

SHADOW STATUTORY HEALTH AND WELL BEING BOARD

5TH SEPTEMBER 2012 at 5.30pm

Present: Councillor Hazel Simmons (Leader of the Council)
Councillor Mahmood Hussain (Portfolio Holder - Adult Social Care)
Councillor Waheed Akbar (Portfolio Holder – Children’s Services)
Pam Garraway (Director of Housing & Community Living)
Martin Pratt (Director of Children and Learning)
Gerry Taylor (Director of Public Health)
Dr Barhey (Chair of Luton Clinical Commissioning Group)
Neville White MBE (Representative of Luton LINK)
Chris Ford (Substitute for Felicity Cox) (Representative of NHS Luton)

In Attendance:

Kelly O’Neill – Assistant Director of Public Health
Bren McGowan – Partnership Manager (LBC)
Michael McMahon – Housing and Community Living
Morag Stewart – Deputy Director of Public Health
Eunice Emuophe – Democracy and Scrutiny Officer (Clerk) (LBC)
Rod While – Head of Commissioning Strategy and Implementation Luton Clinical Commissioning Group
Councillor Shaw – LBC Councillor

Observer: Councillor Aslam Khan – Chair – Scrutiny Health and Social Care Review Group (HSCRG)

22. APOLOGIES FOR ABSENCE

Apologies for absence from the meeting were received on behalf of Linda Hennigan – Chair – Community Safety Executive, and Felicity Cox NHS Bedfordshire and Luton.

23. NOTES FROM PREVIOUS MEETING – 24TH JULY 2012 (ITEM:2)

Resolved: The notes of the meeting of the Shadow Health and Wellbeing Board held on 24th July be agreed.

24. CHANGES TO EMERGENCY PLANNING, RESILIENCE AND RESPONSE FROM 1ST APRIL 2013 (ITEM: 4)

Kelly O’Neill the Assistant Director of Public Health presented the report (Ref: 4) highlighting the changes to Emergency Planning, Resilience and Response (EPRR) from 1st April 2013. The EPRR was as a result of changes made by the Health and Social Care Bill, 2012 to the health system. Members were informed of an additional new requirement of the EPRR which was introduced last week and a new timeline of implementation was currently under review.

The Director of Public Health also explained that the process was complex and there was need for the Board to take the right step in effecting these

changes. She highlighted the purpose of the report which she said was to seek the Board's views and questions around descriptions on arrangements and queries on the action plans.

The Director of Housing and Community Living sought clarification around the new additional requirement. In response, Members were advised that part of the new addition was around governance arrangements and to identify areas where there were issues and whether those issues were being met. However, it was early days and the details were yet to be clarified.

Resolved: That the report (Ref: 4) be noted and that the proposals on the key areas be also noted by the Board.

25. ARRANGEMENTS FOR NHS COMMISSIONING BOARD (ITEM: 5)

Chris Ford Director of Finance and Deputy Chief Executive NHS Bedfordshire and Luton gave a presentation on the core functions and arrangements of the Commissioning Board. He highlighted the functions set out under a number of headings, including Emergency Planning, Resilience and Response, Quality and Safety of Health Care delivery, Direct Commissioning and Specialist Services, etc. He advised that the CCG would have direct responsibilities for Contracts and some aspect of Health Care services as well as the responsibility to commission Ambulance Services.

He further advised;

- The PCT continues to be the statutory body until 31st March 2013
- The initial 17 clusters had now been reduced to 8 and Luton was now part of Staffordshire and Midlands
- The Local Area Director of the NHS Commissioning Board had been appointed and she was in the process of appointing for other key roles
- The next level of Directors would be appointed soon, and those positions had been advertised
- It was expected to employ up to 800 staff, and so far 10 key senior positions had been appointed
- The goal was to have a well-established CCG Board by 31st March 2013
- The statutory responsibilities of the PCT would remain until 31st March 2013.

Members sought clarity in regards to the relationship between the CCG, Health Services and the Shadow Health and Wellbeing Board and its accountability.

Chris Ford advised that it was difficult to comment on working relationships as this would depend on individual partners. It was anticipated that a Director would be allocated to each of the Counties and that working partnership between the Local Authorities and the Health Services were a major key emphasis of the reforms.

In regards to the number of Commissioning Offices he stated that the Country was split into 4 with 27 Local Area Officers.

Resolved: That the report (Ref: 5) and the progress on the arrangements for NHS Commissioning Board be noted.

26. LUTON CCG PRIMARY CARE DEVELOPMENT PLAN (ITEM: 5)

Dr. Manraj Barhey, gave a presentation on the Luton CCG Primary Care Development Plan being implemented to reduce variation in the quality of primary care in Luton. The report sought the views of the Board, to discuss and approve the plans accordingly.

He advised that the key objective of the Primary Care Development Plan was to increase quality and reduce variation in provision of care services in Luton.

He highlighted and gave examples of variations in terms of the national patient experience survey which had revealed that 8 out of 31 GP practices fall in the bottom 10% with only two having scores in the top 10%.

There was emphasis on the need to focus on some key areas of health, such as hypertension, diabetes etc, which affected most people in Luton. He also explained the need to share data and need to understand why there variations in provision of health services. He stated that by having a national plan and a six months review programmes, improvements could be achieved.

He stated that in terms of excellence, and quality care programme, the next stage included evaluating and sharing experiences. Some Practices were currently being targeted and under review for advice and support. He stated that one Practice had just been referred to the NHS Commissioning Board on quality issues.

