

HEALTH AND WELLBEING BOARD

WEDNESDAY, 8 OCTOBER 2014

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

Also in attendance were: Councillors Fionuala Foley and Maureen Penny, Mike Howard (Chair of the Local Safeguarding Adults Board and Local Safeguarding Children's Board), Peter Rowe (Healthwatch Swindon), and Gill May (NHS Swindon Clinical Commissioning Group).

Apologies for absence were received from John Gilbert (Board Director - Commissioning, Swindon Borough Council), Ben Curtis (Healthwatch Swindon), Paul Bearman (NHS Swindon Clinical Commissioning Group), Dr Peter John Gilbert, Curtis, Crouch (Vice-Chair), Howells, Angus Macpherson and Bearman (Deputy (Police and Crime Commissioner).

10. 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.

11. Public Question Time

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

12. Minutes

Resolved – That the minutes of the meetings held on 23 July and 10 September 2014 be accepted as a correct record.

13. Safeguarding Adults at Risk in Swindon and Local Safeguarding Children Board Annual Reports

The Board received a report presenting the Annual Reports for the Safeguarding Adults at Risk in Swindon 2013/14 and the Local Safeguarding Board. The Annual Reports detail progress against the annual Business Plans for each Board.

With the agreement of the Board, Mike Howard, Chair of the Local Safeguarding Adults Board (LSAB) and the Local Safeguarding Children's Board (LSCB), introduced the report in two sections and firstly dealt with the Annual Report for the Safeguarding Adults at Risk in Swindon 2013/14.

Mr Howard highlighted the large number of examples and case studies contained within the Report, and asked the Board to note that one of the Swindon examples was taken forward nationally as guidance. The Service Users Forum requires better representation and the Safeguarding Board is looking at ways to include the voice of the users. Mr Howard noted that the introduction of the Care Act will change the Local Authority response to safeguarding vulnerable adults as the term 'vulnerable adults' itself will change and also who it covers. The Safeguarding Board will

become statutory and case reviews will be mandatory.

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

- Clarity was requested on the positioning of referrals from the third sector to the Multiple Sclerosis Centre, and if they are classed under care providers.
- It was queried what the complimentary and challenging connections between this Annual Report and the Health and Wellbeing Strategy are, and plans for the future evolution of ties between the Joint Strategic Needs Assessment priorities, Health and Wellbeing Strategy priorities, and the Annual Report.
- It was agreed that the Board should receive confirmation and demonstration that processes are being followed and progress is being achieved.
- It was noted that the Board will need to be clear on responsibilities under the Care Act when it is introduced, and that a further connection could be introduced by reflecting the Health and Wellbeing Board agendas in the agendas for the Safeguarding Board.

Mr Howard then introduced the second part of the report regarding the Local Safeguarding Children Annual Report 2013/14. He referred to the recent Ofsted evaluation in which the Board was rated as 'Good', and asked the Board to note some highlights of the previous year including: the feeling safe survey involving Thamesdown Transport; the changes to the Annual Report and Business Plan following feedback from Ofsted; training and workforce development; a conference hosted by the Board attended by over 270 people; work undertaken on the cross cutting issues of domestic abuse; and the activity reports produced by Board members which shows the independence of the Board as a whole.

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

- It was queried what the relationship is between the Safeguarding Board and the Health and Wellbeing Board.
- It was noted that there is confusion over the governance of domestic abuse and clarity could be provided by Health and Wellbeing Board members due to their seniority within their organisations.
- It was also noted that there are issues with the membership of the Safeguarding Board, including a lack of seniority of those members already present, and addressing the lack of senior representation from those agencies not already present.

Resolved – To note the Annual Reports for 2013/14 for Safeguarding Adults at Risk and the Swindon Local Safeguarding Children Board.

14. NHS Swindon Clinical Commissioning Group Operational Resilience

The Board received a report regarding the Swindon Clinical Commissioning Group (CCG) Operational Resilience Capacity Plan (ORCP) for 2014/15, designed to improve the planning of scheduled and unscheduled care for the registered population of Swindon and Shrivenham. The ORCP has been collaboratively developed between health and social care partners.

