

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 25 MAY 2016**

PRESENT: Councillors David Renard (Chair) and Fionuala Foley (Swindon Borough Council), Mark Edwards (Healthwatch Swindon), Nicki Millin (NHS Swindon Clinical Commissioning Group), Gill May (NHS Swindon Clinical Commissioning Group), David Wray (Voluntary Action Swindon) and Angus Macpherson (Police and Crime Commissioner).

Also in attendance were: John Gilbert (Chief Executive, Swindon Borough Council), Cherry Jones (Director of Public Health, Swindon Borough Council), Sue Wald (Interim Director of Adult Social Services, Swindon Borough Council), Karen Reeve (Interim Director of Children's Services), Matt Bywater (Swindon Borough Council), Peter Nathan (Swindon Borough Council), and Frances Mayes (Swindon Borough Council).

Apologies for absence were received from: Councillor Brian Ford (Swindon Borough Council), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group) (Vice-Chair), and Debra Elliott (NHS England).

### **56. Declarations of Interest**

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

### **57. Public Question Time**

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

### **58. Minutes**

Resolved – That the minutes of the meeting held on 9 March 2016 be confirmed and signed as a correct record.

With regards to Minute 45, Public Question Time, and the submission from Ms Hayley Jackson to the Board on behalf of a group of parents whose children are on the Autistic spectrum or who are awaiting diagnosis, Mr Mark Edwards, Healthwatch Swindon, queried what actions have taken place since the meeting in relation to the issues raised by Ms Jackson, and asked if there is now a timetable for the review of Children's services.

At the invitation of the Chair, Gill May, Executive Nurse at NHS Swindon Clinical Commissioning Group, advised that meetings had been held with key partners and individuals to help expedite the review of autism services, and that, to help reduce numbers on the waiting list, community paediatricians were now able to review four children per session rather than two.

### **59. NHS Swindon Clinical Commissioning Group Sustainability and Transformation Plan 2016-2021**

The Board considered a report explaining how the NHS in England is required to

produce place-based Sustainability and Transformation Plans, driving the Five Year Forward View over the period October 2016 to March 2021, for submission to national bodies in June 2016. The report set out how Clinical Commissioning Groups (CCGs) were asked to form footprints for the submission of place based plans, and that Swindon CCG is working with Bath and North East Somerset (BANES) and Wiltshire CCGs to develop a footprint plan. The report also provided an update on the development of the plan across the footprint, and the Swindon specific elements.

Nicki Millin, Accountable Officer at Swindon CCG, introduced the report and highlighted that this financial year is the first year of the five year plan, and that the latest draft version of the Plan, attached at Appendix 1 to the report, was submitted in April 2016. She confirmed that the estimated deficit for all the organisations within the new footprint, over the five years, is forecast at around £490m, and that the April submission contained the shortlist of emerging priorities for the footprint which includes obesity, how the workforce across the system can work differently, and how people can access services in an unplanned way. She listed the three workstreams going forward which are prevention, the urgent care system, and planned care. Other areas being looked at as part of this include care settings, creating developmental posts, health records being shared between GPs and hospitals, and creating health campuses in different neighbourhoods.

Following the presentation of the report and the Sustainability and Transformation Plan for 2016-2021, attached at Appendix 1 to the report, Board members discussed the matters raised, including:

- The commissioned walk-in service in Carfax Street which will be moved to the new health centre being built in the town centre.
- The workshops held in Swindon and across the footprint area which helped with the challenge of identifying service gaps, and helped to realise common areas across organisations that are all new to each other. Where common areas are agreed, the design will be done across the footprint but the delivery will have local options where it makes sense to do so.
- The connectivity between the CCGs, such as geographical patient flows for example, and how this related to the grouping of CCGs for the purpose of creating the footprint areas. The Board noted that a decision was made nationally to create 45 footprint areas and that BANES, Swindon and Wiltshire have been grouped together as individually they are too small to be an area on their own. Each area is being allocated an indicative amount of transformation funding, with the individual organisations being treated as a collective unit to achieve targets.

