

HEALTH AND WELLBEING BOARD

WEDNESDAY, 7 JANUARY 2015

PRESENT: Councillors David Renard (Chair), Gavin Jones, Ray Ballman, John Gilbert, Cherry Jones, Crouch (Vice-Chair), Wray, Angus Macpherson and Fionuala Foley (Deputy) (Third Sector representative), and Angus Macpherson (Police and Crime Commissioner).

Also in attendance was: Peter Rowe (Healthwatch Swindon), Dr Ayoola Oyinlowe (Swindon Borough Council), Tom Frost (Swindon Borough Council), Lynn McDermott (Swindon Borough Council) and Sue Wald (Swindon Borough Council).

Apologies for absence were received from: Councillor Brian Mattock and Jan Stubbings (NHS Swindon Clinical Commissioning Group).

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.

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21. Public Question Time

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

22. Minutes

Resolved – That the minutes of the meeting held on 8 October 2014 be accepted as a correct record.

23. Sexual Health Joint Strategic Needs Assessment

The Board received a report regarding the Sexual Health Joint Strategic Needs Assessment (JSNA) which is an objective analysis of the current and future needs in Swindon. The report set out how, based on available data, the JSNA identifies the current national and local sexual health status and services used, and how the recommendations from the JSNA, together with national guidance, will improve quality standards and good practice in Swindon. The JSNA also provides information that informs the commissioning of sexual health services, and raises awareness of the issues surrounding sexual health in Swindon.

Dr Ayoola Oyinloye, a Consultant in Public Health Medicine for Public Health, introduced the report and noted that the rationale behind the JSNA was to understand the sexual health picture of Swindon, and identify areas where services can be improved. The key findings from the JSNA were attached as an Appendix to the report, and Dr Oyinloye referred to the 13 recommendations at the back of this

Bulletin. He highlighted that further improvements could be made in the provision of long acting reversible contraception, and that there is a need to encourage the primary prevention of sexually transmitted diseases. There is also an aim to provide schools with a suite of service packages to pick from, and to assist young people friendly organisations gain accreditation. He also noted that further work will be done on co-ordinating the Child Sexual Health and Exploitation Strategy, and the Female Genital Mutilation Action Plan.

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

- It was noted that the rates of Gonorrhoea diagnosis had increased due to it now being tested for at the same time as Chlamydia within Swindon. This is a positive increase as earlier diagnosis and treatment will prevent the spread of the infection.
- Swindon's ranking on dealing with sexual health issues in terms of comparable authorities was discussed, and it was noted that it is one of the top three in terms of the Office of National Statistics classifications.
- It was queried and noted that Wiltshire Police are represented on the Swindon Local Safeguarding Children's Board.
- The increase in diagnosis rates of sexually transmitted diseases amongst older age ranges was discussed, and it was noted that this is not a particular problem within Swindon and that some work proposed would cut across all age groups.
- It was noted that the Clinical Commissioning Group have plans to increase HPV Vaccinations amongst certain groups of men as a newly identified target group.
- It was noted that delivery to and coverage of schools within Swindon on sexual health issues is reported to the Joint Commissioning Board or the Children's Trust Board rather than this Board. It was agreed that a report will be brought back to a future meeting to give assurance of recommendations being actioned by other Boards, organisations or Trusts.

Resolved – (1) To note the recommendations from the Sexual Health Joint Strategic Needs Assessment Bulletin attached as Appendix 1 to the report.

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

(3) To commission the established multi-agency Sexual Health Executive Group to oversee and monitor the development of the Strategy and implementation plan and the recommendations identified in the Joint Strategic Needs Assessment.

24. Joint Strategic Needs Assessment 2014-2015 Summary

The Board received a report concerning its statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The report set out how the JSNA must describe the current and future health and wellbeing needs of the people of Swindon, and how the JSNA is the principle work stream which informs the Joint Health and Wellbeing Strategy. The JSNA also informs decisions about how services are commissioned and designed. The report also presented key facts, intelligence and issues for a wide range of public health topics.

