

## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 23 JULY 2014**

PRESENT: Councillors David Renard (Chair), Gavin Jones, Brian Mattock, Ray Ballman, John Gilbert, Cherry Jones, Curtis, Bearman and Wray (Third Sector representative).

Also in attendance were: Mike Howard (Chair of the Local Safeguarding Adults Board and Local Safeguarding Children's Board) and Lynn McDermott (Swindon Borough Council).

Apologies for absence were received from Dr Peter Crouch (Vice-Chair), Howells and Angus Macpherson (Police and Crime Commissioner).

### **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**

Ms Karyse Day had submitted written questions to the Board prior to the meeting regarding alternative and complementary medicine. She noted that there is no direct patient representation on the Board, and that alternative and complementary medicine is a very specialised subject, requiring training and qualifications before being able to give an expert opinion.

The Chair thanked Ms Day and confirmed that a written response would be provided to her questions. He noted that Healthwatch is already a member of the Board representing the patient's voice, and that the Board could not direct treatment choice.

### **3. Minutes**

With reference to Minute 59 – Better Care Fund, Councillor Ray Ballman noted that at a recent conference it had been confirmed that part of the funding would be used to pay for the New Care Bill but that this had not been mentioned elsewhere.

It was confirmed that around £1b of the performance part of the Better Care Fund (BCF) would now be used on reducing emergency admissions to hospital, leading to concerns around the resulting effect on social care. There will be revised guidance and a new template that will have to be completed, and this Board will have to sign off the revised plans by September 2014.

Resolved – That the minutes of the meeting held on 7 May 2014 be accepted as a correct record.

### **4. Local Safeguarding Children's and Adults Boards Business Plans**

Mike Howard, Chair of the Local Safeguarding Adults Board (LSAB) and the Local

Safeguarding Children's Board (LSCB) informed members that the LSAB had discussed the Dementia Joint Strategic Needs Assessment (JSNA) at their meeting in May 2014, and asked that safeguarding issues be made more explicit within future iterations.

Cherry Jones, Acting Director of Public Health, confirmed that the JSNA would be reviewed taking on board the LSABs comments. Paul Bearman, Executive Director of Commissioning at the Clinical Commissioning Group, advised that they will ensure safeguarding issues are reflected in their draft Dementia Strategy which will be produced shortly.

The Board then received a report presenting the Business Plans for the LSAB and LSCB which have been endorsed by both bodies. The report informs the Board of the priorities within the Business Plans of both Safeguarding Boards, and can be used to develop opportunities for partnership working between all three.

With the agreement of the Board, Mike Howard introduced the report in two sections and firstly dealt with the LSCB Business Plan.

Mr Howard highlighted key points within the Business Plan which have relevance to this Board. He noted the governance arrangements for domestic abuse and how the LSCB can challenge agencies to ensure that findings from the Domestic Abuse JSNA are embedded in to working practices. He noted that the LSCB has been looking at where the gaps are in service provision at all levels of need for some time – work has already been done on neglect and they will begin to look at domestic abuse next. The LSCB has clear links on multi-agency partnerships where safeguarding is a focus of their work, though some relationships are more mature than others. Mr Howard also gave examples of where the LSCB has been communicating with the local workforce and community to raise awareness of safeguarding issues.

Members then asked questions and made observations on the following issue:

- The involvement of the LSCB in substance misuse services, and their structure of sub-groups which delve deeper into issues such as substance misuse and child deaths. It was noted that the LSCB view families as a whole rather than just targeting young people.

Mr Howard then introduced the second part of the report regarding the LSAB Business Plan. He noted that the Care Act 2014 will put the LSAB on the same statutory basis as the LSCB, but that the arrangements in Swindon are already ahead of the legislation. He highlighted how the LSAB wants to ensure that safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services, and how their Service User Forum needs more people to attend.

