.
✓	Insufficient engagement and ownership in the system vision leading to resistance to change which may delay or prevent the progress of transformation.
✓	Individuals and organisations resist integration, continuing to work to internal strategies rather than the system-wide vision.
	Communications and engagement strategy is not effective in engaging the public especially hard to reach groups within Luton.
	The CCG fails to meet its statutory duty to deliver the agreed end of year financial position.
	The QIPP programme fails to deliver its key objectives and savings leading to an unplanned deficit and failure to deliver the best outcomes for patients.
✓	The CCG is unable to recruit and retain staff and clinical leaders with the right skills and abilities to deliver the CCG's strategy.

Luton CCG – NHS Constitution

Indicator	Format	2017-18 Year End Performance	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18-19 YTD Performance
RTT 18 Weeks																
18 weeks RTT incomplete	percent	92.9%	92%	93.5%	92.5%	92.9%	91.7%	91.8%	91.9%	91.8%	91.3%	91.4%	91.6%	90.3%	91.0%	91.3%
52 weeks RTT incomplete	number	10	0	0	0	0	1	1	1	0	3	2	3	2	1	12
Diagnostic test																
Diagnostic waits 6 weeks	percent	4.08%	1%	4.60%	6.20%	6.04%	3.43%	1.75%	2.32%	2.95%	1.99%	1.02%	0.84%	0.74%	0.71%	1.51%
Cancer Wait - 2 week																
All Cancer two week wait	percent	96.3%	93%	97.7%	95.5%	97.7%	96.9%	97.4%	97.1%	96.7%	95.0%	95.9%	96.4%	95.3%	95.9%	96.0%
Cancer Breast Symptom 2 week wait	percent	97.7%	93%	100.0%	91.7%	100.0%	97.8%	97.6%	94.3%	97.7%	88.5%	100.0%	94.1%	100.0%	89.8%	94.9%
Cancer Wait - 31 day																
31 day first definitive treatment	percent	96.3%	96%	95.9%	97.6%	100.0%	100.0%	100.0%	98.2%	100.0%	100.0%	98.5%	96.6%	97.9%	100.0%	98.7%
31 day sub treatment - surgery	percent	98.4%	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	88.9%	77.8%	93.7%
31 day sub treatment - drug	percent	100.0%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day sub treatment - radiotherapy	percent	90.7%	94%	87.5%	93.8%	95.2%	94.1%	100.0%	89.5%	93.8%	90.0%	100.0%	88.2%	100.0%	100.0%	94.5%
Cancer Wait - 62 day																
62 day urgent GP referral	percent	85.1%	85%	81.0%	78.5%	76.9%	75.0%	90.0%	87.1%	85.7%	90.0%	80.0%	85.1%	91.7%	89.3%	87.0%
62 day screening	percent	100.0%	90%	100.0%	n/ap	100.0%	n/ap	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
62 day upgrade	percent	81.0%	n/ap	100.0%	0.0%	100.0%	n/ap	100.0%	n/ap	n/ap	100.0%	100.0%	100.0%	n/ap	80.0%	95.0%
Mixed Sex																
Mixed sex accomodation breach	number	6	0	0	0	0	3	2	3	1	1	0	1	1	0	7
Mental Health																
Proportion of patients on Care Programme Approach (CPA) who were followed up within 7 days after discharge from psychiatric	percent	92.3%	95%	92.0%	80.0%	89.0%	82.0%	89.0%	97.8%	88.6%	93.5%	83.6%	91.8%	90.0%	84.9%	90.0%
EIP - % of people experiencing a first episode of psychosis who access early intervention in psychosis (EIP) services within 2 weeks	percent	87.2%	50%	86.0%	71.4%	100.0%	100.0%	100.0%	83.3%	77.8%	100.0%	100.0%	62.5%	75.0%	85.7%	83.5%
IAPT - % of people accessing psychological therapies within 6 weeks	percent	97.1%	75%	98.8%	97.6%	97.3%	98.1%	97.4%	100.0%	100.0%	100.0%	100.0%	92.2%	96.3%	95.8%	97.8%
IAPT - % of people accessing psychological therapies within 18 weeks	percent	98.7%	95%	100.0%	99.4%	98.6%	99.6%	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	97.4%	99.6%	99.6%

LDH – NHS Constitution

Indicator	2017-18 Year End Performance	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	18-19 YTD Performance
RTT 18 Weeks															
18 weeks RTT incomplete	91.9%	92%	92.2%	90.9%	91.0%	90.2%	90.0%	90.7%	90.9%	90.4%	90.8%	91.1%	89.6%	90.5%	90.6%
52 weeks RTT incomplete	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostic test															
Diagnostic waits 6 weeks	3.15%	1%	3.70%	5.40%	5.63%	3.10%	0.97%	0.88%	0.93%	0.81%	0.75%	0.84%	0.83%	0.76%	0.83%
Cancer Wait - 2 week															
All Cancer two week wait	96.4%	93%	97.5%	96.7%	97.1%	97.5%	98.3%	97.2%	96.5%	95.5%	96.4%	96.0%	95.5%	95.3%	96.1%
Cancer Breast symptoms 2 week wait	97.2%	93%	100.0%	96.2%	100.0%	97.9%	93.8%	92.4%	94.0%	94.9%	98.6%	96.6%	98.1%	90.1%	95.0%
Cancer Wait - 31 day															
31 day first definitive treatment	100.0%	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day sub treatment - drug	100.0%	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day sub treatment - surgery	99.7%	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
31 day sub treatment - radiotherapy	n/ap	94%	n/ap	n/ap	n/ap	100.0%	n/ap	n/ap	n/ap	n/ap	n/ap	n/ap	n/ap	n/ap	n/ap
Cancer Wait - 62 day															
62 day urgent GP referral	89.0%	85%	90.0%	89.7%	87.3%	87.4%	89.0%	90.0%	88.7%	90.4%	86.8%	86.8%	85.4%	86.6%	87.8%
62 day screening	95.3%	90%	94.0%	93.1%	94.3%	100.0%	93.8%	100.0%	95.5%	91.7%	90.6%	95.7%	94.1%	92.4%	94.3%
62 day upgrade	81.0%	n/ap	100.0%	0.0%	80.0%	100.0%	80.0%	100.0%	n/ap	100.0%	80.0%	100.0%	0.0%	73.3%	75.6%
A&E Waits															
A&E 4 hour wait	98.4%	95%	98.4%	98.1%	97.9%	97.4%	97.7%	98.6%	98.4%	98.6%	98.4%	97.3%	98.4%	98.4%	98.3%
A&E 12 hour trolley wait	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Ambulance Handover (Arrival to Handover) - amended															
Ambulance handover > 60 (+3) minutes	1	0	0	0	0	0	0	0	2	0	0	2	0	0	4
Ambulance handover 30 (+3) to 60 (+3) minutes	129	0	8	11	12	12	19	14	13	16	13	14	18	17	105
Mixed Sex															
Mixed sex accomodation breach	11	0	0	0	0	4	6	2	0	0	0	0	0	0	2
Cancelled Operations															
Cancelled operations - new date within 28 days	30	0	0	5	3	13	8	0	0	1	0	0	0	0	1

