

HEALTH AND WELLBEING BOARD

WEDNESDAY, 24 MAY 2017

PRESENT: Brian Mattock (Lay Member) (Chair), Councillors Ray Ballman and Fionuala Foley (Swindon Borough Council), Mark Edwards (Healthwatch Swindon), Dr Peter Mack (NHS Swindon Clinical Commissioning Group) (Vice-Chair), Gill May (NHS Swindon Clinical Commissioning Group), David Wray (Voluntary Action Swindon) and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: Sue Wald (Swindon Borough Council), Karen Reeve (Swindon Borough Council), Cherry Jones (Swindon Borough Council), Peter Nathan (Swindon Borough Council), Lyn Frith (Swindon Borough Council), Christopher Bartlett (Swindon Borough Council) and Susanna Jones (Swindon Carers Centre).

Apologies for absence were received from: Councillor Brian Ford (Swindon Borough Council), Nicki Millin (NHS Swindon Clinical Commissioning Group) and John Gilbert (Swindon Borough Council).

1. Observation of a Minutes Silence

Mr Brian Mattock, Chair of the Health and Wellbeing Board, referred to the tragic event that had taken place at the Manchester Arena on 22 May 2017. The Chair invited those present to stand and observe a minute's silence as a sign of respect.

2. 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.

3. Minutes

Resolved – That the minutes of the meeting held on 15 March 2017 be confirmed and signed as a correct record.

4. Public Question Time

No public questions were received prior to or during the meeting.

5. Carers Memorandum of Understanding

The Board considered a report setting out how NHS England and its partners have developed a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. The report set out how the toolkit covers new duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014, and includes a template Memorandum of Understanding that local partners can use to work together in supporting carers and their families.

Ms Susanna Jones, Chief Executive, Swindon Carers Centre, introduced the report and referred to the need to benchmark what is already being done well across

Swindon to help support carers and their families, and how comparing best practice across organisations will help to improve this support.

Following the presentation of the report, and the NHS England Carers Toolkit attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- Noting that the Council does not currently charge carers for any services provided, and that there are no plans to change that approach this year.
- The increase in the number of carers during 2016/17, and whether there is potential for them to be impacted by the changes proposed within the Sustainability and Transformation Plan.
- The next stages in getting sign up from partner organisations, liaising with young carer organisations and schools, and pilot programmes with private businesses such as Nationwide and Iceland.
- The importance of the Council and the Clinical Commissioning Group, as key stakeholders, being signed up to the principles within the Memorandum of Understanding.

Resolved – That the intentions of the Carers Memorandum of Understanding be supported, and that the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to sign up to the principles in it.

6. Joint local area SEND update

The Board considered a report providing an update on progress in readiness for the new joint local area SEND inspection as, from May 2016, all local areas in England have been subject to a joint inspection from Ofsted and the Care Quality Commission to judge the effectiveness of the area in implementing the disability and special educational needs reforms, as set out in the Children and Families Act 2014.

Ms Lyn Frith, Strategic Commissioner SEND, Swindon Borough Council, introduced the report and confirmed that any potential forthcoming inspection will scrutinise joint arrangements across all partner organisations, not just Local Authority service provision. In anticipation of the inspection, officers have been looking at why there is a high number of children with additional needs in Swindon, and have identified where the data for the larger pre-16 population is being skewed by the data for the smaller post-16 population. Ms Frith advised that the group which looks at joint commissioning arrangements has a positive direction of travel, and that the Council's relationship with the Clinical Commissioning Group has been strengthened.

Following the presentation of the report, Board members discussed the matters raised, including:

- The priorities identified and focus needed to improve the offer for service users who are transitioning from children's services to adult services.
- How post-16 work is a new area for the SEND team, and what is required to strengthen the service offered such as employing Link Workers and Transition Officers.
- The need to manage the expectations of service users, whilst providing advice, prevention services and information to enable those young people to

- stand on their own and be employed.
- The need to articulate where there are gaps in service provision, and manage how risk is being mitigated.

Resolved – That the arrangements for the forthcoming joint local area SEND inspection be noted.

7. Long Term Conditions Joint Strategic Needs Assessment

The Board considered a report setting out the objectives of the Long Term Conditions Joint Strategic Needs Assessment (JSNA) which had identified the needs of the Swindon population in relation to long term conditions, to ensure that partners can work together to formulate recommendations that will help inform future cost-effective and impactful commissioning.