Resolved – That the update provided on the Sustainability and Transformation Plan for 2016-2021, as attached at Appendix 1 to the report, be noted.

## **60. Tackling childhood obesity in Swindon**

The Board considered a report exploring the causes and consequences of childhood obesity, and providing a local picture of the prevalence of childhood obesity in Swindon. The report set out how childhood obesity is a major challenge to health and wellbeing and is associated with an increased risk of premature mortality in adults, as well as poor health and development in children.

Cherry Jones, Director of Public Health at Swindon Borough Council, introduced the report and highlighted how high levels of obesity are associated with high levels of deprivation, as opportunities to make healthy choices and achieve a healthy weight can be particularly limited in more deprived areas. She referred to the National Institute for Health and Clinical Excellence which has produced public health guidance aimed at preventing and managing childhood obesity and preventing excess weight gain, and how local authorities can create and manage more safe spaces for incidental and planned physical activity. She highlighted that this is a common agenda across agencies and that a multi-agency systems approach will be required to tackle obesity levels.

Following the presentation of the report, and the Healthy Weight Strategy 2013-2015 and its associated action plan, set out in the appendices to the report, Board members discussed the matters raised, including:

- The opportunities available to influence Academy schools and their approaches to tackling obesity, the strong relationships between the Council and these schools, and the support offered by officers to assist with issues.
- the health and wellbeing of the Clinical Commissioning Group's the successful communications campaign run by the Council on recruiting foster parents, and welcomed more engagement with the press to promote the good work being undertaken to tackle obesity by the established multi-agency communications group.
- The relationship between the levels of childhood obesity and adult obesity, with particular reference to families that have both.

Resolved – (1) That the contents of the report and the local action taken to tackle childhood obesity be noted.

(2) That each partner organisation be recommended to commit to creating and supporting increasingly healthier environments to make health choices easy choices.

(3) That the development of the refresh of the current healthy weight strategy and action plan to increase its focus on tackling childhood obesity be supported.

## **61. Restorative Youth Services Plan 2016/2017**

The Board considered a report concerning the Restorative Youth Services Plan for 2016/17 which reflects on previous performance, and addresses priorities and business risks for the year ahead, and incorporates strategies for meeting Government and local targets for reducing first time offending, re-offending, remand, custodial rates and substance misuse.

Mr Matt Bywater, Service Manager for Restorative Youth Services at Swindon Borough Council, introduced the report and explained that the Plan requires approval from the Youth Offending Team Management Board, the Health and Wellbeing Board, and the Youth Justice Board. He highlighted how U-Turn continues to help schools raise awareness about the impact of drugs, including legal highs, and how On Trak continues to help address the demand for counselling by young people and ensures that those most in need are prioritised for treatment. He referred to the wide-ranging review of youth justice services announced in October 2015 which will be conducted by Mr Charlie Taylor, Chief Executive of the National

College for Teaching and Leadership, the scope of which is looking at future operating models, funding, and statutory responsibilities under any new legislation. He also referred to the National Probation Service review which has just announced changes associated with funding, and the continuing influence and positive impact on service delivery and reputation which comes from a community of volunteers, six of whom were cited for a Pride of Swindon award in 2016.

Following the presentation of the report, and the draft Restorative Youth Services Plan for 2016/17 attached at Appendix 1, Board members discussed the matters raised, including:

- The reduction of funding from the National Probation Service to the Swindon Youth Offending Team from £19,067 to £5,000 per annum from 1 April 2016, and the withdrawal of the two seconded Probation Services Officer.
- The use of both a live tracking system and historical data which provides more accurate information for the Youth Offending Team Management Board to consider, and reduces any lag between occurrence and consideration.
- Agency support for the Youth Offending Team and its Board, and funding provided by the Office of the Police and Crime Commissioner and Swindon Borough Council, plus the future direction for the Management Board.

Resolved – That the Restorative Youth Services Plan for 2016/17, attached at Appendix 1 to the report, be noted and approved.

