

HEALTH AND WELLBEING BOARD

WEDNESDAY, 27 MAY 2015

PRESENT: Councillors Brian Mattock, Brian Mattock, Fionuala Foley, Ray Ballman, Evans, Crouch (Vice-Chair), May and Angus Macpherson (Third Sector representative), and Angus Macpherson (Police and Crime Commissioner).

Also in attendance was: Dr Ayoola Oyinlowe (Swindon Borough Council), Doug Bale (Swindon Borough Council), Sam Mowbray (Swindon Borough Council) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillor David Renard (Chair) and Cherry Jones (Director of Public Health, Swindon Borough Council).

1. 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.

2. Public Question Time

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

3. Minutes

Members noted that discussions regarding the request to appoint the Shadow Cabinet Member for Children's Services as a member serving on this Board, and how the clinical / non-clinical representation on the Board might be rebalanced, will be postponed until the next meeting of the Board on 8 July 2015. This is due to the recent election, and the absence of the Director of Public Health and the Leader of Swindon Borough Council at this meeting. Minute 42, Terms of Reference of the Board refers.

Members also noted that Anne Billingham, the Trustee and Innovations Project volunteer from DASH, had requested an amendment to Minute 34, Adult Autism Joint Strategic Needs assessment. Members agreed the following amendment to paragraph 2 which will now read as:

- The future role of DASH when demand for the charity's services was increasing, and the possibility of additional assistance to support its complex casework. Members noted that it currently offers 5 x 2 hour sessions per week, including an evening and a Saturday morning, and is responding to an average of 4 – 5 enquiries a week.

Resolved – That, subject to the above amendment, the minutes of the meeting held on 11 March 2015 be confirmed as a correct record.

4. Joint Commissioning Intentions

The Board received a report setting out the draft Joint Commissioning Intentions for the Swindon Clinical Commissioning Group (CCG) and Swindon Borough Council

(SBC). The Intentions are based on the CCG Operational Plan for 2015/16 and the SBC Commissioning Business Plan, and will form part of the new National Health Act 2006 Section 75 Agreement so that the effectiveness of joint commissioning arrangements can be annually evaluated.

Sue Wald, Head of Commissioning Children and Adults, introduced the report and asked the Board to note that the Intentions cover what the two organisations intend to do, what the vision and priorities are, the demand and evidence as supported by the Joint Strategic Needs Assessment process, and survey results from service users. The intention is to have a pooled budget for health and social care (including children) which will address jointly agreed areas of priority based on documents such as the Health and Wellbeing Strategy and the Better Care Fund Plan. The Board also noted that the Delivery Plan for the Joint Commissioning Intentions will be brought to future meetings to give project updates.

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

- The delivery areas of Community Navigators, and how commissioning intentions will be focussed more broadly than just on those using their services.
- The national programme being run by the third sector and the health service to develop patients as experts in their own conditions.
- The commissioning of voluntary and community based support linked to localities and GP Practices.
- The repatriation of Swindon patients registered with a learning disability and the associated concerns such as reshaping the supported housing offer to enable people to live locally, and not wishing to uproot patients who might feel settled in their current assisted housing. The Torbay model is being assessed to assist in determining the local Swindon offer.

Resolved – To agree the Joint Commissioning Intentions for 2015/16, noting that the implementation will be monitored by the Joint Commissioning Group and reported to the Governing Body of the Clinical Commissioning Group and this Board.

5. Local Safeguarding Children Board and Local Safeguarding Adults Board Business Plans

The Board received a report presenting the Business Plan for the Local Safeguarding Children Board (LSCB) and a draft Swindon Local Safeguarding Adult Board (LSAB) Strategy 2015-2018. The Business Plan has been agreed by the LSCB, and the draft Strategy has been agreed by the LSAB.

John Gilbert, Board Director Commissioning, introduced the LSCB Business Plan and highlighted the four main priority areas which the Plan focusses on. These are: effective responses to specific safeguarding concerns; effective early intervention and safeguarding; communication and engagement; and performance management. The Board also noted some key areas of work for the LSCB which includes drug abuse, domestic violence and alcohol abuse, female genital mutilation and child sexual exploitation. The completion date indicated within the Business Plan is March 2016, but progress will be regularly monitored.