Mr Christopher Bartlett, Senior Public Health Intelligence Analyst, Swindon Borough Council, introduced the report and referred to how improvements in medical treatment and success in public health interventions have resulted in people living longer lives, often with some form of long-term morbidity or disability.

The Board noted how, in total, 32.2% of all people and 69.2% of people aged 65 years or more in Swindon, may have one or more long term condition. Mr Bartlett advised that long term conditions are numerically most common in middle-aged people and, because there is a large number of middle-aged people in Swindon, this group will have a noticeable impact on future demand for health and care services.

Mr Bartlett confirmed that the likelihood of having a long term condition is greater in older people, and that their conditions are likely to be more severe. They may also have more than one condition, known as co-morbidity. The Board noted that there also appears to be links between deprivation, and a person's ability to cope with one or more long term conditions.

Mr Bartlett referred to the recommendations resulting from the JSNA which were set out in detail in paragraphs 3.10 to 3.23 of the report. In particular, Mr Bartlett highlighted how a literature review will be conducted to find evidence of which interventions have been shown to be effective in different parts of the population, and how the health of people with long term conditions will be improved and supported through services which are combined and co-located.

Following the presentation of the report, and the draft Long Term Conditions JSNA Bulletin attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- How the JSNA has helped to identify links between people having three or more long term conditions and issues of deprivation.
- The potential timeframes on the recommendations in the report, and when partner organisations will get involved in their delivery.
- How the outcomes from this JSNA will be fed in to the Ageing Well Strategy.
- The work being done on intervention and prevention, and championing healthy lifestyles, in schools.
- The criteria of some assistance projects that people can be referred to

showing only diabetes, whereas it would be more helpful if the criteria also included being pre-diabetic as well.

Resolved – That the recommendations identified in the Swindon Long Term Conditions Joint Strategic Needs Assessment, as set out in paragraphs 3.10 to 3.23 of the report, be noted and approved.

8. Police and Crime Plan 2017-21

The Board received a presentation from Mr Angus Macpherson, Wiltshire and Swindon Police and Crime Commissioner, regarding the Police and Crime Plan for 2017-2021.

Mr Macpherson referred to the typical and ongoing demand for Wiltshire Police which includes supporting more than 1,000 families on the Troubled Families programme, supporting victims of domestic abuse through a monthly average of 500 incidents, and managing approximately 1,107 sexual and violent offenders under a multi-agency public protection arrangement. Mr Macpherson referred to the new threats being faced by Wiltshire Police which include Child Sexual Exploitation, exploitation of the vulnerable, cyber-crime and fraud, and historic sex abuse.

Mr Macpherson confirmed that two of the top three callers to the 101 Police number are Swindon Borough Council and Wiltshire Council. It was noted that Council officers are advised to call this number as direct dial contact numbers for police colleagues are not available, but that this could be reviewed to ensure that the calls to the 101 number are better managed.

Following the presentation of the Wiltshire and Swindon Police and Crime Plan for 2017-2021, Board members discussed the matters raised, including:

- The need for partners to work more closely on providing services when it comes to individuals who need assistance from all those partners.
- Confirmation that there will be approximately one Police Officer on duty for every 800 people living in the area.
- The problems experienced by Ward Councillors whilst trying to contact their neighbourhood Police Officer.

Resolved – That the presentation be noted.

9. Development of Accountable Care in Swindon

The Board considered a report providing an outline of the considerations in developing an Accountable Care system in Swindon, and referred to the fragmented way in which a patient's care requirements are currently addressed. The report set out how the NHS cannot continue to provide services using traditional models, and how organisations are pooling resources and working more closely together to support the joint commissioning and delivery of health and social care.

Mrs Gill May, Executive Nurse, Swindon Clinical Commissioning Group (CCG), introduced the report and advised that the CCG Board had met with the Great Western Hospital NHS Trust Board in February, and that a clinical event had been held on 30 March 2017. Mrs May confirmed that work is now progressing on

supporting primary care working at scale in Swindon, and commented on how the commissioning and financing of services will operate under the new system. The Board noted that the areas currently requiring more focus include updating IT systems to help better share information and improve communication, and reviewing the skill set required within the workforce. Mrs May confirmed that governance, policies and contractors will also be reviewed to determine what improvements can be made. Mrs May advised that the Accountable Care Alliance will be meeting for the first time on Thursday 25 May 2017 and will be looking at the draft Memorandum of Understanding for the Development of Accountable Care, which was attached at Appendix 1 to the report.