Ambulance

Indicator Description	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Ambulance Calls (EEAST)													
C1 - Calls from people with life-threatening illnesses or injuries - Response must be on the scene within 7 minutes on average													
Mean Response Time	<7min	06:38	07:16	06:40	06:40	07:00	06:09	06:57	06:29	06:36	05:50	05:52	06:05
90th centile	<15min	11:05	12:19	10:41	10:38	11:00	09:40	11:54	10:29	10:44	09:40	09:10	10:24
C2 - Emergency calls - Response must be on the scene within 18 minutes on average													
Mean Response Time	<18min	22:21	26:15	26:38	23:45	23:26	19:48	23:55	23:31	23:19	22:09	22:12	21:50
90th centile	<40min	56:52	59:01	53:07	53:54	53:13	43:38	53:08	53:58	49:11	48:47	47:34	47:24
C3 - Urgent calls - The 90th percentile of response must be on the scene within 120 minutes on average													
Mean Response Time	n/a	58:43	69:12	63:23	64:44	59:29	45:38	54:26	65:46	73:57	54:18	62:40	63:05
90th centile	<120min	142:48	190:42	166:34	162:33	148:20	112:57	123:42	161:21	183:50	135:35	154:37	166:04
C4 - Less urgent calls - The 90th percentile of responses must be on the scene within 180 minutes on average													
Mean Response Time	n/a	00:00	81:47	90:12	66:32	84:39	71:32	63:42	60:45	83:05	85:14	65:23	112:12
90th centile	<180min	00:00	213:36	214:14	171:23	224:11	184:05	145:49	144:16	195:17	182:51	158:44	291:26

LCCG and LDH Summary

RTT performance

LDH performance has improved in October 2018. The Trust and LCCG have agreed an Elective Activity recovery plan which includes a focus on waiting list management to ensure the waiting list position does not increase from March 2018 to March 2019. This is being jointly monitored by both parties. At the end of October 2018, there was 1 patient who waiting in excess of 52 weeks at Spire Harpenden Hospital. The patient has a date for treatment.

Diagnostics

- LCCG Diagnostic performance marginally reduced to 0.71% in October from 0.74% in September 2018. LDH remains compliant with a performance score of 0.76% in October 2018.

Cancer

- In November 2018, LCCG met seven of the eight main cancer standards and breached the following standards:

- LCCG breached on the 62 day urgent GP referral to treatment indicator with a percentage of 80.49% against a target of 85%. There were 8 patients who breached (from a total of 41 treatments) This was due to 3 Complex diagnostic pathway (many, or complex, diagnostic tests required), 1 PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given, 2 Health Care Provider initiated delay to diagnostic test or treatment planning and 2 Other reason (not listed).

Long waiting cancer patients (>104 days)

All root-cause analysis (RCAs) and clinical harm reviews for confirmed cancer patients delayed by 104 days or more are reviewed and signed off each month at the local Cancer Action Group, there were no breaches for October.

LCCG and LDH Summary

NHS Constitution

Mental Health

- ELFT consistently exceed the 50% access target for Early Intervention in Psychosis, achieving 85% in September and 83.5% year to date.

- The October figure for seven day follow up for discharged patients is 85.7% against a target of 95% . Note that it covers all discharges, not just patients on CPA (a change to reporting requirements in-year). The breach was due to a few patients not wishing to engage with the service. These breaches have been discussed at contract performance meetings. Year-to-date performance is at 90%, below the 95% target level.

- The IAPT service has exceeded the 6 week (75%) and 18 week (95%) targets, achieving 95.8% and 99.6% respectively.

Ambulance

- The new Ambulance Response Programme (ARP) Categorisation has now been implemented. During the first quarter the Ambulance services worked towards achieving the Category response times, Category 1 life threatening response times are being met

- The Luton & Dunstable Hospital and East of England Ambulance service are aware of the handover delays and are working together to ensure that an appropriate process is in place for a smooth handover. Currently the positioning of the handover desk is causing a great deal of delays. Both organisations are working towards setting up a designated Ambulance only handover desk which will help reduce the delays

- East of England Ambulance service have acknowledged the poor performance on the response times, the performance is also poor for the other areas of the consortium and the matter is being looked into urgently

- The exact date and time for when performance will be back to an acceptable standard is under contractual discussion.

Cancelled Operations

- There were no reported cancelled operations at LDH for August 2018.