Doug Bale, Adult Safeguarding Manager, introduced the draft Swindon Local Safeguarding Adult Board Strategy for 2015 – 2018 and noted that the Business Plan approved last year had been superseded by the introduction of the Care Act, which had also given LSABs more of a statutory footing. The Care Act has also created a requirement for an independent advocate for individual cases, for agencies to co-operate in supplying information, and to carry out safeguarding adult reviews as a matter of course where an incident has happened. The Board noted that the definition of the group of people that safeguarding policies are to support has changed, and that safeguarding services can no longer be externally contracted. The Board also noted that safeguarding issues now encompasses self-neglect, and risk management processes are being developed which should help people with the biggest multi-agency challenges.

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

- Whether safeguarding adult reviews would be undertaken after the identification of self-neglect issues.
- The opportunities to disseminate learning from a root cause analysis if an incident does not go as far as a review.
- The perception of unmet need in Swindon and how this is being addressed.
- A newsletter containing updates which will be distributed to providers, and posters also being updated.

Resolved – To note the Local Safeguarding Children Board Business Plan for 2015/16 and the draft Swindon Local Safeguarding Adult Board Strategy for 2015 - 2018.

6. Swindon Clinical Commissioning Group Operating Plan 2015/16

The Board received a report regarding the second draft of the Clinical Commissioning Group's (CCG) Operational Plan. In April 2014 the CCG submitted a five year plan and a two year operational plan to NHS England, and are required to submit a refresh of the second year of the two year operational plan to NHS England for 2015/16. The first draft of the plan had already been presented to this Board at its meeting in March 2015, and this report presents the second draft for consideration.

Nicki Millin, Interim Accountable Officer for the CCG, introduced the report and highlighted amendments made since the last version had been considered, including seven day working in medical specialities, the SEQOL Unit taking more complex patients, funding awarded from the Prime Ministers Challenge Fund, and the governance arrangements for their Governing Body.

The Board was asked to consider the Quality Premium Indicators and identify the key priorities for 2015/16. Two are nationally prescribed schemes on reducing potential years of lives lost through causes considered amenable to healthcare, and improving prescribing in primary and secondary care. There are two areas where the CCG is asked to choose measures in conjunction with the Board covering urgent and emergency care and mental health. There are a further two local measures to be picked by the CCG based on local priorities such as those identified

within the Health and Wellbeing Strategy.

Members noted that the CCG recommendation for urgent and emergency care was the second indicator regarding a reduction in the number of delayed transfers of care. A key challenge for Swindon in 2014/15 has been the level of delayed transfers of care within the hospital throughout the winter period. It is also an area where commissioners and providers have identified systems that need to be improved, and the impact of choosing this indicator would be to release two acute hospital beds back into the system improving patient flow. It was noted that choosing this indicator would also assist in determining the criteria on what is a delayed transfer. The Board agreed to choose this measure in conjunction with the CCG.

Members noted that the CCG recommendation for mental health was the first indicator regarding a reduction in the number of patients attending an A&E Department for a mental health related need who waits more than four hours to be treated and discharged, or admitted. This indicator provides a focus on ensuring that people who require specialist mental health support on arrival at a hospital Emergency Department are seen by a mental health specialist service in a timely way, as this cohort of patients often wait longer for a specialist service to assess their needs. The Board agreed to choose this measure in conjunction with the CCG.

The Board then noted that the CCG had chosen a reduction in the number of hospital admissions as a result of self-harm (10 – 24 years) and carers receiving an assessment or review who receive a service or information and advice as a % of clients receiving community based services as their two local measures.

The Board asked questions or made observations on the following issues:

- The agencies dealing with self-harm, and their connection to youth services.
- The service for children with mental health issues that can be bought by schools from the Council.
- The second indicator targeting the lower level of children who might not have a diagnosed mental health condition but regularly self-harm.
- More pastoral care being required for self-harming as repeat figures are high.

Resolved – To agree and endorse the Quality Premium indicators as set out above for prioritisation in 2015/16.

7. Better Care Fund Plan 2015-16

The Board received a report regarding the first monitoring report on the Better Care Fund Plan for 2015/16 which had to be submitted to NHS England on 29 May 2015.