## **62. Dying Well Community Charter**

The Board considered a report setting out how representatives from the Clinical Commissioning Group, Great Western Hospital, Healthwatch Swindon, Prospect Hospice, Public Health Swindon, SEQOL and the Swindon Carers Centre have created a Swindon Dying Well Community Charter which outlines a visible commitment by individuals, communities and organisations to work together to support the community we all live in, the people with a life-limiting illness, their families and carers.

Gill May, Executive Nurse at the NHS Swindon Clinical Commissioning Group, introduced the report and highlighted the importance for individuals to have open conversations about, and state their wishes on, what they want during their end of life care. She referred to the five key principles of the Charter, attached at Appendix 1 to the report, and explained that employers can easily demonstrate care and compassion by supporting someone still in employment who is dying, or by supporting an employee who wants to take time out to care for someone at their end-of-life.

Following the presentation of the report and the Dying Well Community Charter in Appendix 1, Board members discussed the matters raised, including:

- The importance of cross-sector support for the Charter.
- The potential changes that could be made to HR policies within organisations to help support the intentions of the Charter. It was agreed that a copy of the report being put forward to the Clinical Commissioning Group Governing Body would be circulated for example if approved.
- The potential paths for disseminating the Charter to the bigger employers

within Swindon by using the Influence Group, Mindful Employer and the Rotary groups for example, and the importance of ensuring that information is targeted and useful to employees.

Resolved – (1) That partner organisations be recommended to sign up to the principles of the Dying Well Community Charter, as set out in Appendix 1 to the report.

(2) That the launch of the Dying Well Community Charter in Swindon, which will encourage local partners, voluntary services and local businesses to consider how they can support the aims of the Charter, be supported.

### **63. Suicide Prevention**

The Board considered a report providing an update on the latest profile of suicide in Swindon, and outlining the actions being undertaken to prevent the occurrence of suicide.

Frances Mayes, Senior Public Health Manager at Swindon Borough Council, introduced the report and highlighted how suicide prevention is a long standing Public Health responsibility that is now the responsibility of the Local Authority. She noted that in Swindon a suicide audit has been carried out regularly since 2009, with the findings being used to review and update a suicide prevention strategy. She outlined the national policy context, the high risk groups, and the local suicide prevention governance arrangements, and confirmed that in all measures the rate for Swindon is slightly higher than England and the South West, but not statistically significantly different.

Following the presentation of the report, and the Swindon Suicide Audit, Strategy and Recommendations for 2016-2018 in Appendix 1, Board members discussed the matters raised, including:

- The measuring of repeat self-harming which is measured the same way across the country. The Board noted that there are a small number of people within Swindon who can be categorised as such, and that there has been a reduction this year in the number of children in this category. It was agreed that an item to discuss self-harming would be added to the Board's Work Programme.
- The Board were advised that adults do not currently have as many support services in place as children, but that a risk panel is now set up following each suicide attempt to determine the support required. Data from each panel will be analysed following at least 15 months of operation to help redress this imbalance.

Resolved – (1) To note the findings of the Swindon Suicide Audit and endorse the strategic recommendations.

(2) To recommend to Cabinet and the Clinical Commissioning Governing Body that they note the Swindon Suicide Audit findings, endorse the recommendations and adopt the strategy.

### **64. Mental Health Street Triage Update**

The Board considered an update on the Mental Health Street Triage Pilot, which

has been in operation since 14 September 2015, and which explained some of the changes that have been made during the pilot, and highlighted the successes of the pilot so far.

Angus Macpherson, Police and Crime Commissioner, introduced the report and highlighted how this arose from the Mental Health Crisis Care Concordat. He described how mental health professionals had begun working with officers in Devizes and Swindon in September 2015, and that by March 2016 all resources had been focussed on getting professionals to help people in custody, improving the service offered to those in crisis. He noted that the pilot runs until September 2016, and is currently being assessed by the University of the West of England.

