

SHADOW STATUTORY HEALTH AND WELL BEING BOARD**23 JANUARY 2013 at 5.30pm**

Present: Councillor Mahmood Hussain, Portfolio Holder - Adult Social Care, Vice-Chair, in the chair
Councillor Waheed Akbar Portfolio Holder – Children’s Services
Pam Garraway, Director of Housing and Community Living
Dr Nina Pearson, Luton CCG (for Baz Barhey)
Dr Fiona Sim, NHS Luton and Bedfordshire (for Sarah Whiteman)
Morag Stewart, Deputy Director of Public Health (for Gerry Taylor)
Neville White MBE, Luton Link

In Attendance:

Tess Dawoud, Luton CCG
Carol Hill, Director of Strategic Implementation and Collaborative Commissioning, Luton CCG
Richard Jones, Head of Medicines Management and Accountable Officer for Controlled Drugs, Luton Clinical Commissioning Group
Bren McGowan, Partnership Manager
Michael McMahan, Head of Community Living
Suliman Rafiq, Public Health Team

1. APOLOGIES FOR ABSENCE (REF: 1)

Apologies for absence from the meeting were received on behalf of:
Dr Baz Barhey, Luton Clinical Commissioning Group
Linda Hennigan, Community Safety Executive
Councillor Aslam Khan, Overview and Scrutiny Health and Social Care Review Group
Martin Pratt, Director of Children and Learning
Councillor Hazel Simmons
Gerry Taylor, Director of Public Health
Sarah Whiteman, NHS Commissioning Board

2. NOTES FROM PREVIOUS MEETINGS – 17 OCTOBER AND 21 NOVEMBER 2012 (ITEM: 2)

Resolved: The notes of the meeting of the Shadow Health and Wellbeing Board held on 17 October and 21 November 2012 be agreed.

3. DECLARATIONS OF INTEREST (ITEM: 3)

Nina Pearson said that she was a GP and declared an interest for any item where issues related to GPs might arise.

4. PHARMACEUTICAL NEEDS ASSESSMENT (ITEM: 4)

Richard Jones made a presentation (attached).

He drew attention to the issue of prescribing errors, of which 3.6% were described as 'severe'. He also highlighted the cost to acute services (approximately £3m) and the cost of wastage (estimated at £1-2m), of which 50% is estimated to be avoidable.

He described the range of services covered by the Pharmaceutical Needs Assessment (PNA), and the importance of getting the PNA right or there was a risk of a judicial review.

Pam Garraway welcomed the links with the Joint Strategic Needs Assessment (JSNA), particularly round health checks and asked what was planned to support prevention.

Richard Jones explained that there were no defined services and it was important to recognise that pharmacies ran as commercial services. He noted the importance of taking into account the needs of carers.

Nina Pearson suggested that pharmacies needed to be seen as part of an integrated health system – for example, by raising concerns.

In response to a question from Councillor Akbar, Richard Jones explained that advanced services were a national service but they were not mandatory. 30 out of 45 local pharmacies want to provide advanced services.

Morag Stewart noted the links between the JSNA and the PNA and expressed the need to collaborate closely in their development. Both are due to be refreshed in 2014.

There was discussion about how pharmacies work with GPs, particular in relation to repeat prescriptions. Richard Jones explained that the PNA would need to develop options which could be considered.

Resolved: That further reports are presented on the Pharmaceutical Needs Assessment, as required.

5. SAFEGUARDING (ITEM: 5)

Pam Garraway made a presentation (attached).

She drew attention to the fact that the Health and Wellbeing Board is in a position to provide challenge, making sure that partners are appropriately involved in safeguarding. She noted that she would be meeting with Martin Pratt and Michael Preston-Shoot (chair of both the Local Safeguarding Children

Board and the Safeguarding Vulnerable Adults Board) to develop strategic issues.

Cllr Hussain asked how decisions were implemented after cases had been investigated. Pam Garraway explained that safeguarding for children and young people was well-developed and on a statutory footing but there was more progress needed for safeguarding adults.

Nina Pearson suggested that there was a need to maintain a balance; for example, with regard to end of life issues, carers and families can support people in an appropriate way where dying at home can be a good outcome. Pam Garraway said that it was important to get end of life issues right; for example, ensuring that people have suitable care plans and that an End of Life Strategy was needed.