Tom Frost, Public Health Intelligence Analyst, Strategy and Research at Swindon

Borough Council, introduced the report and highlighted that this is the first stage of the needs assessment process as individual topics are examined in further detail in separate JSNAs. He noted that the Summary contained within Appendix 1 of the report contains details on 24 topics, but that this list is flexible. He also gave an overview of some of the highlights from the Summary which included: an increase in obesity and the rise in Type 2 Diabetes which are linked; population projections indicating that almost half of the predicted growth will be in the 60+ age group; the rise in the percentage of reported violence against a person crimes; and children being admitted to hospital because of drink, drugs and self-harming incidents.

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

- It was noted that the Clinical Commissioning Group (CCG) are finding that around 40 – 60% of GP workload is from urgent cases, and that appointments made by patients with long term conditions do not necessarily always relate to that condition.
- It was discussed and agreed that the figures around those suffering with neurological conditions would be moved from within the Dementia section of the Summary to the Long Term Conditions section.
- It was noted that the Board should be able to understand how JSNAs manifest themselves in terms of commissioning strategies, and activities undertaken within services.
- It was noted that the Summary will be fed in to the CCG planning refresh.
- A discussion was held concerning the reporting of domestic abuse and how, given its hidden nature, the levels could be much higher than currently reported. National surveys can be used to identify underlying issues, and an assessment which draws in from evidence sources will be able to give a better picture within Swindon.
- Thought will be given as to how assurance can be provided to the Board that progress is being achieved with regards to: community safety; housing, transport and the environment; education, skills and the economy; leisure, arts and culture; and children and young people.
- It was discussed and agreed that the wording of the second bullet point under Key Information on Learning Disabilities within the Summary needs to be rephrased before publication.

Resolved – (1) To note the 2014/15 Joint Strategic Needs Assessment Summary report.

(2) To endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy.

25. Transfer of 0-5 children's public health commissioning to Local Authorities

The Board received a report concerning how, in October 2015, commissioning of the Healthy Child Programme (0-5 years) will transfer from NHS England to Local Authorities. The report gave a local update on the transfer of the commissioning responsibility for the Programme and the Family Nurse Partnership.

Cherry Jones, Acting Director of Public Health, introduced the report and highlighted how the Programme offers every family a programme of screening tests

immunisations, developmental reviews, and information and guidance to support parenting and healthy choices. She noted that the Programme is currently commissioned through NHS England as part of the section 7a mandate of the Health and Social Care Act 2012, and that the commissioning of Child Health Information Systems will continue to be provided by NHS England until 2020 when it is expected that this responsibility will also be transferred to Local Authorities. The Board also noted that health visiting is a workforce of specialist community public health nurses who deliver the universal 0-5 Healthy Child Programme, and that the Family Nurse Partnership is an intensive, evidence based, structured home visiting programme, offered to first time parents under the age of 20. It was highlighted that the Healthy Child Programme (5-19 years) is already commissioned by Local Authorities, and in Swindon the school nursing service employed by the local authority lead this programme.

Resolved – To note the report and welcome the Local Authority's Healthy Child Programme (0-5 years) new commissioning responsibility from October 2015.

26. Voluntary Sector Commissioning in Swindon

The Board received a report concerning the agreement made between Swindon Borough Council, NHS Swindon and Swindon Clinical Commissioning Group in February 2013 to undertake a joint consultation in relation to the next steps for reshaping the voluntary and third sector commissioned services. The report commented on and summarised the progress of Voluntary Sector commissioning, re-commissioning and de-commissioning.

Lynn McDermott, Strategic Commissioner – Voluntary Sector at Swindon Borough Council, introduced the report and highlighted that prior to 2013 more emphasis was placed on funding activities rather than performance outcomes. The whole process has now been re-shaped and the number of contracts has been reduced by half. Organisations are now encouraged to work together like the example at Sandford House. She noted that the priorities for 2015 are the re-tendering of some contracts along with two pilots concerned with scoping out future commissioning plans.

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

- It was noted that thought needs to be given as to how the voluntary sector could be assisted to support communities, bearing in mind the huge demand pressures at the moment on all organisations. One suggestion put forward would be to simplify the contract tendering process.
- Work also has to be undertaken on what volunteering resources are already across the Borough so as to allow a more directional use of volunteers.
- It was noted that the initial driver behind this piece of work was the adult demand programme and the list of organisations contained within the Appendix of the report are only those service providers with a current contract. There are also a huge number of non-commissioned services within Swindon that are not contained within this list.
- Contracts are now being targeted and arrangements put in place for more flexible and longer term contracts.