Following the presentation of the report and the case studies set out in Appendix 1, Board members discussed the matters raised. The Board considered the need for formal analysis on the impact and outcomes from the pilot before future funding decisions can be taken, particularly around where savings can be made. The Board noted that other services helping people in mental health crisis already receive funding, so any further service offered would have to demonstrate quantifiable benefits.

Resolved – (1) That the positive impact the pilot has had for both the service user and partner agencies be noted.

(2) That a further report be submitted considering future options for the service following any evaluation of the pilot.

## **65. Independent Domestic Violence Advisor Pilot Project - Update**

The Board considered a report setting out the progress of the Hospital Independent Domestic Violence Advisor and GP Outreach Worker pilot project, some of the challenges involved in developing the project, and some of the achievements of the service to date in supporting individuals affected by Domestic Abuse.

Angus Macpherson, Police and Crime Commissioner, introduced the report and advised that the funding for the pilot had been initially granted through the One Swindon Board, but that funding is now required for 2017/18.

Following the presentation of the report and the case study contained within Appendix 1, the Board noted that a full evaluation of the impact of the project will be required before partner organisations commence their budget planning with a view to future funding options.

Resolved – (1) That progress on the pilot project be noted.

(2) That the continuation of strong links between health services and specialist support for people affected by Domestic Abuse, including consideration in future commissioning decisions, be supported.

## **66. Annual Report of the Education Strategy Board**

The Board considered a report providing information on the work of the Swindon Education Strategy Board (SWEB), which was set up in July 2015 and is chaired by the Regional Schools Commissioner (RSC) for the South West, Sir David Carter. The report set out the role of the Board in supporting school improvement within

Swindon, and ensuring there is a strong partnership between the RSC and the local authority. The report also provided an update on progress towards achieving closer working with all involved in school improvement in Swindon, and closer collaboration and communication with the office of the RSC, which were both part of a key recommendation arising from the Ofsted inspection in December 2014 of the Swindon School Improvement function.

Peter Nathan, Head of Education at Swindon Borough Council, introduced the report and confirmed that the SWEB has met five times since its inception, with meetings usually taking place each term. He described how the meetings have been focussing on scrutinising outcomes from public examinations and tests, Ofsted inspection outcomes and exclusion data, and also receiving presentations from two or three schools. Mr Nathan also advised the Board that a further report on the work of the SWEB will be brought to them for discussion in spring 2017.

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

- The poor Ofsted results achieved by secondary academies in Swindon, and the challenge to the RSC to respond accordingly and help improve them.
- The commitment of Head teachers within Swindon who give their time freely, and the need for the RSC to be more transparent with items such as the minutes of his visits.

Resolved – (1) That the contents of the report be noted.

(2) That a further report be considered in spring 2017, once further information on the impact of the Swindon Education Strategy Board is available.

## **67. Health and Wellbeing Board Provider Forum**

The Board considered a report regarding the establishment of a Provider Forum to ensure engagement of key stakeholders providing health and social care services in Swindon. The Board has previously taken a decision not to have providers as members of the Board, but with the intention to develop a secondary mechanism in the form of a Provider Forum.

Cherry Jones, Director of Public Health at Swindon Borough Council, introduced the report and confirmed that the Forum had held a workshop meeting last year. At this meeting they had explored the purpose, role and operating principles of the Forum, and had identified priority areas of focus which they felt would support the Board and the delivery of the Health and Wellbeing Strategy. The Forum also created and adopted a Terms of Reference which were attached at Appendix 1 to the report.

Following the presentation of the report and consideration of the Terms of Reference for the Forum attached at Appendix 1 to the report, Board members discussed the different options available for creating a dialogue and links between the Board and the Providers Forum which included:

- A Forum representative attending Board meetings;
- The synchronisation of meeting dates between the Forum and the Board;
- A six-monthly report on the work of the Forum being presented to a Board meeting; and
- Enhancing Board reports to show where liaison with the Forum has taken

place on a particular topic.

The Board noted that the Provider Forum will be considering the impact of the Strategic Transformation Plan at their next few meetings, and it was agreed that the Forum will be asked to advise how they wish to create a dialogue with the Board.

