

## HEALTH AND WELLBEING BOARD

WEDNESDAY, 12 MARCH 2014

PRESENT: Councillors Ray Ballman and David Renard (Chair), Gavin Jones (Chief Executive, Swindon Borough Council), John Gilbert (Director of Adult Social Care and Children's Services, Swindon Borough Council), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Ian Watts (Healthwatch Swindon), Tony Ranzetta (NHS Swindon Clinical Commissioning Group Accountable Officer), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group Clinical Chair and Vice Chair), Jennifer Howells (NHS England), and Angus Macpherson (Police and Crime Commissioner).

Also in attendance: Andrew Ferguson (Swindon Borough Council).

Apologies for absence were received from: Councillor Brian Mattock, Ben Curtis (Healthwatch Swindon), and David Wray (Third Sector representative).

### **42. Appointment of Vice-Chair**

Dr Peter Crouch, the Clinical Chair of Swindon Clinical Commissioning Group, was appointed as Vice-Chair of the Health and Wellbeing Board. The Terms of Reference will be amended to reflect this appointment.

### **43. 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.

### **44. Minutes**

Resolved – That the minutes of the meeting held on 8 January 2014 be accepted as a correct record, subject to the addition of Jennifer Howells (NHS England) to the list of attendees.

### **45. Exempt Items - Exclusion of Press and Public**

Resolved – That, in accordance with Section 100A(4) of the Local Government Act 1972, the public not be excluded during the discussion of the matters referred to in the items listed below.

<u>Item No.</u>	<u>Paragraph No.</u>
<b>12</b>	<b>3</b>

### **46. Public Question Time**

Anne Mooney, the Chair of the Service Users Network (SUN) in Swindon, referred to the item on Mental Health and Wellbeing Joint Strategic Needs Assessment and stated that not enough organisations or service users had been consulted on this. Users have also provided feedback which needs to be considered. The Clinical

Chair of Swindon Clinical Commissioning Group undertook to liaise with Healthwatch Swindon and provide a written response to the Chair of the Network once their full set of points had been provided to them, along with a list of suggested organisations to liaise with.

Elizabeth, a local resident of Swindon, suggested that mental health problems could be better addressed using non-drug treatments. The Clinical Chair of Swindon Clinical Commissioning Group undertook to receive further questions and comments outside of the meeting, and confirmed that there is an award winning psychology service in Swindon.

#### **47. Strategic and Operational Plans of the Clinical Commissioning Group**

The Board received a verbal update from Mr Tony Ranzetta, the Accountable Officer at Swindon Clinical Commissioning Group (CCG), regarding the CCGs Five Year Strategic Plan 2014 – 2019 and Operational Plan 2014 – 2016 and were asked to note the progress on these to date. The next versions, after the assessment and consultation process has been concluded, will be finalised in April.

The Board welcomed the update and discussed the following points:

- The plans have been looked at by NHS England as part of an assurance role. Assumptions have been challenged and clarification requested on some points.
- The Better Care Fund forms part of this process, and the Board will need to consider how to manage any queries that may come back.
- Feedback already received has been considered and is being worked on. This was mainly concerning the lack of information on how the three main providers (Great Western Hospital, Avon Wiltshire Partnership and SEQOL) would be affected economically year on year, and creating a longer term timeframe for the Better Care Fund.
- One of the main risks is that the target of reducing emergency admissions is overly ambitious. However, admissions have already been reduced over the winter period as a result of One Swindon Board schemes.
- It has been agreed that the Strategy in its current form is too long and messages are being lost. The next version will be shorter as a result.
- Clarification will be sought on the role of the One Swindon Board and the Health and Wellbeing Board.
- It was noted that the latest position on performance payments under the Better Care Fund is that funding will not be lost completely, but that the ability to make a decision on what it is spent on may be lost.

Resolved – To note the update.

#### **48. Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA)**

The Board considered this report, presented by Frances Mayes, Senior Public Health Programme Manager, on the Adult Mental Health Joint Strategic Needs Assessment (JSNA) which is an objective analysis of the current and future needs of people with poor mental health in Swindon.