Following the presentation of the report, and consideration of: the Memorandum of Understanding for the Development of Accountable Care; the Terms of Reference for Accountable Care Alliance Board, and; the Communications and Engagement Strategy, attached in the appendices to the report, Board members discussed the matters raised, including:

- The Sustainability and Transformation Plan having attracted criticism for not engaging with the public early enough in the process, and how any Communications Strategy should ensure that groups and residents are engaged now.
- How accountable care will be a whole system and not just one organisation, and will need to have the relevant people involved from the beginning, the competency of staff ensured, and a review undertaken of how services can be jointly commissioned.
- The changes required to the wording and the dates in the draft Memorandum before key stakeholders are briefed as part of the engagement process.
- How the current focus of work is on adult services, but that children's services will be introduced as part of phase 2.

Resolved – That the contents of the report be noted.

10. Better Care Fund 2017-2019

The Board considered a report providing an update on the Better Care Fund (BCF) planning process and resource allocation.

Mrs Sue Wald, Director of Adult Services, Swindon Borough Council, introduced the report and confirmed that work is being undertaken on a refresh of services prior to guidance on the BCF Plan being published. Any additional issues identified once the guidance has been published will be incorporated.

Mrs Wald advised that additional funding announced by the Chancellor for adult social care represents, for Swindon, £2.914m in 2017/18, £2.4m in 2018/19, and £1.2m for 2019/20. The Council will be required to pool the grant funding into the local BCF, and it can only be used for the purposes of meeting adult social care needs, reducing pressures on the NHS, and ensuring that the local social care provider market is supported.

The Board noted how the Council has already proposed to invest £2.914m in 2017/18 into Older People services, and how the change programme for adult services at the Council is currently in its design phase. The funding will have to be

signed off by the Section 151 Officer at the Council, and the content of the report has been shared with the Accident & Emergency Delivery Board and the Great Western Hospital.

Resolved – That Cabinet be recommended that:

1. The proposed spend on the additional funding of £2.914m as outlined in the Spring Budget 2017 be agreed.
2. The Director of Adult Services be authorised to produce the Better Care Fund Plan, in conjunction with the Accountable Officer of the Clinical Commissioning Group, in line with statutory guidance published by NHS England with the level of adult social care spending protected in line with spend in 2016/17 plus inflation of 1.79%.
3. The Director of Adult Services, the Director of Finance, and the Director of Law and Democratic Services be authorised to update the National Health Services 2004 Section 75 Agreement with the Better Care Fund agreed funding.

11. Joint Commissioning Group - Minutes for information and comment

Resolved – (1) That the minutes of the Joint Commissioning Group meetings held on 9 March and 20 April 2017 be noted.

(2) That the amended Terms of Reference for the Joint Commissioning Group will be submitted for consideration by the Board at its meeting on 12 July 2017.

12. Any Other Business

At the invitation of the Chair, Cllr Ray Ballman, Swindon Borough Council, addressed the Board and confirmed that the Learning Disability Partnership Board will be reinstating its health sub-group and is seeking representation from the Clinical Commissioning Group. The sub-group will be looking at issues for older people such as oral health, health checks and bowel cancer screening, and an officer at Swindon Borough Council will be facilitating it. The Executive Nurse at the Clinical Commissioning Group undertook to take this forward upon receipt of an official request from the Learning Disability Partnership Board.

The Chair noted that Mr Mark Edwards would no longer be the Healthwatch Swindon representative and, on behalf of the Board, wished Mr Edwards the best for the future, and thanked him for his involvement during his appointment.

The Chair noted that Ms Karen Reeve, Director of Children's Services at Swindon Borough Council, would shortly be retiring from the Council and that this would be her last attendance at the Health and Wellbeing Board. The Chair, on behalf of the Board, wished Ms Reeve the best for the future and thanked her for her hard work in support of the Board.