

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 8 JULY 2015**

PRESENT: Councillors David Renard (Chair), Brian Mattock, Fionuala Foley and Ray Ballman, Peter Rowe (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), Rachel Pearce (NHS England), Angus Macpherson (Police and Crime Commissioner). Gavin Jones (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Sue Weld (Swindon Borough Council) and Sarah Wald (Swindon Borough Council).

Apologies for absence were received from: Will Evans (Healthwatch Swindon), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group), and John Gilbert (Board Director - Commissioning, Swindon Borough Council).

### **11. Declarations of Interest**

The Chair reminded members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

### **12. Public Question Time**

Mr Joe Backshell from the Swindon Equality and Access Group expressed concerns that disabled residents may slide into poverty as a result of the proposed benefit cuts, and queried if Swindon Borough Council has put a strategy in place to address this.

The Chair thanked Mr Backshell for his query and advised that he would be sent an invitation to the next meeting of the Swindon Benefits Strategy and Welfare Reform Group who are discussing these issues.

### **13. Minutes**

Resolved – That the minutes of the meeting held on 27 May 2015 be confirmed as a correct record.

### **14. Healthwatch Swindon Update**

The Board received a report providing an update on the progress of Healthwatch Swindon with examples of ways in which they are contributing to the Board's work to improve the health and wellbeing of the local population and reducing health inequalities. The Board has agreed at a previous meeting to receive regular updates from Healthwatch Swindon.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that they now have six volunteer directors registered at Companies House, with one more awaiting Disclosure and Barring Service certification. He noted that the timings for the completion of the project reviewing mental health services in Swindon have required re-adjusting, and that a questionnaire will shortly be circulated to service users, carers and family members. Other forthcoming pieces of work that Healthwatch Swindon will be involved in include the Home from Hospital Project (as

set out in Appendix 1 to the report), work on GP services in Swindon, and the Care Quality Commission visit in September 2015. Mr Rowe also highlighted the Healthwatch Swindon Annual Report for 2014 / 2015 which was attached as Appendix 3 to the report.

After the presentation of the report and the appendices, Board members asked questions and made observations on the following issues:

- The next update report containing strategic information that is being taken forward by their Board Directors.
- The internal review of Healthwatch Swindon due to the ending of their three year contract in 2016. The Board noted that the option to extend the contract has been built in if necessary, and that longer term financial implications have to be reviewed before a permanent decision is made.
- The start dates for the scheme on preventing people with mental health issues from being detained in police custody.
- Reducing the number of update reports received by this Board as Healthwatch Swindon feeds in to the Council's Adult's Health, Social Care and Housing Overview and Scrutiny Committee.

Resolved – To note the update from Healthwatch Swindon.

## **15. Swindon Adult Autism Strategy**

The Board received a report regarding the Swindon Adult Autism Strategy for 2015 – 2018. Local authorities and NHS bodies have a duty to take account of the statutory guidance to support the implementation of the national Adult Autism Strategy “Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England” 2010. The Swindon strategy outlines the local commitment to the national vision, and links with the Health and Wellbeing strategic priorities of adults and older people living healthier and independent lives, and improving health outcomes for disadvantaged and vulnerable communities.

Sarah Weld from the Public Health team introduced the report and noted that recommendations had been drawn from the Adult Autism Joint Strategic Needs Assessment (JSNA) completed in 2015. The Strategy has been developed by the Swindon Autism Partnership Board who will be responsible for monitoring the implementation of the action plan to deliver the priorities identified. Local actions are being focused on seven key areas which are underpinned with a suite of outcomes and proposed actions, the ultimate aim of which is to deliver services more effectively within Swindon.