Indicator	Data Source	2017-18 Year End Performance	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	2018-19 YTD Performance
Stroke																
Admitted To acute stroke unit < 4hrs of arrival - LDH		n/ap	90%	43.1%				29.4%				38.9%				n/ap
Patients spending 90% of time on stroke unit - LDH		n/ap	80%	85.3%				74.3%				77.6%				n/ap
High Risk TIA patients not admitted, treated < 24hrs - LDH		77.1%	60%	64.3%	84.6%	90.9%	85.7%	77.8%	77.8%	91.7%	80.0%	77.7%	66.7%	100.0%	77.3%	81.6%
Number of Pressure Ulcers																
Number of pressure ulcers grade 2, 3 & 4 - LDH		88	n/ap	6	7	13	11	26	16	12	14	9	13	15	23	102
Number of pressure ulcers grade 2, 3 & 4 - CCS		496	n/ap	39	48	63	38	31	39	33	30	34	28	33	51	248
Number of avoidable pressure ulcers grade 2, 3 & 4 - ELFT		0	n/ap	0	0	0	0	0	0	0	0	0	0	0	0	0
Friends and Family Test (% recommended)																
Friends & Family L&D - Inpatient		95.5%	n/ap	95.1%	95.0%	96.3%	96.7%	95.1%	95.8%	95.8%	95.8%	95.3%	96.2%	95.4%	95.4%	95.7%
Friends & Family L&D - A&E		97.6%	n/ap	97.1%	98.3%	98.3%	98.3%	98.7%	n/a	95.3%	99.6%	98.8%	98.6%	98.3%	98.3%	98.1%
Friends & Family L&D - Maternity (antenatal)		94.6%	n/ap	n/a	95.7%	94.3%	95.8%	94.1%	95.7%	95.3%	94.3%	94.0%	93.3%	92.8%	87.8%	93.3%
Friends & Family L&D - Maternity (birth)		96.8%	n/ap	n/a	96.7%	97.3%	97.2%	100.0%	83.3%	95.6%	90.8%	90.9%	90.0%	94.6%	100.0%	92.2%
Friends & Family L&D - Maternity (postnatal ward)		93.3%	n/ap	n/a	89.9%	81.3%	94.7%	97.3%	94.1%	93.4%	96.2%	95.4%	94.1%	95.8%	96.1%	95.0%
Friends & Family L&D - Maternity (postnatal community)		90.8%	n/ap	n/a	96.6%	81.3%	98.3%	97.8%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%
Healthcare Associated infections																
Number of *C.difficile* infections		28	Oct 18 ytd ceiling = 17	3	2	0	0	2	2	4	3	0	0	0	0	9
Number of MRSA bacteraemias		4	0	3	1	1	0	0	0	0	0	1	0	0	0	1
Serious Incidents and Never Events																
Serious Incidents - LDH		33	n/ap	2	2	1	0	3	3	3	3	3	5	2	1	20
Never Events - LDH		3	0	0	1	0	0	0	1	0	0	1	0	0	0	2
Serious Incidents - CCS		4	n/ap	0	0	1	0	1	0	0	0	0	0	0	0	0
Never Events - CCS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents - ELFT		16	n/ap	0	0	2	0	0	2	3	3	3	4	2	2	19
Never Events - ELFT		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A&E Assessment																
A&E full initial assessment within 15 minutes (percentage)		75.3%	95%	85.1%	57.2%	54.5%	49.9%	57.3%	59.1%	64.6%	56.0%	58.5%	52.8%	61.1%	60.8%	59.0%
VTE																
% inpatients VTE Risk Assessments - LDH		96.1%	95%	96.2%	96.4%	95.4%	97.7%	99.5%	99.3%	99.0%	98.7%	98.5%	98.8%	99.3%	99.2%	99.0%
VTE prophylaxis - LDH		99.9%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Health Checks																
Health Checks offered - Luton CCG (monthly)		8296	855	578	298	530	1165	523	509	408	1222	794	832	710	485	4960
Health Checks delivered - Luton CCG (monthly)		3497	565	286	176	268	292	336	298	268	254	257	322	350	243	1992
MMR Coverage																
Immunisation 2 yrs MMR Luton CCG		n/ap	95%													n/ap
Immunisation 5 yrs MMR Luton CCG		n/ap	95%													n/ap
Breastfeeding																
Breastfed at 10-12 days - CCS		73.1%	n/ap	74.3%	75.9%	75.2%	74.3%	73.6%	71.1%	68.8%	67.9%	69.0%	72.7%	72.7%	72.4%	70.7%
Breastfed at 10 days & 6 weeks - CCS		78.3%	60%	75.6%	75.9%	78.3%	69.1%	78.8%	75.9%	69.8%	79.6%	80.4%	85.9%	85.9%	79.3%	79.5%
% with breastfeeding status recorded at 6-8 wks - CCS		99.6%	94%	100.0%	99.2%	99.0%	99.6%	100.0%	100.0%	97.7%	99.2%	100.0%	100.0%	100.0%	100.0%	99.6%
% of babies breastfeeding at 6-8 wks - CCS		60.1%	n/ap	58.1%	55.8%	61.5%	54.0%	62.5%	58.8%	53.0%	57.1%	59.4%	65.9%	65.9%	58.8%	59.8%
Delayed transfers of care																
Delayed transfers of care - LDH		2.6%	3.5%	2.90%	2.00%	1.60%	1.60%	2.30%	2.50%	2.80%	2.70%	2.70%	2.60%	3.90%	2.40%	2.80%
Surgical Safety Checklist																
WHO Surgical Safety Checklist - LDH		99.61%	100.0%	99.7%	99.3%	99.4%	99.7%	99.5%	99.7%	99.8%	99.8%	99.5%	99.5%	99.7%	99.5%	99.6%

Quality and Safety Summary

Quality and Safety

- **A&E Assessment:**

- Performance continues to be poor against this indicator despite a number of changes made to the process . The Trust is working again with EEAST to attempt to determine the root causes of the delays. Currently they are looking to extend the time periods where they provide the additional administrative support to determine if this will make a difference. There have been no SI's relating to any clinical care deficits caused by handover delays .

- **Health Checks**

- In January 2019 alone 7 practices will be visited to offer 1:1 support following review of the data. In addition Sundon Medical Centre was visited for discussion on a range of Public Health programmes including NHS Health Checks.