Members then asked questions and made observations on the following issues:

- Swindon Borough Council including safeguarding as a key consideration when commissioning voluntary sector contracts, and its subsequent monitoring and quarterly performance meetings.
- The Clinical Commissioning Group using NHS contract arrangements which

- include safeguarding.
- The robust governance arrangements set in place as a result of Winterbourne View, and how the wider lessons learnt have been implemented.
- Concerns over contracts that are not managed by the Council and how those suppliers can be educated about safeguarding issues.
- Ensuring that safeguarding is built in to the grant funding process as well as the procurement process.
- Confirmation that safeguarding is built in to the NHS England procurement process.
- Commissioners being asked by the NHS to use their self-assessment tool, and the subsequent monitoring of those.

Resolved – To note the contents of the report, and endorse the Local Safeguarding Children's Board and Local Safeguarding Adults Board Business Plans.

## **5. NHS Swindon Clinical Commissioning Group Annual Report 2013/14**

The Board received a report presenting the NHS Swindon Clinical Commissioning Group (CCG) Annual Report for 2013/14. The Annual Report includes: a strategic report; a member's report; a governance statement; a statement of the Accountable Officers Responsibilities; a remuneration report; and key financials.

Paul Bearman, Executive Director of Commissioning at the CCG, introduced the report and noted that this is the first Annual Plan produced following the standard template provided by NHS England. He highlighted key points from the Plan including the arrangements in place between Swindon Borough Council, One Swindon and the CCG, how the CCG consults and engages with the public, how the CCG is promoting health and wellbeing within the Borough by continuing to deliver joint strategic plans, and the budget surplus of £71k for 2013/14.

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

- The Board's role and responsibilities in terms of accepting the Annual Plan. It was confirmed that the Board has to note the Plan and agree that the CCG is working in an integrated way.
- The significant assurance processes with NHS England that the CCG have to satisfy.
- The recruitment and appointment of an Accountable Officer and concerns over the delay in this. It is planned that the Interim Accountable Officer will be in post until the end of December 2014.
- The potential changes to prevention arrangements as a result of the amendments to the Better Care Fund, and possible impact as a result. Swindon already has good integration between the NHS and the local authority, and partners are already working towards preventing hospital admissions and quicker discharges. As such, a major change in the direction of travel should not be required as a result of the changes to the Better Care Fund.

Resolved – To note and endorse the NHS Swindon Clinical Commissioning Group Annual Report for 2013 – 2014.

## **6. Healthwatch Swindon performance update**

The Board received a report commenting on and summarising the progress of Healthwatch Swindon since its inception in April 2013, and the objectives and targets over the next six months. The first Annual Report for Healthwatch Swindon was attached as an appendix to the report.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and advised that he had been in post since March 2014. He acknowledged that there had been performance problems and confirmed that Healthwatch will be more pro-active and reach its full potential from now on.

Lynn McDermott, Commissioner for the Voluntary and Third Sector, noted that progress had been slower than anticipated since the creation of Healthwatch but that they were now fully staffed and in a good position to move forward. There had also been problems with recruiting and retaining Board Members but this has now been resolved.

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

- The concerns from elected members over Healthwatch and how these are addressed by the plans laid out in the report.
- The problems experienced in the appointment of a Manager for Healthwatch, the establishment of a Social Enterprise, and office space challenges.
- The concerns raised by commissioning officers who continue to press Healthwatch on them, in particular the slowness in the identification of suitable Directors and transfer of the strategic role to the Board, the development of data recording, the recruitment and development of volunteer capacity and the lack of an effective engagement strategy.
- It was agreed that Healthwatch would prepare a progress update for every future Board meeting, with particular reference to those concerns set out above.
- The achievement by Healthwatch Swindon of having its model tool kit for Patient Participation Groups in GP surgeries rolled out across the country by the NHS over the rest of this year.
- Increasing and strengthening the relationships between Healthwatch Swindon and the Local Safeguarding Children's Board and the Local Safeguarding Adults Board.
- Positive examples of the work Healthwatch Swindon has been doing recently including their input to the Joint Strategic Needs Assessment process, and the survey for the Learning Disability Partnership Board they have been assisting with.

Resolved – To note the update on objectives and targets for 2014, and receive an update at every future meeting on progress against them.