

HEALTH AND WELLBEING BOARD

WEDNESDAY, 13 NOVEMBER 2013

PRESENT:- Councillors Ray Ballman and David Renard (Chair); Gavin Jones (Chief Executive, Swindon Borough Council), Tony Ranzetta (NHS Swindon Clinical Commissioning Group Accountable Officer) John Gilbert (Director of Adult Social Care/Children's Services, Swindon Borough Council), David Wray (Third Sector representative), Dr Liz Mearns (Medical Director, NHS England), Cherry Jones (Acting Director of Public Health, Swindon Borough Council) and Angus MacPherson (Wiltshire Police and Crime Commissioner) .

Also in attendance: James Griffin (Swindon Borough Council), Louise Tapper (Swindon Borough Council) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from Councillor Brian Mattock, Carol Burns (Chair, Healthwatch Swindon), Dr Peter Crouch(NHS Swindon Clinical Commissioning Group) and Jennifer Howells (NHS England).

26. 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.

27. Public Question Time

No public questions were received during the meeting.

28. Minutes

Resolved – That, subject to Stuart Macpherson being amended to read Angus Macpherson in Minute 25, the minutes of the meeting held on 11th September 2013, be accepted as a correct record.

29. Presentation - NHS England

Tony Ranzetta and Liz Mearns gave the Board a presentation on “A Call to Action” highlighting the following issues:

- “A Call to Action” was not a public consultation but was a sustained programme of engagement with patients, the public, staff and stakeholders.
- It was intended to inform the future of the NHS and how it needed to change and the outputs of the debate would be used to plan for immediate issues and for a sustainable future.
- “A Call to Action” was a response to the significant number of challenges facing the NHS and intended to create a consistent national framework and context and support to the NHS. It was also intended to enable existing conversations between commissioners and their local community about local health priorities to help meet the challenges faced.
- There were already a number of recommendations for improvement to the NHS arising from reports such as the Mid Staffordshire NHS Foundation Trust Public Enquiry, The review into the quality of care and treatment

provided by 14 hospital trusts in England (Sir Bruce Keogh KBE) and the Berwick review into public safety.

- Pressure facing the NHS included, a rise in long term conditions (diabetics were expected to rise by 29% by 2015 to reach 4 million), a doubling of the number of over 80 year olds (the most intensive users of health and social care) by 2030, and increasing expectation on service delivery resulting from factors such as seven day access and new health technology.
- The reservation of the strengths of the general practice, including generalist skills, a central role in managing long term conditions, patient care (proactive co-ordination, a holistic approach and fast and responsive access).
- The role of general practices in preventing ill-health, involving patients and carers in managing their own care and health.
- The operation of general practices at greater scale through networks, federations and practice mergers whilst preserving their traditional strengths.
- The role of the general practice as part of an integrated out of hospital care system.
- Specialised Commissioning – derogation plans submitted by Trusts, regional meeting held on 25th October to agree final position, and the impact on the local area being shared with CCGs and Local Authorities.
- A breakdown of the health planning timetable.
- The engagement themes of Prevention, Future Scenarios, Valuing mental and physical health, patients in control, well-co-ordinated care and Learning from the best.
- The Integration Transformation Fund (£3.8 billion funding to ensure closer integration between health and social care), a single pooled budget for health and social care services (local areas ring fenced for investment in out of hospital care) and targeting a range of initiatives.
- The Integrated Transformation Fund pooled budget can be deployed locally subject to national conditions being addressed in plans (jointly agreed plans, protection for social care services, 7 day working in health and social care to support patients being discharged to prevent unnecessary admissions at weekends, better data sharing, ensuring a joint approach to assessments and acute planning, use of funding for integrated packages and agreement on the consequential impact of changes in the acute sector).
- Opportunities offered by these changes and the key components that should be retained.
- The resource gap likely to be seen locally as a result of funding pressures, population growth and increased life expectancy (and the additional care challenges this presents).
- Planning better patient flows and priorities for local transformation.
- The role of One Swindon in the transformation agenda and potential projects being considered by the One Swindon Board.