Sue Wald, Head of Commissioning Children and Adults, introduced the report and highlighted how the reporting document had been designed by NHS England, and how the completed data has to demonstrate that the Plan meets national conditions. The Board also noted that an Advanced Programming Interface had not yet been built to allow data matching with NHS figures, and that sign-off by the Health and Wellbeing Board had to take place prior to submission.

After the presentation of the report, Board members asked questions and made

observations on the following issues:

- The research being undertaken in Swindon to provide a diagnostic analysis of the benefits of integrated health and social care in relation to demand for acute services and patient flow.
- The Local Government Association funding consultants to work on matching data between community health services, A&E admittances and adult social care, which should highlight where effort should be focussed.

Resolved – To agree the monitoring report for the Better Care Fund Plan 2015/16 attached at Appendix 1 to the report for submission to NHS England on 29 May 2015.

8. People detained under Section 136 MHA taken to Police Custody

The Board received a report highlighting the current position regarding the number of occasions whereby those detained under S136 of the Mental Health Act are taken to Police Custody as the Place of Safety. The report concentrated solely on local data within Wiltshire and Swindon, and a comparison against other Police Forces will be provided once data for the six month period from October 2014 to March 2015 becomes available. The report also detailed a case study to highlight the experiences of those detained under Section 136 who are taken to Police Custody.

Angus Macpherson, Police and Crime Commissioner for Wiltshire and Swindon, introduced the report and highlighted the compliance with the Mental Health Crisis Care Concordat which Board members have signed up to. He updated members on the Swindon-specific numbers of 136 detentions that went directly to a police station during the six month period in question, and noted the steady reduction in figures. The Board noted that Home Secretary Theresa May had recently addressed the Police Federation regarding her vision for policing for the next five years, and police cells are not going to be a suitable place for 136 detentions to be taken from now on. Mr Macpherson also asked the Board to note that the general direction of travel is good, and that the case study could be representative of anywhere in the country.

The Chair also asked members to note that Wiltshire and Swindon successfully bid for national funding to pilot a new project where mental health professionals give advice to the police right from initial contact, and respond along with officers to Section 136 callouts. The pilot will run for one year and also supports the principles of the Crisis Care Concordat. The project is being commissioned by the Clinical Commissioning Group and the mental health professionals will be employed by the Avon and Wiltshire Mental Health Partnership.

Resolved – (1) To note the issues raised in the report, and recognised the progress that has been made.

(2) To continue to work together through the Crisis Care Concordat to ensure police custody is only used in exceptional circumstances.

(3) That the Police and Crime Commissioner be requested to submit an update report to the December meeting of the Board.

9.

Local Account for 2013/2014

The Board received a report presenting the draft Local Account for 2013/14 which will be published on the Swindon Borough Council website. The Local Account sets out how Adult Social Care in Swindon is performing and how people's lives are being improved.

John Gilbert, Board Director Commissioning, introduced the report and noted that the Local Account is produced to inform residents in Swindon even though it is not mandatory. The Account covers issues such as: how adult social care is positioned; what the current practice is; what the budgets look like; what the priorities are; and pressures on services. The Board noted that views from a national survey had fed in to this Account, along with views from the Learning Disability Board and other key users.

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

- The frequency with which carers views are sought, how they are reported in the Local Account, and survey reviews done by centres.
- The difference between rural areas and urban areas, Swindon's average compared to the national average, and regional intelligence which could be utilised.
- The Council working with SEQOL and service users to improve the services behind the statistics.
- The difficulty of obtaining quantifiable data from open questions based on personal experience.

Resolved – to endorse the Local Account 2013/14 prior to its publication on the Council's website.

10.

Any other business

The Board noted that a national Great Autism Practice Award had been won by the Understanding Autism project, which is a partnership between SEQOL, Bristol, Gloucestershire, Somerset and Wiltshire Community Rehabilitation Company, and the National Probation Service.

The Chair expressed concern that NHS England was not represented at this meeting. This reflects on their engagement with the Health and Wellbeing Board, and affects their ability to contribute to the discussion and debate on key areas.

The Board noted that Mr Mike Howard was retiring from his position as Chair of both the Children's and Adults Safeguarding Boards. It was agreed that the Chair of the Board would write to Mr Howard to thank him for his contribution.