Resolved – That the establishment of the Provider Forum and its contribution in influencing the agenda to improve the health and wellbeing of Swindon residents across the health and social care system, be noted.

#### **68. Better Care Fund 2016**

The Board considered a report regarding the Better Care Fund (BCF) Plan 2016/17 which had been submitted to the Department of Health and Department for Communities and Local Government on 21 March 2016. The report set out how the BCF Plan was approved by the BCF, with the condition that more detailed information was supplied to NHS England around the Swindon Delayed Transfers of Care Programme (which was submitted in April 2016).

Sue Wald, Interim Director of Adult Social Services at Swindon Borough Council, introduced the report and explained how the template for completion (as set out in the appendices) is one provided by NHS England. She highlighted that there have been no major changes to the template since the last version the Board considered. She advised the Board that NHS England had required more articulation on the work done to reduce delayed discharges, but that the delays are not within Swindon itself but they are having an impact on the Great Western Hospital.

Resolved – That the Better Care Fund submission to NHS England and Better Care Fund for 2016/17 be noted..

#### **69. Joint Commissioning Group - Minutes for Information and Comment**

The Board noted the minutes of the Joint Commissioning Group meetings held on 1 March and 3 May 2016. It was queried and confirmed that the Group is made up of representatives from Swindon Borough Council and the Clinical Commissioning Group.

Resolved – (1) That the minutes of the Joint Commissioning Group meetings held on 1 March and 3 May 2016 be noted.

(2) That the minutes of the Joint Commissioning Group meeting on 2 February 2016 be distributed subsequent to the meeting for the Board to note.

#### **70. Health and Wellbeing Board Terms of Reference**

The Board considered this report as a matter of urgency at the request of the Chair. The report set out for consideration the co-opting of a lay member to the Board as a voting member, and proposals for the lay member co-opted to the Board to become its Chair.

Councillor David Renard, Chair of the Board, introduced the report and proposed that Mr Brian Mattock be considered for co-option to the Board as a voting lay member. The Chair advised that Mr Mattock had ceased to be a councillor following



the May 2016 elections, and explained how he regards that as a loss of valuable knowledge and experience to the Board.

The Chair highlighted his further proposals should Mr Mattock be appointed as a co-opted lay member to the Board. He advised that he would no longer attend as a standing member of the Board, but would remain as a nominated Deputy for the two Cabinet Members on the Board. He proposed that Mr Mattock be elected as Chair at the next meeting of the Board, requiring an amendment to the Terms of Reference (set out in tracked changes in Appendix 1 to the report) to be agreed by full Council.

Following the presentation of the report, and consideration of the proposed changes to the Terms of Reference as set out in Appendix 1 to the report, Board members discussed the matters raised, including:

- The Board acknowledged that the Vice-Chair, Dr Peter Crouch (Clinical Chair of the NHS Swindon Clinical Commissioning Group), had expressed his full support of these proposals prior to the meeting.
- The Board acknowledged that the Clinical Commissioning Group currently has a lay member chairing their Governing Body meetings, and that a lay member in the Chair could be seen as bringing further independence to this Board.
- The Board acknowledged the added value that Mr Mattock would bring due to his knowledge and experience of health and well-being matters. It was noted that Health and Wellbeing Boards may also be re-purposed in the near future, and it was posited that a lay member would have more available time than the Leader of the Council to lead on this.
- The Board confirmed that the membership list requires amending to remove the word 'Executive' for the Healthwatch Swindon representative.

Resolved – (1) To appoint Mr Brian Mattock to the Board as a voting, co-opted lay member of the Board.

(2) To recommend to full Council:

1. The adoption of the revised Health and Wellbeing Board Terms of Reference (as set out in Appendix 1 to the report) to reflect that future meetings of the Board may be chaired by the co-opted lay member.
2. That the Director of Law and Democratic Services be authorised to amend the Role Definition for the Chair of the Health and Wellbeing Board in Part 5 Section 4 of the Council's Constitution, in consultation with the Leader of the Council.