

SHADOW STATUTORY HEALTH AND WELL BEING BOARD

21st NOVEMBER 2012 at 4.00pm

Present: Councillor Hazel Simmons (Leader of the Council)
Councillor Waheed Akbar (Portfolio Holder – Children’s Services)
Councillor Mohammed Ashraf, (Portfolio Holder – Public Health)
Councillor Mahmood Hussain (Portfolio Holder - Adult Social Care)
Pam Garraway (Director of Housing & Community Living)
Martin Pratt (Director of Children and Learning)
Gerry Taylor (Director of Public Health)
Neville White, MBE, Luton LINK
Rod While, Head of Commissioning Strategy & Implementation LCCG

Observer: Councillor Aslam Khan, Chair - Scrutiny: Health & Social Care Review Group (HSCRG)

In Attendance:

Emma Osborne - Community Safety Executive
Bren McGowan – Partnership Manager (LBC)
Michael McMahon – Head of Community Living
Bert Siong – Democracy and Scrutiny Officer (Clerk) (LBC)
Morag Stewart – Deputy Director of Public Health

(Notes: This meeting is a continuation of the meeting started on 17th October 2012, which was ended before the conclusion of business due to a fire alarm)

37. APOLOGIES FOR ABSENCE (REF: 1)

Apologies for absence from the meeting were received on behalf of Dr Manraj Barhey (Rod While substituting), Andrew Burgess (Rod While substituting), Linda Hennigan (Emma Osborne substituting).

38. GOVERNANCE (ITEM: 3)

Pam Garraway presented her report relating to the governance of the Health and Well-Being Board ((Ref: 3). She said as the Board made the transition from shadow form to a formal committee of the Council from 1st April 2013, there was a need to ensure its constitution followed the legislation.

She said the report provided details about the background and issues to take account of going forward and asked the Board to note the fact it would be different from traditional committees of the Council, insofar it would contain officers as well as Members.

She added the constitution had followed the line provided for in the Health and Social Care Act relative to the purpose of the Board, i.e. to assess needs, lead the Joint Strategic Needs Assessment, promote integration and partnership, including joint commissioning and publish a Joint Health and Wellbeing Strategy.

She went on to say the proposed membership of the Board was also in line with the legal framework, and was the same as the current shadow Board membership, as set out at paragraph 7 on page 6 of the report (Ref: 3).

She said the Board was being requested to confirm its membership, allowing for substitutes and to dis-apply political proportionality rules due to the different nature of the committee from other Council committees.

In response to questions, she said additional members, who were not members of an overview and scrutiny committee were allowed, which meant Cllr. Aslam Khan, Chair of the Scrutiny Health & Social Care Review group, could remain involved with the Board only as an observer. That was due to conflict of interest, as a health overview and scrutiny committee was able to scrutinise the decisions of the Board.

Martin Pratt pointed out a Member could only be substituted by another Member, and an officer by another officer.

The Chair suggested and it was agreed that the Board would limit the number of named substitutes to two for any one meeting. Responding to a question from Neville White, MBE, she said all members, including the Local Healthwatch representative of the Board would have full and equal voting rights.

Pam Garraway confirmed substitute rules would also apply to the Healthwatch representative.

Resolved: That the Director of Housing and Community Living's recommendations on the Governance of the Health and Well-Being Board (report Ref 3) be supported as follows:

(a) that the Council be recommended to approve the functions and membership of the Shadow Health and Wellbeing Board as set out at paragraphs 6 and 7;

(b) that the Council be recommended to approve that members of the Health and Wellbeing Board be permitted to appoint named substitutes, with no more than two allowed per meeting (paragraph 10);

(c) that the Council be recommended to approve that political proportionality rule be dis-applied for the Health and Wellbeing Board (paragraph 11).

39. HEALTHIER TOGETHER – ACUTE SERVICES REVIEW (ITEM: 4)

Rod While provided a verbal update on the Healthier Together – Acute Services Review. Distinguishing it from other local NHS programmes of similar names, he said the review was about services provided by the five hospitals at Luton, Bedford, Milton Keynes, Northampton and Kettering.

He added the programme was based on the premise the current system was no longer affordable, and changes were needed to continue to provide high quality services. The programme started about a year ago, but had not progress as speedily as needed for a number of reasons, including delays due to the Corby by-elections and media interest about Kettering hospital. He said as further delays were

anticipated due to local elections in Northamptonshire in May 2013, it was unlikely that consultation on the proposals would take place until June 2013 at earliest.

He went on to say that A & E provisions would remain at all five hospitals, although some would be at higher level, e.g. dealing with major traumas and others not, although the outcome of the programme was not yet known.

He added that as the CCGs from the five areas were responsible for the Healthier Together review, this would give them hands control to shape the programme as necessary.

He said the objective was for all five hospitals to remain open, with some becoming centres of excellence providing expert services and some not, which meant some patients might have to travel further for better outcomes.

Cllr Hussain commented there was a need to be very clear about this, as it was not acceptable for patients who did not have their own cars having to travel further to specialist centres. He added Luton had a disproportionate number of patients with major illnesses and concerns about public transport needed to be looked at.

Rod While said Luton & Dunstable hospital was unlikely to be changed dramatically. He added an 'out of hospital' strategy was being developed, which would be brought to the Board for review, to address and manage demand/ activities at the L & D Hospital which continued to rise.

Martin Pratt commented the clinical case had been made, but queried if the financial model was about generating efficiency/ savings, i.e whether it was due to financial pressure or social pressure.

Rod While said £4 million needed to be taken out from acute Trusts to up-skill community care. He said CCGs would drive activities out of hospital to generate the savings.