Fiona Sim asked whether it was possible to bring together children's and adults' safeguarding. Pam Garraway explained that it was not possible because of the statutory framework; however, there is collaboration such as joint training programmes to support the work.

Resolved: That the report is noted.

6. WINTERBOURNE VIEW – IMPLICATIONS FOR THE HEALTH AND WELLBEING BOARD (ITEM: 6)

Pam Garraway made a presentation (attached).

She explained that there were four people who came under the scope of the Concordat. These are people with complex needs and would need to be supported in a care setting. There is not currently local accommodation that meets these needs.

She noted there was a requirement to review all current placements by 1 June 2013, but that locally this would be completed by 31 March.

Nina Pearson asked whether there were plans for the future and how many more cases were expected. Pam Garraway said that there were 69 high need cases coming up over the next five years but that some of these could be supported in community settings.

Fiona Sim asked whether four cases was considered good and what was the likely impact of the move. Pam Garraway said that the four would not necessarily have to move, but their case had to be reviewed. Other possibilities were that providers might change their delivery.

Resolved: That further reports be brought at key dates as identified in the presentation

7. CLINICAL COMMISSIONING GROUP 2013 /2014 COMMISSIONING PLANS (ITEM: 7)

Carol Hill made a presentation (attached).

She said that when the draft had been agreed by the Clinical Commissioning Group (CCG) Board, it would be widely circulated. Although some of it is top-down, it aims to have considerable involvement from staff and partners. She said that the CCG was particularly interested in responses to the issues for the Quality Premium. It was noted that the measures for the Quality Premium are not yet known.

She explained that the views from the HWBB would be taken into account when the priorities for the Quality Premium are discussed at the CCG's Clinical Commissioning Committee and also at the CCG Board on 29 January, where final decisions will be made.

Councillor Akbar asked whether issues related to children were appropriate covered. Carol Hill said that some of the issues would cover children and young people, but they could be considered as a specific priority. Nina Pearson asked whether this might already be covered by the Healthy Child programme or whether there were specific areas of concern. Councillor Akbar suggested that Child and Adolescent Mental Health Services (CAMHS) could be an area for development.

Fiona Sim suggested that health inequalities with a link to early years intervention could be useful. She also suggested that poor outcomes for cancer relating to late diagnosis were important. Pam Garraway said that all five priorities listed in the presentation were important, adding that end of life was an area where improvement was needed. Nina Pearson said that end of life was an area where resources were used on costly interventions that often caused distress to families, noting that one of the biggest cost was urgent admissions.

Resolved: That the report was noted.

8. CLINICAL COMMISSIONING GROUP – AUTHORISATION (ITEM: 8)

In the absence of Dr Barhey, Nina Pearson gave the update. She reported that the CCG had been assessed as having a strong committee that has made rapid progress, understanding its legal obligations.

Previously, of the 119 criteria, 32 had been assessed as red, but this has been reduced to six:

- Two relating to accountable officers
- Technical issues – the requirement for a secondary care consultant who will shortly be in place
- Providing detailed financial and commissioning plans
- Information governance toolkit.

The working relationship with the local authority was recognised as being good. There is an understanding of patient safety with good clinical leadership.

The CCG will be putting in further evidence and is seen as being in a strong position compared to other CCGs both locally and nationally.

Resolved: That the report is noted.

9. ANNUAL PUBLIC HEALTH REPORT (ITEM: 9)

In the absence of Gerry Taylor, Morag Stewart made the presentation (attached).

She drew attention to the fact that the report was independent. The report highlighted that the inequalities gap for women was widening with coronary heart disease, respiratory disease and cancer contributing a significant proportion (45%) to the overall female LE gap between Luton and England.

Councillor Hussain said that this helped to identify the issues for the CCG Commissioning Plans.

Nina Pearson said that the detail was helpful and would be useful to GPs and other service providers.

10. WELLNESS (ITEM: 10)

Morag Stewart presented the report, saying that it described the direction of travel in bringing together services to provide a coordinated approach. The aim was the commission integrated lifestyle services using existing resources and that the current climate supported this. It would be a long-term approach that would require decommissioning of some services. She asked the board for its approval of this approach.

Carol Hill supported the approach saying she had worked on similar programmes in East London.

Resolved: That the Wellness approach, as outlined in the report, be supported.

The meeting closed at 7:35 pm.