The Board noted the presentation.

30. Annual Report of the Local Safeguarding Children Board 2012/13

Michael Howard (Independent Chair of the Local Safeguarding Adults Board and the Local Safeguarding Children's Board) introduced the Annual Reports of the Local Safeguarding Adults and the Local Safeguarding Children's Boards.

The report comprised three key elements (a) the Protocol supporting the relationship between the Swindon Health and Wellbeing Board, the Local Safeguarding Adults Board and the Local Safeguarding Children's Board (this was based upon the Slough Protocol and adapted to meet Swindon's requirements), (b) the Local Safeguarding Children's Board Annual Report 2012/13, and (c) the Safeguarding Adults at Risk in Swindon Annual Report 2012/13. The Government expected the Board reports to be self-critical and Michael Howard welcomed challenge from the Health and Wellbeing Board.

The Board welcomed the reports and discussed the following issues:

- The role of the Health and Wellbeing Board in challenging the work of the Local Safeguarding Adults Board and the Local Safeguarding Children's Board and in being a critical friend where appropriate and vice versa.
- The role of the Annual reports and Protocol within the Business Plans of the Safeguarding Boards, the Health and Wellbeing Board and the Joint Commissioning Board (Adults and Children's).
- The protocol, which was welcomed by the Board, together with the timescales set out on page 5 of the Protocol.
- The importance of the Health and Wellbeing Board's response to the Annual Reports and the need to ensure that key elements were embedded within the work and practice of the Board as well as more widely within the organisations represented on the Board.
- The issue of Domestic Violence within the reports and subsequent work of the Board and constituent organisations.
- How the Annual Reports might help inform the upcoming revised Crime and Policing Plan.
- That the response of this Board would be included within the LSCB Business Plan 2014/15.

Resolved – (1) That, subject to "Scrutiny" being amended to read "Challenge" the Protocol set out as Appendix 1 to the report be welcomed and approved.

(2) That the Local Safeguarding Children's Board Annual Report 2012/13, and the Safeguarding Adults at Risk in Swindon Annual Report 2012/13, be endorsed and received.

(3) That, further to (2) above, the Annual Reports be referred to organisations represented on this Board with a recommendation that they consider the implications for their respective organisations and how the key issues and recommendations fit into their work and that the responses received be considered at the next meeting of this Board.

31. Autism Self Evaluation 2013

The Board considered a report setting out the Autism Self Evaluation Assessment submission by Swindon Borough Council to Public Health England. Officers had sought advice from the Autism Board prior to completing the two year evaluation; it was noted that there were four areas of good practice highlighted with no "red" rating responses identified. The amber responses were areas of on-going work. The report before Members' was to raise awareness of work related to Autism currently being undertaken within the Borough.

The Board discussed the responses and raised queries as to the reasons for the identification of red, amber and green by officers and in particular in relation to:

- Response 18 and the extent to which local magistrates were engaged with appropriate training.
- Response 37 and the marginal take-up of the alert card system used by the probation Service locally. The scheme being introduced by the Wiltshire Police and Crime Commissioner to have appropriate signage in police stations asking if people carried autism cards.
- Response 27 and the lack of numbers in the return. It was noted that data collection was an issue with compiling the return and that therefore officers only included those they were certain were correct. The information related to the previous year.

Officers noted Members comments and undertook to present the submission for next year to the Board for its input and information.

Resolved – That the report and rating set out within the officer return be noted.

32. Diabetes Joint Strategic Needs Assessment (JSNA)

The Board considered a report of the Acting Director of Public Health setting out the findings of the Diabetes Joint Strategic Needs Assessment.