After the presentation of the report and the draft Swindon Adult Autism Strategy 2015 - 2018 attached at Appendix 1, Board members asked questions and made observations on the following issues:

- The fifteen priority challenges for action identified as part of the national strategy review in 2014 were noted.
- The longer term financial implications of providing adult social care support to a greater number of identified people, and proposed mechanisms to reduce pressures that will be brought forward.
- The potential funding available for external organisations such as DASH who

- provide statutory functions under the Care Act.
- Information regarding autism not currently being available in one place, including the minutes from the Swindon Autism Partnership Board, plus signposting to the JSNA and learning disability services. This issue is being investigated.
- One-off funding awards given from the Innovation Fund to DASH and SEQOL for their work on supporting individuals with autism, and raising awareness of recognising people with the condition.

Resolved – To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they adopt the Swindon Adult Autism Strategy 2015 – 2018.

## **16. Troubled Families Update**

This item was deferred until the meeting of the Board on 21 October 2015.

## **17. NHS England South Priorities 2015/16**

The Board received a presentation from Rachel Pearce, Director of Commissioning Operations South Central, on the NHS England South priority programmes for 2015 / 16.

The Board noted that the four key functions of NHS England are: the assurance and support of the commissioning system; direct commissioning; leadership; and national policy and strategy. There are four sub-regions in the south of England and Clinical Commissioning Groups (CCG) are assessed within those groupings at quarterly meetings. Targets are not always necessarily looked at as the aim is to produce a dashboard of how CCGs are performing. Primary care commissioning is done in conjunction with the CCGs who will ultimately have full delegation, and it is anticipated that specialised services will also be transferred to them. NHS England has powers of intervention, and they work closely with Monitor (the sector regulator for health services in England) and the NHS Trust Development Authority. Any new initiatives will also be made relevant to the local area.

The Board then noted the NHS England Corporate Priorities for 2015/16 which include transforming care for patients, designing the NHS around patients, and a whole system change for future financial stability. The technology is now available to support them working differently, and to ensure that there is consistency across all areas.

Following the presentation, Board members asked questions and made observations on the following issues:

- The number of GPs as the biggest problem within Primary Care, and possible solutions such as Physicians Assistants and utilising other community professionals.
- The GPs who come to Swindon to train and then return back to their home areas, and possible ideas on how to make Swindon more attractive to retain them.
- The relationship between NHS England and Public Health England, who provide strategic guidance and monitoring.

- The move towards place-based commissioning, and the pooling of budgets and shared strategies.

The Chair thanked Rachel Pearce for her presentation.

## **18. Joint Commissioning Group Minutes**

The Board noted the minutes of the Joint Commissioning Group meeting held on 5 May 2015. The June minutes were unavailable for this meeting of the Board due to sign off requirements and timings, but it was agreed that draft minutes could be circulated in future if required. The Group have been looking at how commissioning will operate, and pooled and aligned Section 75 budgets, but the biggest challenge is the current capacity within domiciliary care and attracting workers into this area. Differences within the data regarding delayed discharges have been causing problems, but progress has been made on reducing the time spent on assessments.

Board members made the following comments and observations:

- The personalisation indicator for the Avon and Wiltshire Mental Health Partnership being red, with staff not following through on the personalisation paperwork and recording it in the correct way.
- Building more supported living accommodation which would help reduce the numbers in residential care, and the utilisation of existing stock.

## **19. Any Other Business**

Nicki Millin, Interim Accountable Officer at the Swindon Clinical Commissioning Group, asked the Board to note that they have identified funding which could be put into the Better Care Fund to help reduce the waiting times at Great Western Hospital by improving the quality of information available. The Board supported this proposal.

Cherry Jones, Director of Public Health, asked the Board to note that following the recent review of the current Swindon Health and Wellbeing Strategy 2013-2016, and the publication of the Joint Strategic Needs Assessment summary for 2014, the priorities for Swindon identified within the Health and Wellbeing Strategy remain relevant. There is no recommendation to refresh or change the Health and Wellbeing Strategy priorities at this stage. Work will begin on the formulation of a new Health and Wellbeing Strategy at the end of the year as the current Strategy ends in 2016.