



Walsall Council

Health and Wellbeing Board

Tuesday 20 July 2021 at 4.00 p.m.

Digital meeting via Microsoft Teams.

Public access via this link: <https://youtu.be/DjW790-vRkk>

Membership: Councillor S. Craddock (Chairman)
Councillor R. Martin
Councillor T. Wilson
Councillor I. Robertson
Ms. K. Allward, Interim Executive Director Adult Services
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie (Vice-Chair)] Clinical
Mr. G. Griffiths-Dale] Commissioning Group
Dr. H. Lodhi] representatives
Ms. M. Poonia, Healthwatch Walsall
Vacancy, West Midlands Fire Service
Chief Supt. P. Dolby, West Midlands Police
Ms D. Lytton, One Walsall
Mr D. Lawton, Walsall Healthcare NHS Trust
Ms. F. Shanahan, Walsall Housing Partnership/Walsall Housing Board
Ms. M. Foster, Black Country Healthcare NHS Foundation Trust
Ms. J. Holt, Walsall College
NHS England

Quorum: 6 members of the Board

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. **Welcome**
2. **Apologies and Substitutions**
3. **Appointment of Vice-Chairman**
(Note: The Board has previously agreed that the Vice-Chairman should be a Clinical Commissioning Group Member)
4. **Minutes:**
 - (a) **Health and Wellbeing Board – 27 April 2021**
To approve the minutes as a correct record
 - Copy enclosed
 - (b) **Sub-Committee Minutes - Local Outbreak Engagement Board–13 4.21**
 - To note the minutes – copy enclosed
5. **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]
6. **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.
7. **Appointment of Sub-Committee 2021/22– Local Outbreak Engagement Board**
 - Report of Principal Democratic Services Officer enclosed.
8. **Health and Wellbeing Board Review**
 - Report of Review Lead enclosed
9. **Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2022-25 – progress update**
 - Report of the Director of Public Health enclosed
10. **Health and Wellbeing Board Priorities/Areas of Focus 2021/22**
 - Report of Director of Public Health enclosed

11. **Work programme 2021/22**
 - Copy enclosed
12. **Date of next meeting** – 19 October 2021

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The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

Schedule 12A to the Local Government Act, 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and
its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Health and Wellbeing Board

Tuesday 27 April 2021 at 4.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present: Councillor S. Craddock (Chair)
Dr. A. Rischie, Clinical Commissioning representative (Vice-Chair)
Councillor R. Martin
Councillor I. Robertson
Mr. S. Gunther, Director of Public Health
Mrs K. Allward, Adult Social Care
Ms. S. Rowe, Executive Director Children's Services
Mr. G. Griffiths-Dale, Managing Director, Clinical Commissioning Group
Dr. Lodhi, Clinical Commissioning Group (part meeting)
Ms. M. Poonia, Healthwatch Walsall
Chief Supt. A. Parsons, West Midlands Police
Ms. D. Lytton, One Walsall (Substitute)
Mr M. Hill, Walsall Healthcare NHS Trust (substitute)
Ms. M. Foster, Black Country Healthcare NHS Trust
Ms. F. Shanahan, Housing Sector

728 **Welcome**

Councillor Craddock opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

As this was the last meeting of the Board for the Municipal Year, Councillor Craddock took the opportunity to reflect on the last 12 months. On behalf of the Board, he paid tribute to those who had been working in hospitals on the front line; and recognised those who had lost lives during the Covid Pandemic. Councillor Craddock also praised the work of the Board's Sub-Committee, the Local Outbreak and Engagement Board, which had met regularly and provided the link between the Board and the Public. He thanked the members of the both the Outbreak Board and the Health and Wellbeing Board for their work and thanked the Director of Public Health, other Board members and supporting staff for their assistance during this time.

729 **Apologies**

Apologies for non-attendance were submitted on behalf of Councillor Wilson, Mr D. Loughton (NHS Trust) Ms J. Malone, (WMFS) Ms M. Dehal(One Walsall)

730 **Minutes**

(a) **Health and Wellbeing Board**

Councillor Craddock moved approval of the minutes of the meeting on 26 January 2021 which was put to the vote by way of a roll-call of Board members.

The motion subsequently declared carried and it was:

Resolved

That the minutes of the meeting held on 26 January 2021, copies having been sent to each member of the Board be approved and signed as a correct record.

(b) **Local Outbreak Engagement Board Sub-Committee**

The minutes of the meeting of the Local Outbreak Engagement Sub-Committee on 19 January, 4 February, 2 March were submitted for information:

(see annexed)

Resolved

That the minutes be noted.

731 **Declarations of interest**

There were no declarations of interest

732 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

733 **Annual Report of the Director of Public Health**

The Director of Public Health, Mr S. Gunther, submitted his report and gave a presentation which highlighted the key findings.