It was confirmed that service user groups had been consulted with, and focus

groups were held to discuss the issues. There is a higher level of recorded mental health problems, as highlighted in section three of the report, and gaps in service have been identified due to the cross over between different commissioners and providers.

The Board welcomed the report and discussed the following issues:

- More breadth is required on the methodology used when consulting with service users.
- There will be further options to consult on the service stage design over the next two years.
- The Clinical Commissioning Group Strategy will incorporate some of the findings and actions from this JSNA, which provides another way for this Board to monitor progress.

Resolved – (1) To note the recommendations from the Adult Mental Health and Wellbeing JSNA.

(2) To support the development of a Mental Health Strategy and Action Plan for Swindon.

(3) To be kept up to date on progress on Adult Mental Health and Wellbeing work in Swindon through an annual report on the overall JSNA progress.

#### **49. Transfer of Offender Health Commissioning**

The Board considered this report, presented by Angus Macpherson, Police and Crime Commissioner (PCC), which gave an update on the current situation in relation to the transfer of commissioning of police custody healthcare and Sexual Assault Referral Centre provision to NHS England.

It was noted that the PCC will be utilising the development of a Health Needs Analysis to inform the Board for future service provision as highlighted in paragraph 3.5 of the report.

The Board welcomed the report and discussed the following issues:

- The NHS England report on this issue will be circulated to Board members to further inform them of developments.
- The transfer gives an opportunity to further build on the service already being provided.
- It was confirmed that the Police Health Partnership Board were leading on developing the Health Needs Analysis.

Resolved – To note the contents of the report.

#### **50. Mental health - Section 136 detentions**

The Board considered this report, presented by Angus Macpherson, Police and Crime Commissioner, which provided an update on the on-going changes made to joint provision to improve service delivery to those in mental crisis or suffering with mental ill health. It was noted that less people are being held in custody for mental health issues.

The Board welcomed the report and discussed the following issues:

- Defaulting to custody should be the exception as there are only a few

occasions where it would be appropriate for a person to be detained and assessed in a police station.

- It was noted that the provision of places of safety for under 16's has not yet been commissioned and that this should be dealt with as a matter of urgency. The Chief Executive of the Avon and Wiltshire Partnership will be contacted on this issue, though they may be unable to provide to this service as it is not part of their core provision.

Resolved – To note the contents of the report.

## **51. Mental Health Crisis Care Concordat**

The Board considered this report, presented by Angus Macpherson, Police and Crime Commissioner, which provided an update on the recently launched Mental Health Crisis Care Concordat. This was published by central government in February 2014 and the Board may wish to consider signing up to it.

The Board welcomed the report and discussed the following issues:

- It was noted that work will be undertaken on the Concordat actions already as part of the recommendations of the Mental Health and Wellbeing Joint Strategic Needs Assessment.
- The Board signing up to the Concordat would be premature as the appetite of individual partner organisations is currently unknown. It was agreed that Board members would take this proposal back to their respective organisations for discussion and potential adoption.

Resolved – To note the contents of the report.

## **52. Better Care Fund Plan**

The Board considered this report, presented by John Gilbert, Director of Adult Social Care and Children's Services at Swindon Borough Council, which provided an update on the draft Better Care Fund Plan 2014-16.

The responses already received to the draft Plan have been challenging, and members noted the national conditions attached to the Better Care Fund (BCF) as set out in paragraph 3.6 of the report.

The Board welcomed the report and discussed the following issues:

- It was noted that there are two separate BCF applications for Swindon and Shrivenham so any boundary issues should not impact on Swindon. Services in Shrivenham will also not be reduced as a result but may be delivered in a different way.
- It was noted that the payment by results part of the BCF is still as yet unknown so it is not yet possible to attempt to mitigate risk. The Board will be kept updated as it develops, but it is likely that funding will not be lost, just the choice of what it is spent on.
- Assurance still needs to be provided on contingency plans if targets are not met.
- The nature of potential risk is more likely to be around not being able to manage an increase in the level of demand, for example the numbers of emergency admissions increasing. Any success or lack of it will start to show

in 2015/16 when contingency plans may be required.

Resolved – (1) To note the draft Better Care Fund Plan 2014-16.

(2) To receive the final Better Care Fund Plan by email once submitted on 31 March 2014.