- Luton was an early adopter of the NHS Health Checks programme and early success in 2011/12 and 2012/13 is not reflected in the 5 year rolling data. All practices in Luton are contracted to deliver the NHS Health Checks programme and practices that are not performing to the required levels are supported to increase performance. The uptake needs to be improved across the population and with NHS Health Checks now embedded into the Total Wellbeing service which should ensure a wider reach across Luton.

- **Surgical Safety Checklist**

- The Trust continues to fail the threshold for this indicator. However performance remains consistently high especially given the high levels of activity this covers. The commissioners continue to gain assurance against other performance metrics such as the lack of associated Never events or SI reports and any other clinical incident reporting.

- **Pressure Ulcers**

- The numbers of pressure ulcers reported by Providers has shown a slight rise in comparison to recent months. Luton and Dunstable Hospital are relaunching their pressure ulcer collaborative times to coincide with World Pressure Ulcer day. This collaborative is inclusive of all patient areas and was extremely successful when previously launched in 2012 . All Providers have events planned to coincide with World Pressure Ulcer day to raise staff awareness .

- **A&E 12 Hour Trolley Wait**

- LDH declared a 12 trolley wait in October the first reported for several years. They have conducted their own internal investigation and developed their own action plan as a result .This will be monitored by the CCG through the SQPR teleconference meetings between the CCG and the Trust.

Quality and Safety Summary

Quality and Safety

- **MMR Coverage: Actions to improve Luton's childhood immunisation uptake include:**

- Luton CCG and Luton Borough Council Childhood Immunisation lead are working with Cambridge Community Services 0-19 teams, and flying start to raise awareness of the importance of providing 2nd dose MMR to under 5s.

- New working group has been established and plan is in development which will detail how it is envisaged this will be achieved/delivered

- Luton CCG continues to work with NHS England, the Child Health Immunisation Service Provider (CHIS) introducing a new approach to scheduling childhood immunisations in Luton, following the pilot in 2017/18

- CHIS are contacting parents in writing advising them to make an appointment with the surgery for the immunisation to be given Some practices have offered up clinical appointments for children to be booked into directly by the CHIS, and a letter is then sent to the parent advising them of the appointment at the surgery to have their immunisations.

- Formulate a robust communication and engagement plan to encourage uptake. The two main target groups for communication are:
    - Parents and guardians of these children to present for vaccination. (Messages will be designed to debunk some of the myths regarding the MMR vaccine)
    - Health professionals who will be offering the MMR vaccine to the target group and those responsible for ensuring children are protected from measles.

- Identifying local barriers and solutions to uptake through engagement with GPs to ensure there is a consistency in approach across Luton. This will be followed up by a thematic analysis of these barriers in order to develop evidence-based solutions that can be tailored to improve uptake in Luton.

Quality and Safety Summary

Quality and Safety

Stroke:

The most recently published, October 2018, Sentinel Stroke National Audit Programme (SSNAP) results for the Luton and Dunstable Hospital NHS Foundation Trust (LDH) rate the provider overall as a 'B'. SSNAP performance for LDH is shown in the table below alongside the other two BLMK acute providers:

Acute Provider		April 16 - July 16	Aug 16 - Nov 16	Dec 16 - March 17	April 17 - July 17	Aug 17 - Nov 17	Dec 17 - March 18	April 18 – June 18	July 18 – Sept 18
Milton Keynes General Hospital	Level	D	C	C	B	B	B	B	B
	Score	57.3	67.1	64.9	70.8	74.1	75	77.9	78.3
Luton and Dunstable Hospital	Level	D	C	C	B	B	D	B	B
	Score	59.8	66	67	74	76	59	72	74
Bedford Hospital	Level	D	C	D	C	D	-	-	E
	Score	49.3	64.6	54.3	63.7	54.7	-	-	36.3

The LDH continue to provide monthly reporting using the DIY SSNAP tool, however this is not validated. This provides a monthly commentary on performance across the 10 SSNAP domains and the areas of concern, and the provider has in place a monthly SSNAP/Stroke Development meeting to address all such areas.

Domain 2 remains the most challenging for the LDH with neither the four hour target being reached or the 90% stay target – as reported on this IQPR. Both show signs of improvement. Each case that does not reach the admitted to stroke unit within 4 hours is discussed in the monthly SSNAP/Stroke Development meeting and an action plan is in place regarding the 90% stay target which includes a nurse and a consultant screening patients across the hospital to find outlying stroke patients. Root Cause Analysis of all breaches of domain 2 are undertaken.
 Thrombolysis breaches (domain 3) continue to be monitored weekly.
 It has been agreed to relaunch the BLMK Stroke Review (end to end pathway review).
 Note:
SSNAP covers 10 Domains as follows:
Patients scanned in 1 hour of clock start
Patients admitted directly to a stroke unit within 4 hours and spend 90% of their hospital stay on a stroke unit
% of patients given Thrombolysis
% of patients receiving specialist assessment (swallow assessments by SaLT)
Access to Occupational Therapy
Access to Physiotherapy
Access to Speech and Language Therapy (SaLT)
Access to Multidisciplinary Team Working
Standards by Discharge
Discharge Processes

East London Foundation Trust (ELFT)