Gill May, Executive Nurse, Swindon CCG, introduced the report and asked members to note that the CCG works with partners all year round on resilience and

capacity planning. Revised governance arrangements have been produced working with primary care providers, and a System Resilience Group has been set up with attendees at Chief Executive level. The Board noted that the Swindon CCG works with other commissioning groups, such as Wiltshire and Oxford, to ensure that postcode boundaries are not a barrier, and that the ORCP fits in with the Health and Wellbeing Strategy, the Care Act, and the Better Care Fund priorities. The ORCP is a dynamic and changing plan, and has been heavily tested, and reassurance can be provided to the Board over the next few months that it is achieving results.

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

- The degree to which financial constraints factored in to the development of the ORCP and what the impacts have been. It was noted that the Swindon CCG had received no resilience funding in the previous financial year, but that £1.2m has been received this year providing an opportunity to forward plan and prioritise.
- It was noted that partners will be invited to review current practices, such as the emergency intensive care support team visiting Great Western Hospital and assessing working practices.
- The CCG will be adapting to seasonal changes and evaluating the benefits from funding spent.
- It was suggested that the current encouragement of childhood vaccination for flu should be included in the ORCP, and that the social care teams should also be mentioned alongside NHS England in terms of the prevention and management of seasonal and pandemic flu.

Resolved – To note the Swindon Clinical Commissioning Group Operational Resilience Capacity Plan for 2014/15.

15. Pharmaceutical Needs Assessment

The Board received a report highlighting how the Board has a statutory responsibility to prepare a Pharmaceutical Needs Assessment (PNA) for Swindon which has to be published by 1 April 2015. The report presented information regarding the background and purpose, governance, consultation requirements and overview of proposed contents and timescales.

The purpose of the PNA is to:

- Identify the pharmaceutical services currently available and assess the need for pharmaceutical services now and in the future;
- Inform the planning and commissioning of pharmacy services by identifying which services should be commissioned for local people, within available resources, and where these services should be; and
- Inform decision making in response to applications made to NHS England by pharmacists and dispensing doctors to provide new pharmaceutical services, including new pharmacies, and also to make changes to existing contracts. The organisation that will make these decisions is NHS England.

Cherry Jones, Acting Director of Public Health, introduced the report and noted that there is already an existing PNA which was agreed in 2011. PNAs are informed by

the Joint Strategic Needs Assessments, and are subject to a 60 day statutory consultation period. The draft PNA will be available by the end of November 2014 and will be circulated to Board members at that time for their comments.

Neighbouring Health and Wellbeing Boards are Wiltshire, Gloucestershire, Oxfordshire and Berkshire. These will be asking for a consultation response on their PNAs and it was noted that the Acting Director of Public Health could formulate those responses using a checklist of issues to consider.

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

- It was agreed that Board members should receive and approve the final version of the PNA before being submitted by the Acting Director of Public Health.
- It was queried and noted that there is confidence that all relevant groups and organisations will be consulted on the draft PNA. It was agreed that Localities will be liaised with, along with elected members, and Healthwatch could add this as an agenda item at their Health and Social Care Forum.
- It was agreed that the asset database of current pharmacies will be appended to the report requesting final sign off of the PNA.

Resolved – (1) To note the report.

(2) To delegate authority to the Acting Director of Public Health to respond, on behalf of the Board, to neighbouring Health and Wellbeing Board's Pharmaceutical Needs Assessments consultations.

(3) To receive and approve the final Pharmaceutical Needs Assessment by the end of March 2015 in advance of its submission by the Acting Director of Public Health.

16. Swindon Dementia Strategy

The Board received a report regarding the Swindon Dementia Strategy 2014-2019 which has been informed by the Dementia Joint Strategic Needs Assessment published in 2013. Dementia is a long term condition which affects significant numbers of patients and families in Swindon, and increasing quality of life and independence whilst living with dementia related illnesses is a national and local priority. The vision for Swindon is for people with dementia and their carers to live a healthy, safe and fulfilling life.

Cherry Jones, Acting Director of Public Health, introduced the report and asked the Board to note that the Strategy will be revised to bring safeguarding issues to the forefront before being finalised. The purpose of a dementia strategy for Swindon was highlighted, including identifying key priorities for what needs to improve and engaging local people in discussion on what works best for people in Swindon. The Board noted the eleven key priorities that have been identified based on the findings of the Joint Strategic Needs Assessment and a series of stakeholder involvement events, and that the Clinical Commissioning Group Executive are supportive of this.