He apprised the Board on the following key issues which he said would help to improve primary care and improve quality of service.

- Tackling financial variation
- Establishing direct link with the Board
- Working on several programmes for improvement
- Ongoing engagement visits in order to develop strategy
- Regular training sessions and investing in IT and redesign

In regards to support and intervention and the involvement of the Commissioning Board he stated that the knowledge of Clinicians was a powerful tool in the process however, some of the issues surrounding quality and care in regards to GP practices was an area of challenge.

A Member sought clarity in terms of the big variation in the budget management and whether the cost of early treatment was a cost to the GP and not the hospital? He asked what the correlation was how the trends would be spotted.

In response, Dr. Barhey stated that the key was the quality of service which could cut the expenditure and there were very simple things a Practice could do to achieve reduction in financial variation and in the Practice's own budget.

In response to a question about patient empowerment, he advised that there was need for a clear line of communication in relation to patients support and awareness of the quality mark and what the expectations were. He further stated that patients already benefitted from the ongoing changes and reviews. Also Healthwatch would be able to look at some of these issues where necessary.

Resolved: That the Luton CCG Primary Care Development Plan be noted and approved by the Board.

27. HEALTH AND WELLBEING STRATEGY (ITEM: 6)

Morag Stewart gave a presentation (Ref: 6) on the Health and Wellbeing Strategy (HWBS) advising that the consultation on the Health and Wellbeing Strategy took place between 14th June and 17th August 2012. She gave a brief summary on the draft strategy and terms of reference regarding consultation and delivery.

She advised that the consultation process had been completed with positive outcome and feedback received. There were three methods used to consult on the strategy namely; on-line consultation, focus groups and presentation to key boards. She reported that up to 172 responses were received from the on-line consultation and also very useful comments were received from the Focus groups sessions.

She further reported that the survey revealed that there was a high level of agreement with the direction of the new strategy and highlighted on some of the proposed amendments to the HWBS resulting from the consultation. She advised that the proposed changes would be reported at the LBC Executive meeting on 1st October. A further report would be presented to the new Board between November and December in regards to an evaluation strategy to accompany the HWBS. It was being proposed to meet with the Community Engagement and Consultation Manager to discuss possible engagement with local people.

It was suggested that the paragraph regarding "shift resources to focus more on prevention and early intervention" be slightly reworded for clarity.

Resolved: (i) That the proposed amendments to the draft Health and Wellbeing Strategy (HWBS) as appended in the report of the Director of Public Health (Ref:6) be noted and agreed subject to amendment to the proposal relating to "shift resources to focus more on prevention and early intervention" for the purposes of clarity.

(ii) That the draft Terms of Reference for the delivery Boards as appended to the report of the Director of Public Health (Ref:6) be noted and approved.

(iii) That an update of the HWBS be reported back to the Board in November/December 2012.

28. LUTON CCG AUTHORISATION UPDATE: (ITEM: 7)

Rod While gave an update and presented the report (Ref: 7) regarding the current status of Luton CCG authorisation process as well as the potential risks involved in the process in terms of its outcome. He stated that the CCG had already been a subject of ongoing pre-assessments by the Strategic Health Authority (SHA) in regards to the appropriateness for wave and readiness for overall authorisation. He stated that a final report from the SHA was expected in the next few days.

He further gave an overview of the application process as follows:

- Pre-Application
- Formal Application
- Desktop Review
- Site Visit
- Outcome.

He advised that the formal application process had commenced and a number of core documents must be submitted by the 1st of October. A desktop review was due to take place from 02/10 to 02/11 2012 whilst the NHS Commissioning Board site visit had been set for 20th November 2012. Following the site visits there will be a period of moderation with a final decision being made sometimes in December 2012. He stated that there would be three possible outcomes namely; "Fully authorised", "Authorised with conditions" and the third option being "Established but not authorised".

The Board deliberated on the authorisation process and discussed risks involved in the likely event that the expected results were not achieved. The Board further deliberated on the role of the Board in assisting the CCG to achieve the desired outcome.

Members of the Board heard that the CCG had provided good evidence in support of the application and were confident of a good outcome. In terms of support, he stated that the SHWB could continue to support the CCG in demonstrating full engagement and working partnership in the process as evidence to the NHS Commissioning Board.

Resolved: That the Luton CCG Authorisation Update (Ref: 7) be noted.

29. DEPARTMENT OF HEALTH CONSULTATION (ITEM 8)

The Director of Public Health presented the report on the Department of Health Consultation (Ref: 8) and requested the Board to respond to current consultation from the Department of Health. She reported that there were

currently two consultations from the DH currently associated with the work of the Health and Wellbeing Board namely;

- Consultation on the mandate to the NHS Commissioning Board – closes 26th September
- Consultation on joint strategic needs assessments and joint health and wellbeing strategy guidance – closes 28th September.

Members were requested to forward comments on the consultation and or the draft response to the Director of Public Health by Friday 21st September 2012.

Resolved: (i) That Members of the SHWB be requested to forward their comments on the draft response to the DH Consultation appended to the report (Ref: 8) to the Director of Public Health by Friday 21st September 2012.

(ii) That the Director of Public Health be delegated the responsibility for approving the final response in consultation with the Chair of the SHWB.

(Note: Meeting ended at 7.05 pm)