Indicator	2017-18 Year End Performance	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	2018-19 YTD Performance
Mental Health Standards															
% Delayed transfers of care (QTD)		7.5%	1.3%	2.1%	5.5%	2.3%	2.1%	2.1%	2.3%	5.6%	2.2%	2.5%	0.0%	0.0%	2.1%
% of patients referred to CMHTs starting treatment within 28 days	87.4%	95%	97.3%	92.1%	93.0%	100.0%	97.9%	98.9%	94.4%	97.5%	98.6%	92.0%	96.0%	94.4%	96.0%
% Adult CPA patients that have one-to-one contact in a month	88.1%	85%	90.8%	86.3%	89.4%	93.8%	91.8%	86.5%	90.8%	89.7%	90.8%	89.7%	87.2%	86.6%	88.8%
% Older Adults CPA patients that have one-to-one contact in a month	93.7%	85%	100.0%	94.4%	94.2%	92.0%	79.5%	91.3%	89.1%	93.2%	87.5%	84.6%	97.4%	100.0%	91.9%
Adult Community Caseload seen within last 6 months, not on CPA (face to face or telephone contact)	81.1%	90%	92.9%	91.0%	91.5%	90.7%	91.4%	90.6%	90.0%	93.0%	93.6%	92.8%	90.8%	89.3%	91.4%
Adult DNA (First Appointments) of booked appointments	10.2%	17%	7.8%	9.4%	6.2%	8.3%	9.4%	8.0%	6.3%	5.7%	5.9%	9.0%	7.2%	8.0%	7.2%
Adult DNA (Follow Up Appointments) of booked appointments	12.8%	12%	10.5%	11.1%	9.6%	11.7%	12.0%	11.0%	9.9%	10.4%	10.8%	11.1%	10.3%	10.1%	10.5%
Older Adult DNA (First Appointments) of booked appointments	5.3%	17%	3.7%	3.8%	2.6%	1.8%	11.3%	8.0%	1.1%	3.8%	3.8%	9.3%	5.3%	4.1%	5.1%
Older Adult DNA (Follow Up Appointments)	2.6%	12%	1.9%	1.8%	1.3%	2.6%	2.9%	3.6%	1.5%	1.7%	1.7%	5.4%	1.7%	1.2%	2.4%
% Children DNA First appointment	11.7%	15%	6.3%	14.1%	11.1%	19.5%	13.6%	10.5%	5.3%	3.1%	8.0%	6.8%	6.8%	12.8%	7.6%
CAMHS Did Not Attends (Follow Up Appointments)	9.7%	12%	8.4%	11.8%	9.0%	11.0%	8.7%	9.0%	10.6%	9.2%	9.8%	10.3%	10.3%	9.3%	9.8%

ELFT Summary

East London Foundation Trust (ELFT)

Mental Health Standards: .

ELFT did not achieve two of 10 targets in October, by very narrow margins. The position will be closely monitored.

Cambridgeshire Community Services (CCS)

Indicator	2017-18 Year End Performance	Target 2018-19	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	2018-19 YTD Performance
Number of Adult Admission Avoidances split by the below categories:															
Avoided the patient being admitted to hospital	n/a											110	128	133	371
Reduced the risk of patient being admitted	n/a		As SystemOne changes were finalised end of July 2018, data collection started from August 2018.									41	52	66	159
Averted a GP call out	n/a											23	51	47	121
Total	n/a											174	231	246	651
GP Liaison Team															
No. of referrals received - GP Liaison	4251		373	332	428	348	395	395	391	340	415	413	344	426	2724
GP refs signposted to other comm svces	223		11	20	31	20	20	13	16	10	11	26	10	17	103
Admissions averted to GP access clinic	27		2	3	4	3	2	3	7	6	5	3	3	2	29
Averted: on call EAU consultant advice	89		16	11	5	16	15	17	11	10	10	4	11	3	66
Total number of Aversions	339		29	34	40	39	37	33	34	26	26	33	24	22	198
Paediatric Rapid Response															
Inpatient Avoidance	41		5	3	1	4	0	0	1	0	2	0	0	3	6
PAU Avoidance total	781		114	79	71	68	59	50	58	39	49	40	41	71	348
Childrens Community Nursing	835		64	62	76	70	49	70	67	68	76	72	80	77	510
Hospital Aversions Total	1657		183	144	148	142	108	120	126	107	127	112	121	151	864
Other Community Services Standards															
% new-borns TB vac < 90 days of birth - rolling year	44.2%	90%	61.1%	66.9%	72.4%	73.9%	75.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Outcomes Framework

Outcomes Framework									
			Q4 2016–17	Q1 2017–18	Q2 2017–18	Q3 2017–18	Q4 2017–18	Q1 2018–19	Q2 2018–19
Indicator	Frequency		Q4	Q1	Q2	Q3	Q4	Q1	Q2
Dementia Care									
Dementia Register (65 years plus), * revised figures, now includes previous month's data for practices which did not submit data	Quarterly		3289	3333	3398	3429	3286	3270	3389
Estimated prevalence for the CCG calculated from the ONS population estimates multiplied by dementia prevalence rates from the second cohort Cognitive Function and Ageing Study (CFAS II)	Quarterly		5029	5029	4948	4963	4957	4966	5015
Estimated diagnosis rate for people with dementia		Plan	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%	66.7%
* revised figures, using revised Dementia Register figures		Performance	65.40%	67.95%	68.68%	69.09%	66.29%	65.85%	67.57%
Improving Access to Psychological Therapies (IAPT)									
Access: the proportion of people entering treatment against the level of need in the general population	Quarterly	Plan	4.75%	4.75%	4.75%	4.75%	4.75%	4.75%	4.75%
		Performance	3.59%	3.35%	3.26%	3.15%	2.90%	1.53%	2.56%
Referrals entered treatment			1030	995	975	963	857	847	1047
Prevalence			28668	28668	28668	28668	28668	28668	28668
Recovery: the proportion of people who complete treatment who are moving to recovery	Quarterly	Plan	50.09%	50.09%	50.09%	50.09%	50.09%	50.09%	50.09%
		Performance	51.00%	51.33%	54.00%	48.33%	44.33%	24.61%	36.13%
Recovery Number (Actual)			190	n/a	n/a	n/a	n/a	n/a	142
Referrals finishing a course of treatment less 'not caseness'			370	n/a	n/a	n/a	n/a	n/a	302
Treating and caring for people in a safe environment and protecting them from avoidable harm									
Incidence of C. Difficile infections (YTD)	Quarterly	Ceiling	28	9	16	22	28	9	15
		Performance	44	7	17	26	28	9	9
Incidence of MRSA cases (YTD)	Quarterly	Ceiling	0	0	0	0	0	1	3
		Performance	3	1	1	3	4	0	0

CCS and Outcomes Framework Summary

Cambridge Community Services:

- The subjective recording of Adult Admission Avoidance has increased in October 2018, as has GP liaison. Reported Paediatric Admission Avoidance remains at consistent levels with a slight increase noted for October 2018. A balanced score card is in development with CCS to track absolute emergency admissions avoided from the 'At Home First Enhanced Models of Care Programme' (proactive system working with over 65's who are moderately or severely frail and have had 2 or more admissions recorded); reporting from this will be incorporated into this report imminently.