The Board discussed the following issues arising from the report:

- That diabetes was generally poorly managed by people leading to early death.
- That there were 10,000 registered diabetics in the Borough but it was believed that there was up to 1,000 additional diabetics that weren't registered.
- Concern that only 64% of diabetics managed their sugar levels properly against a national average of 70%.
- The mortality rates for people with diabetes living within the Swindon CCG area.
- Whether further research was needed to ascertain whether diabetes was higher in particular ethnic groups.
- Work undertaken within the first public patient diabetes workshop.
- The importance of educating young people as to the benefits of healthy eating and exercise in the prevention of illnesses such as diabetes.

Resolved – (1) That the report be noted.

(2) That the recommendations of the Diabetes Joint Strategic Needs Assessment be agreed by the Board, and the development of an action plan for the implementation of the recommendations be supported.

33. Integration Transformation Fund Update (Oral)

The Board received an oral update on the current position of the Integration Transformation Fund setting out:

- Further Government Guidance on the Integration Transformation Fund.
- That funding would be in two stages with the first funding in 2014/15 and increased funding in 2015/16.
- The funding was not new money but was funding already allocated to

services; this included the current transfer of monies between the NHS and Local Authorities and there was expected to an uplift in this figure although whether any additional funding would be new money was not clear.

- Future funding 2015/16 could include some Clinical Commissioning Group budget areas (Capital monies from CCG and 3% CCG baseline).
- The funding is planned to be part of a National Health Services 2006 Section 75 funding agreements which Swindon already had in place. Governance of the Section 75 Agreements in Swindon is through the Joint Commissioning Board
- Local areas could increase funds in pooled budgets (Swindon's budget is currently aligned).
- The national conditions for use of monies were not yet fully known but it was expected to encompass protection of spending on Adult Social Care services, 7 day social work and joint assessments).
- Part of the 2015/16 payments could be based on achieving agreed outcomes. The final guidance on this is expected in December 2013.
- Plans are due to be submitted by 14th February 2014.
- A working group has been established across Swindon Borough Council and the Clinical Commissioning Group. The working group will submit proposals for the Integrated Transformation Fund to the next Health & Wellbeing Board in January 2014.

Resolved – That the report be noted and a follow up report be presented to the January 2014 Board meeting.

34. Health and Wellbeing Strategy

The Acting Director of Public Health submitted a report setting out the Swindon Health and Wellbeing Strategy based upon the priorities agreed by the Board in May 2013 and following an extensive engagement and consultation process. The Board discussed the priorities and outcomes set out in the Strategy.

The Board noted that there would be a meeting between the Acting Director of Public Health and the Wiltshire Police and Crime Commissioner regarding the outcome and vision priorities.

Resolved – (1) That, subject to Priority 21 reflecting the promotion of public transport and the outcome of the discussion between the Acting Director of Public Health and the Wiltshire Police and Crime Commissioner regarding the outcome and vision priorities, the Health and Wellbeing Strategy be supported and adopted.

(2) That, further to (1) above, any technical amendments be circulated to members of the Health and Wellbeing Board for information.

(3) That the Cabinet and the Governing Body of the Swindon Clinical Commissioning Group be recommended to approve and adopt the Health and Wellbeing Strategy.

35. Presentation - Winter Planning

Mr Tony Ranzetta made a presentation to the Board regarding Winter Planning by the Health Services noting:

- The timing of preparatory work.
- The expected 40% increase in demand for medical assistance, including a

rise in the number of hospital admissions based upon the evidence of the previous three years.

- Preventable admissions to hospitals and the extra stress such admissions had on the operation of the Great Western Hospital.
- A review of admission rates and current projections for 2013/14.
- The effect of the Nora virus and seasonal flu on medical care provision in previous years.
- The current capacity of the Great Western Hospital and subsequent work on increasing bed capacity.
- The use of the seasonal flu vaccination in helping to save lives.
- The use of other sources of assistance (the voluntary sector, friends and family) in reducing the need for hospital care.
- Publicity and the co-ordination of health campaigns during the winter and Christmas period to help reduce preventable admissions to hospital.

Resolved – That the presentation be noted.