



**Walsall Council**

## **Health and Wellbeing Board**

**Monday 29 February 2016 at 6.00 p.m.**

in a Conference Room, Council House, Walsall

**Membership:** Councillor R. Martin (Chair)  
Councillor M. Arif  
Councillor P. Bott  
Councillor A. Ditta  
Councillor Hughes  
Councillor C. Jones  
Councillor I. Robertson  
Councillor I. Shires  
Mr. K. Skerman, Interim Executive Director Adult Services  
Mr. D. Haley, Director Children's Services  
Dr. B. Watt, Director of Public Health  
Dr. A. Gill ]  
Dr. A. Suri ] Clinical Commissioning  
Dr. A. Rischie ] Group representatives  
Ms. S. Ali ]  
Mr. J. Wicks ]  
Mr. S. Fogell, Healthwatch Walsall  
Ms. F. Baillie, NHS England

**Quorum:** 6 members of the Board

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*Democratic Services, The Council House, Walsall, WS1 1TW*  
*Contact name: Helen Owen, Telephone (01922) 654522*  
[\*helen.owen@walsall.gov.uk\*](mailto:helen.owen@walsall.gov.uk)  
[\*www.walsall.gov.uk\*](http://www.walsall.gov.uk).

## **Memorandum of co-operation and principles of decision-making**

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

# Agenda

1. **Apologies**

2. **Substitutions** (if any)

3. **Minutes – 7 December 2015**

- Enclosed

4. **Declarations of interest**

*[Members attention is drawn to the:*

- *Memorandum of co-operation and principles of decision making and*
- *The table of specified pecuniary interests*

*set out on the earlier pages of this agenda]*

5. **Local Government (Access to Information) Act, 1985 (as amended):**

To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda.

6. **Better Care Fund**

- Report of Strategy Lead, Unplanned Care - **enclosed**

7. **Annual Report of Director of Public Health - enclosed**

8. **Performance Dashboards:**

- a. Reduce the burden of preventable disease, disability and death  
Report of CCG Accountable Officer **enclosed**
- b. Promote and support healthy ageing and independent living  
Report of CCG Accountable Officer **enclosed**

9. **Strategic Transformation Plan - update**

- Report of CCG Accountable Officer **to follow**

10. **Feedback from Safeguarding Summit**

- Report **enclosed**

11. **Work programme**

- Report of Health and Wellbeing Programme Manager **enclosed**

12. **Key promotional messages**

- Health and Wellbeing Board to identify health messages

**Date of next meeting:** 25 April 2016 – 6.00 p.m.

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