- Neonatal BCG vaccinations are compliant with the target and progress is being made in transferring this activity to the maternity pathway to sustain performance.

Outcomes Framework

Dementia Care:

The national dementia diagnosis rate for people aged 65+ is estimated to be 66.7% and Luton achieved 67.57% in Q2. An action plan will remain in place.

IAPT Access and recovery:

- The national data for Q2 2018-19 for LCCG reported 2.56% against a target of 4.75% (19% annual) for IAPT Access, showing an increase over Q1. The service is still mobilising, with 60% of vacancies now filled by permanent staff (with additional cover provided by agency workers). Access numbers will increase as staffing capacity increased, with a trajectory to achieve full clinical staffing complement by end March, 2019.

- The IAPT recovery rate increased in Q2 over Q1 but is still below target. The recovery rate has been affected by the waiting list inherited from the previous provider, and the recovery rate was 48.15% in November and 48.31% in December.

Treating and caring for people in a safe environment and protecting them from avoidable harm

- C difficile infections are within ceiling for Q1 2018-19.

- There were no cases of MRSA bacteraemia in Q1.

Better Care Fund (BCF)

DToC UNIFY Performance Data

Month	Average monthly Rate per 100,000 of adult population	TARGET - Average monthly Rate per 100,000 of adult population	Actual Rate per 100,000 population	Target rate per 100,000 population	Population (ONS population statistics 2015)	Revised targets agreed with NHSE - total numbers of DTCs
Apr-17	2.8	0.0	83.7		163774	
May-17	3.3	0.0	102.6		163774	
Jun-17	3.0	0.0	90.4		163774	
Jul-17	3.5	0.0	109.3		163774	
Aug-17	6.0	0.0	186.8		163774	
Sep-17	5.6	0.0	169.1		163774	
Oct-17	2.6	4.3	79.4	133.1	163774	218
Nov-17	1.5	3.5	46.4	106.2	163774	174
Dec-17		5.4	0.0	166.1	163774	272
Jan-18		4.0	0.0	123.7	165750	205
Feb-18		4.4	0.0	123.7	165750	205
Mar-18		4.0	0.0	123.7	165750	205
TOTAL			867.7	776.5		1279

DToC Local Reporting (January 2018)

Luton Delayed Transfers of Care (LDH & ELFT) vs. Target								
L&DH (delayed days)			ELFT (delayed days)					
NHS	Social Care	Both		Weekly Total (delayed days)	Delayed days per day	Delayed Days per Day per 100k population	Target (delayed days)	RAG
81	0	6	0	87	2.9	1.8	205	G
				0	0	0	205	G

Better Care Fund (BCF)

Over Arching Performance Data

Ref/Source	Description	Frequency & Polarity	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018-19 Target	RAG Against Target	% from Target	Trend line (Current Year)	2017-18 Actual	2016-17 Actual	2015-16 Actual
										Performance outturn						Target			Historical Data		
BCF 1 a	Reduction in Non Elective Admissions (specific acute specialties) - Monthly admissions (NEL)	Monthly - Low	2,299	2267																	
BCF 1 b	Reduction in Non Elective Admissions (specific acute specialties) - Commulative admissions (NEL)	Monthly - Low	2,299	4566																	
BCF 1 TARGET	**Reduction in Non Elective Admissions (specific acute specialties) - Monthly target**	Monthly - Low	2,188	2,441	2,385	2,353	2,247	2,375	2,451	2,468	2,520	2,508	2,347	2,432							
BCF 1 TARGET	**Reduction in Non Elective Admissions (specific acute specialties) - Cumulative Target**	Monthly - Low	2,188	4,629	7,014	9,367	11,614	13,989	16,440	18,908	21,428	23,936	26,283	28,715	28715						
	Monthly percentage difference monthly outturn -V- monthly target	**Monthly - Low**	5%	-1%																	
Data from NHS England, Monthly Hospital Activity Data	Reduction in Emergency Admissions - Luton actual admissions -Monthly total Non elective admissions	Monthly - Low	2366	2292															28608	26983	
	Reduction in Emergency Admissions - Luton actual admissions -cumulative total	Monthly - Low	2366	4658																	
	TARGET - Reduction in Emergency Admissions - Luton Cumulative total	**Monthly - Low**	2188	4629	7014	9367	11614	13989	16440	18908	21428	23936	26283	28715	28715						
BCF 2a	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population - Cumulative total rate	Monthly - Low	26.8	65.0											TBA				611.00	352.00	######
BCF2b	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, Total numbers.	Monthly - Low	7	17															160.00		
BCF 3a	Delayed Transfers of care (delayed days) **NHS** Average monthly rate per 100,000 population (aged 18+)	Monthly - Low	3.8	4.1															3.2		
BCF 3b	Delayed Transfers of care (delayed days) **Adults Social Care**, Average monthly RATE per 100,000 population (aged 18+)	Monthly - Low	0.9	0.7															0.5		
BCF 3C	Delayed Transfers of care (delayed days) **Joint (NHS and ASC)** , Average monthly RATE per 100,000 population (aged 18+)	Monthly - Low	0.2	0.0															0.2		
BCF 3D	Delayed Transfers of care (delayed days) **Total**, Average monthly RATE per 100,000 population (aged 18+)	Monthly - Low	5.0	4.7															3.9		
BCF 3E	Delayed Transfers of care (delayed days) Total numbers (aged 18+)	Monthly - Low	245.0	241.0																	
BCF 5	ASCOF (2B) Part 1 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Annual - High													TBA				88%	79%	84%
BCF 4	Overall satisfaction of people who use service with their care and support	Monthly - High												58%	65%				59%	59%	56%
BCF 4	Proportion of people feeling supported to manage their condition	Monthly - High													65%						61%

Better than Target (5%)

sure based on annual survey so in year data not available, 17-18 data will be available mid 2

BCF Performance Summary

BCF

- **Section 75**

- The S75 Agreement for 2018-2021 is now signed an sealed. A soft copy has been stored on the Luton CCG and the Borough Council shared drives for future reference. A review will commence in January each to ensure that the schedules are refreshed in preparation for the new Financial year.