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

- Reconsidering this Strategy following the issuing of guidance on the Care Act.
- Introducing a new priority of bringing safeguarding to the forefront when commissioning services for the safety and wellbeing of those with dementia.
- The waiting list for the Memory Clinic.
- The range of awareness-raising contained within the Strategy, such as local providers and employers training employees to recognise signs of dementia in both members of staff and customers.
- Keeping the Board informed on the impact of the Strategy and how attainment is being measured. The specific outcomes in the Strategy can be measured by the Dementia Steering Group, Public Health Outcome Indicators will also be measured, and the annual report updating the Board on progress against Joint Strategic Needs Assessments can provide reassurance.
- The processes in place to determine susceptibility to dementia to ensure support is in place earlier to patients.

Resolved – (1) To recommend to Cabinet and the Governing Body of Swindon Clinical Commissioning Group that they approve the Dementia Strategy for 2014 – 2019.

(2) To raise awareness to all partner Health and Wellbeing Board agencies of the importance of creating dementia friendly communities and delivering on the priorities identified within the strategy.

17. Disabled Children's Charter for Health and Wellbeing Boards

The Board received a report regarding the new Disabled Children's Charter for Health and Wellbeing Boards. The Charter was created by Every Disabled Child Matters and The Children's Trust, Tadworth. The report outlined the commitments within the Charter, and some key areas in which the needs of disabled children, young people and their families are currently being met in Swindon.

Cherry Jones, Acting Director of Public Health, introduced the report and highlighted the seven specific commitments that signatories to the Charter pledge to meet within one year of signing. Key areas of development include: integrated service for disabled children and young people; early support pathway; participation; short breaks; children and families Special Educational Needs Bill; and disabled children being given priority for the consideration of their needs in the Children and Young People Joint Strategic Needs Assessment. It was noted that a significant amount of work has already taken place in Swindon across the areas outlined in the Charter.

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

- It was noted that this Charter is similar to the Charter the Local Authority has already signed up to.
- It was queried and noted that the Children's Trust Board would monitor the achievement against these commitments based on self-evidence provided to them.
- It was noted that even though a significant amount of work has already taken place in Swindon in achieving these commitments, the value added by signing up to the Charter is the attention it brings to these issues.

- Concerns were raised at the possibility of financial challenges being caused by signing up to the Charter.
- It was noted that the Board as a whole has to agree to sign up to the Charter – individual members would then take that back to their own organisations to inform and implement.

Resolved – (1) To note the Disabled Children’s Charter for Health and Wellbeing Boards.

(2) To sign up to the Disabled Children’s Charter for Health and Wellbeing Boards.

(3) To receive a report from the Children’s Trust Board demonstrating compliance with the Charter in twelve months’ time.

18. Healthwatch Swindon

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 advised that two people are currently going through the process to become Directors and one is currently being confirmed as a Director, meaning that there will be five in total who are all local people. He asked the Board to note that the Health Observatory had taken a long time to get off the ground but that it is now moving forward as a priority. Healthwatch have started a volunteer action programme which one of the Directors will be tasked to lead on, and their Engagement and Communication Strategy is being reviewed working closely with the Clinical Commissioning Group and NHS England. Mr Rowe also advised the Board that Healthwatch have extended their in-house advocacy to 20 hours per week and he asked the Board to note some of the projects that they have been involved in, such as collating data, summarising and presenting the results of the survey conducted by the Learning Disability and Partnership Board.

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

- It was queried if the next update report could cross reference the asks from the Clinical Commissioning Group as well.
- It was noted that the data being collected as part of the Swindon Health Observatory project would be helpful for third sector organisations when applying for grant funding.
- It was suggested that the links between Healthwatch and the Local Safeguarding Boards could be improved.
- It was noted that personal data is not held as part of the Observatory database, and that monitoring of the data flow will be worked on as part of finalising the project.
- It was noted that the Joint Strategic Needs Assessment (JSNA) process uses data and intelligence which the Observatory data could compliment. The concept will be taken to the next JSNA Steering Group meeting.

Resolved – To note the update from Healthwatch Swindon.

19.

Any Other Business

Board members were invited to note the Department of Health and Public Health England consultation on the Health Premium Scheme for 2014/15 which has recently been published. The proposal contained within the consultation document shows that two indicators will be measured against – a national indicator (successful completion of drugs treatment) and a local indicator which is selected by Local Authorities from the list of approved indicators. The consultation also asks authorities to answer a list of questions which Public Health England will feed back on.

Concerns have been raised over how this has been consulted upon, and members were asked to pass any thoughts or comments to the Acting Director of Public Health and the Cabinet Member for Health and Adult Social Care.