Resolved – To note the update on the current and future commissioning plans for

the voluntary sector.

27. Healthwatch Swindon Update

The Board received a report providing an update on the progress of Healthwatch Swindon with examples of ways in which they are contributing to the Board's work to improve the health and wellbeing of the local population and reducing health inequalities. The Board has agreed at a previous meeting to receive regular updates from Healthwatch Swindon.

Peter Rowe, Manager of Healthwatch Swindon, introduced the report and noted that a meeting of the full Board of Healthwatch Swindon had taken place in December. He referred to Mr Will Evans who is the Chair of the Board, and noted that the meetings are now being held monthly. He highlighted a few projects that Healthwatch Swindon has been involved in and these included: the non-emergency patient transport project which had been postponed but is now moving forward; the mental health services project which is hosting a focus group in February leading to the development of a questionnaire; the Volunteer Strategy; access to primary care and any failings being missed; the Health Observatory; and their usual advocacy service which is looking to increase its capacity.

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

- It was noted that the Office of the Police and Crime Commissioner could be added to the contact list with regards to the Mental Health Survey.
- It was also noted that Healthwatch have been kept updated with regards to the current problems being experienced nationally at hospitals.

Resolved – To note the update from Healthwatch Swindon.

28. Mental Health Crisis Care Concordat

The Board received a report concerning the Mental Health Crisis Care Concordat which is a national agreement between services and agencies involved in the care and support of people in crisis. The Concordat sets out how organisations will work together better locally to make sure that people get the help they need when they are having a mental health crisis. The report set out how the Board had agreed to support the principles of the Concordat at their meeting in March 2014, and how Board members had been tasked with taking this proposal back to their respective organisations for discussion and adoption. The Swindon Mental Health Crisis Care Concordat declaration has been agreed and is supported by various organisations as outlined in the report.

Cherry Jones, Acting Director of Public Health, introduced the report and highlighted how in February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. This focussed on the four main areas of access to support before crisis point, urgent and emergency access to crisis care, the quality of treatment and care when in crisis, and recovery and staying well. The Swindon Concordat has now been submitted online, and a working group has been established to develop an action plan to implement it. The Board noted that an update would be brought to the

March meeting.

Angus Macpherson, the Wiltshire and Swindon Police and Crime Commissioner, asked members to note that 20% of people with mental health problems are being taken directly into police custody and a study has been undertaken on this issue. An update will also be brought to the March meeting of the Board on those in custody, how they ended up there, and the learning points from the review.

Resolved – (1) To endorse the aims of the Mental Health Crisis Care Concordat and acknowledge that Swindon Clinical Commissioning Group, Swindon Borough Council, Wiltshire Police, Avon and Wiltshire Mental Health Foundation Trust, South West Ambulance Service NHS Foundation Trust, Great Western Hospital NHS Foundation Trust, Office of Police and Crime Commissioner for Wiltshire and Swindon, Oxford Health NHS Foundation Trust, SEQOL, Swindon Mind, CRI, and NHS England have signed up to the Concordat.

(2) To receive an update at its meeting on 11 March 2015 on how the principles outlined in the Concordat will be implemented.

(3) To note that delivery on the Swindon Mental Health Crisis Care Concordat is dependent on agencies committing to working collaboratively together to improve outcomes.

29.

Future meeting dates of the Board

The Board received a report concerning the proposed meeting dates for the 2015 – 2016 Municipal Year, and the proposed reduction in the number of Board meetings held per year from six to five whilst still ensuring that obligations are met under the Health and Social Care Act 2012.

Resolved - (1) To agree that the Terms of Reference of the Board be amended accordingly by the Acting Director of Public Health to show the reduction in the annual number of Board meetings from six to five.

(2) To agree the proposed dates as set out in paragraph 3.5 of the report.

(3) To note that the final dates will be subject to sign-off by Full Council in May 2015 as part of the Meetings Calendar for 2015 – 2016.