BCF iBCF update

- The programme continues to remain RAG rated as green & is performing well against the objectives. Two iBCF schemes have been approved for closure by the Joint Strategic Commissioning Group (JSCG). Health Hubs feasibility scheme has been unable to obtain the NHSE funding required to proceed with the scheme and the Housing Tenancy Support Pilot has despite numerous attempts been unsuccessful in recruiting to the required posts. The two closure's have generated a significant underspend for 2018-2019, initial projections are £300k. Proposals against the underspends will be discussed at JSCG in January.

- Business Cases have been submitted for the 2019-2020 allocations and are currently awaiting approval by JSCG. 2019-2020 is the final year for iBCF, as such a clear exit strategy has been requested for all iBCF Business Cases, ensuring plans are in place to prevent a cliff edge for the agreed schemes.

- **DTOC**

- The accuracy of the published Unify data is improving, following the close monitoring by the Joint Performance team and deep dives prior to publication by the Luton and Dunstable Hospital. Following an error in the Bedford Hospital DToC Data for Luton in November and September, a meeting has been arranged with Bedford Hospital to ensure that the DToC reporting process is tightened to avoid reporting discrepancies being inaccurately applied to Luton.

Risk

- New INSIGHT4 risk register report circulated. No risks for escalation to the Joint Strategic Commissioning Group.

- The BCF & iBCF programme of work has been audited. The interim report has identified a couple of minor actions & at this stage has been classified as low risk.

BCF Performance Summary

Reporting

Performance against the new NHSE DToC target is detailed below. Luton continues to perform well, despite the increasing NHSE expectations.

	LDH Acute			ELFT Non acute	DATA					
	NHS Delayed Days	Social Care Delayed Days	Both Delayed Days	MH Delayed Days	Monthly Total	Delayed days per day	Delayed Days per 100,000 population	BCF Target Total Delayed Days per 100,000 population Set Aug 2018	BCF Target by number of days (will also include other providers)	RAG (provisional)
Apr-18	112.0	0.0	0.0	0.0	112.0	3.7	2.3	3.9	171.0	GREEN
May-18	95.0	0.0	0.0	0.0	95.0	3.2	1.9	3.9	171.0	GREEN
Jun-18	55.0	0.0	1.0	0.0	56.0	1.9	1.1	3.9	171.0	GREEN
Jul-18	139.0	0.0	0.0	0.0	139.0	4.6	2.8	3.9	171.0	GREEN
Aug-18	118.0	0.0	0.0	0.0	118.0	3.9	2.4	3.9	171.0	GREEN

Appendix A – Indicator's Lead Reference

Domain	Indicator Category	Dashboard - Data Source	Lead
NHS Constitution	A&E Waits	LDH SQPR	Caroline Capell
	Ambulance Handover (Arrival to Handover)	LDH SQPR	Caroline Capell
	Cancelled Operations	NHS England statistics	Jennie Russell
	Cancer Wait - 2 week	NHS Digital	Carole Gillespie
	Cancer Wait - 31 day	NHS Digital	Carole Gillespie
	Cancer Wait - 62 day	NHS Digital	Carole Gillespie
	Category A Ambulance Calls	EEAST	Caroline Capell
	Diagnostic test	NHS England statistics	Adrian Shentall
	Mental Health	NHS England statistics / NEL CSU Performance Portal	Loraine Rossati
	Mixed Sex	NHS England statistics / NEL CSU Performance Portal	Jennie Russell
	RTT 18 weeks	NHS England statistics	Adrian Shentall
Quality & Safety	A&E Assessment	LDH SQPR	Jennie Russell
	Breastfeeding	LHD SQPR and CCS SQPR	Jennie Russell
	Community Services Quality Standards	Cambridgeshire Community Services	Amanda Flower
	Delayed transfers of care	NHS England statistics	Loraine Rossati
	Friends and Family Test	NHS England statistics / NEL CSU Performance Portal	Jennie Russell
	Health Checks	Luton Borough Council	Paul Lindars
	Healthcare Associated infections	NHS England statistics / NEL CSU Performance Portal	Jennie Russell
	Mental Health Standards	ELFT SQPR	Loraine Rossati
	MMR Coverage	NHS England statistics	Paul Lindars
	Number of Pressure Ulcers	LDH, CCS and ELFT SQPRs	Jennie Russell
	Safer Surgery Checklist	LDH SQPR	Jennie Russell
	Serious Incidents and Never Events	LCCG Quality team	Jennie Russell
	Stroke	LDH SQPR / LDH Stroke reporting	Amanda Flower
	VTE	LDH SQPR	Jennie Russell
Outcomes Framework	Dementia Care	NEL CSU Performance Portal	Loraine Rossati
	Improving Access to Psychological	NEL CSU Performance Portal	Loraine Rossati
	Treating and caring for people in a safe environment and protecting them from	Public Health England	Jennie Russell
Better Care Fund	Admissions to residential and nursing care	Luton Borough Council	Kate Sutherland
	Delayed transfer of care	NHS England statistics	Loraine Rossati
	Non Elective admissions	NHS England statistics / NEL CSU Performance Portal	Caroline Capell
	Patient / Service User feedback	HSCIC Indicator Portal	Paul Lindars
	Reablement / rehabilitation services	HSCIC Indicator Portal	Amanda Flower
	End of Life	Public Health England web site	Carole Gillespie