Pam Garraway queried what might happen to the L & D Hospital if required to take on more services, as the fabric of the building was less than fit for purpose and not conducive to good practice. She suggested it would be good idea to see how the L & D would respond to ensure hospital infrastructure was sound going forward.

The Board concurred and agreed a letter be written to the L & D Board, inviting the Chair and/ or the Chief Executive to bring a presentation to one of its future meetings, to explain its strategy and plan, including time scale, for improving the hospital infrastructure.

Cllr. Hussain raised another concern about the disparity between the practices of the different ambulance services, quoting an example when a single crewed ambulance was not able to transport a patient, causing a delay of 1 hour and 10 minutes.

Gerry Taylor said Luton CCG was aware of issues locally, which Rod While was requested to take forward.

Cllr. Ashraf asked how long the delay would be with the Healthier Programme.

Rod While said there was no information officially from the Healthier Together programme.

Resolved: (i) That the oral update about the Healthier Together programme be noted;

(ii) That the Partnership Manager be requested to write and invite the Chair and/ or the Chief Executive of the Luton & Dunstable Hospital NHS Foundation Trust to a future meeting of the Shadow Health and Well-Being Board to give a presentation on the hospital's strategy and plan, including time scale, for improving the hospital infrastructure;

(iii) That Luton CCG be requested to look into issues with the Ambulance service, giving cause for concern about delays in transporting patients to hospitals.

40. CLINICAL COMMISSIONING GROUP STRATEGY (ITEM: 5)

Rod While said the final draft Clinical Commissioning Group Strategy had not been changed in any significant way, since previously reviewed by the Board in June 2013.

He went on to update the Board on Luton CCG (LCCG) authorisation process, as follows:

- A site visit from the NHS Commissioning Board was imminent, following their desk top assessment of LCCG's application for authorisation on 1st October 2013;
- There were 119 criteria assessed, either as GREEN if passed or RED if not;
- LCCG was assessed as RED on 32 criteria, which was relatively better than most surrounding CCGs;
- Many of the REDs would be relatively easy to transformed into GREENs, e.g. on appointment of certain staff members;
- The biggest issue for LCCG was around finance, as emergency activities were rising, e.g. A&E attendances and non-elective surgeries, which were closely correlated, were up by 19% and 20% respectively;
- LCCG had a plan in place to manage the rise in activities and it was a matter of convincing and gaining the confidence of the NHS Commissioning Board assessors about the viability of the plan;
- Although LCCG was likely to come out with some residual REDs, it should have a favourable report. No other CCGs had less than 30 REDs;
- The results of assessments were likely to be known in January 2013, as there was a moderating process to go through nationally before final assessments were made.

Rod While said according to the desk top review, the LCCG strategy was found to have close alignment with the joint Health and Well-Being Strategy and the JSNA, and was a good basis to build on.

Taking on board feedback from Members, the Patient Reference Group, Luton LINK, key providers and the Board, he said the strategy had been updated in a number of areas, including the following:

- To include a description of how the strategy was developed, linked to the JSNA and Health and Wellbeing Strategy;
- A stronger emphasis on safeguarding children and vulnerable adults;
- Stronger emphasis on mental health in overall wellbeing;
- Increased emphasis on improving primary care;
- How the strategy would be delivered – how the delivery boards fitted together;
- How delivery structures, including integration and prevention had progressed.

Pam Garraway said she would report on how integration was part of everything done.

Gerry Taylor said the Prevention Group was part of the equality Delivery Group in Primary Care.

Pam Garraway said it was important to keep the number of meetings to a minimum and she was working on where sub-groups fitted together.

Martin Pratt said he was drawing up where activities fitted together relating to Children.

Emma Osborne stated offender needs were not specifically highlighted in the strategy document.

Responding to Emma Osborne, Rod While said offenders' needs were a matter for the NHS Commissioning Board.

On a related matter, Rod While said LCCG was going through a procurement process to seek a new provider for the GP clinic co-located at the L & D Hospital. He requested volunteers from the Board to join the assessment team, who would be required for 3 days, plus training in January 2013. Subject to diary commitments, members would consider the request outside the meeting.

Resolved: (i) That the updated CCG Strategy (Ref: 5) be noted and approved by the Board;

(ii) That the oral updates provided on the CCG authorisation process be noted;

(iii) That Rod While be informed direct by any members of the Board willing to be an assessor on the LCCG GP Clinic procurement team.

41. HEALTHWATCH – PROGRESS REPORT: (ITEM: 6)

Pam Garraway provided a verbal update on the progress achieved with setting up the new Healthwatch, which she said was moving at some pace. She said views

were obtained from a number of workshops and a vision statement drawn up. A procurement document had been prepared and interested parties were invited to bid.

She informed the Board 4 expressions of interests had been received, which was good for a small authority and the size of the budget.

She added Luton LINK had prepared a legacy document for the incoming Healthwatch, which should help to smooth the transition.

Mike McMahon said potential providers were provided the opportunity to raise and discuss any issues of clarity and understanding of the offer. From feedback received, he said there were very few issues outstanding. He added the specifications were very clear about the ambitions and aspirations expected, which did not appear to have put off any bidders, who were content to proceed.

Referring to a Healthwatch document, Martin Pratt queried whether Children should be included in the Healthwatch remits.

Pam Garraway said Healthwatch would also be the champion for children.

Responding to a member's questions, Pam Garraway said the contract would be a Luton Borough Council one, and due to funding would be for 4 years, split into 2 years, plus 1 year and 1 year, with suitable break out clauses included for non-compliance.

Resolved: That the verbal update on progress with setting up local Healthwatch be noted.

(Note: Meeting ended at 16.55 pm.)