Appendix B – NHS England CCG Improvement and Assessment Indicators

Better Health

				Period	CCG		Peers	England	Trend
R	101a	n/d	Maternal smoking at delivery	16-17 Q3	9.4%	↓	6/11	85/209	
R	102a	n/d	% 10-11 classified overweight / 12/13 to 14/15		37.3%	↓	7/11	176/209	
R	103a	n/d	Patients who achieved NICE tar 2015-16		37.8%	↓	10/11	137/209	
R	103b	✓	Attendance of structured educa 2014		25.7%	↓	1/11	2/209	
R	104a	n/d	Injuries from falls in people 65+	16-17 Q3	1,901	↓	4/11	96/209	
R	105a	n/d	Utilisation of the NHS e-referral	2017 03	59.8%	↑	4/11		
R	105b	n/d	Personal health budgets	16-17 Q4	27	↑	1/11	41/209	
R	105c	n/d	% of deaths in hospital	16-17 Q2	49.9%	↓	8/11	71/209	
	105d	n/d	LTC feeling supported	2016 03	59.9%	↓	6/11	180/209	
R	106a	n/d	Inequality Chronic - ACS	16-17 Q3	1,203	↑	8/11	174/209	
R	106b	✗	Inequality - UCS	16-17 Q3	2,400	↑	6/11	163/209	
R	107a	✗	AMR: appropriate prescribing	2017 02	1.25	↓	10/11	194/209	
R	107b	✗	AMR: Broad spectrum prescribi	2017 02	8.8%	↑	8/11	105/209	
	108a	n/d	Quality of life of carers	2016 03	0.82	↑	1/11	40/209	

Sustainability

				Period	CCG		Peers	England	Trend
R	141a	n/d	Financial plan	2016	Red	○	10/11	141/209	
R	141b	n/d	In-year financial performance	16-17 Q4	Red	↔	8/11	141/209	
R	142a	n/d	Improvement area: Outcomes	16-17 Q3		↔	1/11	1/209	
R	142b	n/d	Improvement area: Expenditure	16-17 Q3		↔	1/11	1/209	
R	143a	n/d	New models of care	16-17 Q4	N	○			
R	144a	n/d	Local digital roadmap in place	16-17 Q4	Y	○			
R	144b	n/d	Digital interactions	16-17 Q4	59.5%	○	11/11	139/209	
R	145a	n/d	SEP in place	2016-17	Y	○			

Well Led

				Period	CCG		Peers	England	Trend
R	161a	n/d	STP	2016-17	Green	○	1/11	1/209	
R	162a	n/d	Probity and corporate governan	16-17 Q4	Fully Compliant	↔	1/11	1/209	
R	163a	n/d	Staff engagement index	2016	3.90	↑	1/11	4/209	
R	163b	n/d	Progress against WRES	2016	0.14	○	7/11	132/209	
R	164a	n/d	Working relationship effectiven	16-17	75.78	↑	3/11	36/209	
R	165a	n/d	Quality of CCG leadership	16-17 Q4	Green	↔	3/11	31/209	

Key

Better Care

				Period	CCG		Peers	England
R	121a	n/d	High quality care - acute	16-17 Q4	68	↑	2/11	8/209
R	121b	n/d	High quality care - primary care	16-17 Q4	64	○	3/11	116/209
R	121c	n/d	High quality care - adult social c	16-17 Q4	62	○	2/11	48/209
R	122a	n/d	Cancers diagnosed at early stag	2015	53.3%	↑	3/11	75/209
R	122b	n/d	Cancer 62 days of referral to tre	16-17 Q4	83.3%	↓	5/11	85/209
R	122c	✗	One-year survival from all cance	2014	66.3%	↑	10/11	199/209
	122d	n/d	Cancer patient experience	2015	8.7	○	3/11	76/209
R	123a	n/d	IAPT recovery rate	2017 01	50.7%	↑	6/11	82/209
R	123b	✓	EIP 2 week referral	2017 03	79.2%	↑	3/11	80/209
R	123c	n/d	MH - CYP mental health	16-17 Q4	85%	↑	5/11	74/209
R	123d	n/d	MH - Crisis care and liaison	16-17 Q4	67.5%	↔	8/11	110/209
R	123e	n/d	MH - OAP	16-17 Q4	100.0%	↔	1/11	1/209
R	124a	n/d	LD - reliance on specialist IP car	16-17 Q4	38	↑	1/11	21/209
	124b	✓	LD - annual health check	2015-16	15.8%	○	11/11	205/209
R	125a	n/d	Neonatal mortality and stillbirth	2015	9.8	↓	8/11	195/209
	125b	n/d	Experience of maternity service	2015	77.5	○	6/11	152/209
	125c	n/d	Choices in maternity services	2015	65.7	○	4/11	104/209
R	126a	n/d	Dementia diagnosis rate	2017 03	65.1%	↓	8/11	135/209
	126b	n/d	Dementia post diagnostic suppo	2015-16	80.0%	↑	5/11	69/209
R	127a	n/d	Delivery of an integrated urgent	2017 01	5	↑	6/11	65/209
R	127b	n/d	Emergency admissions for UCS	16-17 Q3	3,137	↓	8/11	177/209
R	127c	✓	A&E admission, transfer, disch	2017 03	98.7%	↑	1/11	1/209
R	127e	✓	Delayed transfers of care per 10	2017 03	2.1	↓	1/11	2/209
R	127f	n/d	Hospital bed use following eme	16-17 Q3	542.9	↑	7/11	151/209
R	128a	n/d	Management of LTCs	16-17 Q3	1,145	↑	6/11	171/209
R	128b	n/d	Patient experience of GP service	2016 03	79.4%	↓	7/11	195/209
R	128c	n/d	Primary care access	2017 03	0.0%	↔	9/11	115/209
R	128d	n/d	Primary care workforce	2016 09	0.84	↑	8/11	176/209
R	129a	✓	18 week RTT	2017 03	93.1%	↑	2/11	54/209
R	130a	n/d	7 DS - achievement of standard	2016-17	0.0%	○	1/11	
R	131a	n/d	People eligible for standard NH	16-17 Q3	9.9	↑	11/11	209/209

To know more:
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of this presentation, please contact:

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