(see annexed)

Mr Gunther explained that the report was for the period 2020/21 and focussed on the key issues affecting children and young people's health and wellbeing, identifying where there was an inequality both within the Borough and in comparison with other areas of the Country. In response to questions, Mr Gunther advised that he would be working with relevant partners to implement the recommendations in the Annual report, many of which were already underway, with a further report being submitted to the Health and Wellbeing Board in due course.

Councillor Craddock thanked Mr Gunther for his work and pointed out that much of the report had been written before the Covid Pandemic.

Board members welcomed the report and it was:

Resolved (by assent)

1. To note the findings presented in this year's report and the learning from the ethnographic study "Growing Up in Walsall" and their implications for the health of children in Walsall.
2. That the Health and Wellbeing Board members support the implementation of relevant recommendations in their respective organisations.

734 Health and Wellbeing Transformation Workstreams

A report was submitted which sought Board's approval of a transformation programme and workstreams for 2021/22 to ensure that the Board delivered its statutory requirements in relation to the co-ordination of provision to address local health and wellbeing issues.

(see annexed)

Resolved (by assent)

That the Board approves the proposed four workstreams for 2021/22:

- 1. Delivery of the Joint Strategic Needs Assessment (JSNA)
- 2. Delivery of the Joint Health and Wellbeing Strategy 2022-25
- 3. Development of governance arrangements
- 4. Delivery of the 201/22 priorities as outlined in the Joint Health and Wellbeing Strategy 2017/20

735 West Midlands Police Annual Report

Chief Supt Parsons presented a report which highlighted those areas of the West Midlands Police (WMP) "This Work Matters" Strategy to prevent crime,

protect the public and help those in need in support of the Health and Wellbeing Strategy.

(see annexed)

Councillor Craddock thanked Chief Supt. Parsons for his work and it was

Resolved (unanimous)

To note the activity undertaken by West Midlands Police in support of the Health and Wellbeing Strategy

At this point, Chief Supt. Parsons left the meeting

736 Homeless – Eviction Prevention

In attendance: Mr J. Wall, Walsall Housing Group

Mrs F. Shanahan, Housing Sector, introduced Mr Wall who gave a presentation informing the Board of a pilot between Walsall Council and Walsall Housing Group to fund a post of Eviction Prevention Officer to work with customers to prevent eviction for those at most serious risk.

(see annexed)

Members were complementary about the initiative and were pleased to see the work being embedded into partnership forums. The Director of Public Health, Mr Gunther, commented that having a home was a key fundamental of wellbeing and that he would be happy to explore and support this work. In response to a question from Councillor Craddock with regard to links with the Council's Resilient Communities model and other community focused agencies, the representative of One Walsall, Mrs D. Lytton said that the Voluntary and Community sector would be a valuable link to advice and guidance on a number of aspects including debt management and lower level prevention such as mental health. She suggested that a presentation be given to a One Walsall forum to support this initiative.

Concluding the presentation, Ms Shanahan said that the other large housing providers other than Whg were engaged in this initiative through Walsall's Housing Strategy. She added that Walsall had a very strong strategic partnership across all levels and that she felt very well supported in this respect.

Councillor Craddock thanked Ms Shanahan and Mr Wall for their presentation.

At this point, Councillor Martin left the meeting and Dr. Lodhi joined the meeting.

737 **Healthwatch Walsall – Progress report**

In attendance: Ms. A. Farrer, Manager Healthwatch Walsall.

Ms Poonia and Ms Farrer presented a report which updated the Board on the progress of Healthwatch Walsall's work delivery plan 2020/21

(see annexed)

Councillor Craddock thanked Ms Farrer for her presentation and commented that there were areas of work and recommendations in the report of the Director of Public Health, considered earlier in the meeting, in which Healthwatch Walsall could play a valuable part.

Resolved (by assent)

1. To note the progress in delivering the Healthwatch Walsall work plan for 2020/21
2. That the Health and wellbeing board supports the work plan

738 **Better Care fund**

In attendance: Mrs C. Thompson, Better Care Fund Manager

Mrs Thompson presented a report which provided the year-end 2020/21 performance in relation to Walsall Better Care Fund and Improved Better are Fund programme

(See annexed)

Resolved

1. That the Better Care Fund Plan be received and approved.
2. That authority be delegated to the Executive Director of Adult Social Care and Managing Director for Walsall Clinical Commissioning Group at place base, in consultation with the Cabinet Portfolio holders for Public Health and Adult Social Care to make any minor amendments to the plan, before submission to the Better Care Fund national team on 24 May 2021.

739 **Work programme**

The work programme was submitted and noted.

The meeting terminated at 6.05 p.m.

Chair:

Date:

Health and Wellbeing Board (Local Outbreak Engagement Board)

Sub-Committee

13 April 2021 at 4.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Council's Standing Orders for Remote Meetings and those set out in the Council's Constitution

Present Councillor S. Craddock (Chair)
Manjit Dehal, One Walsall
Councillor I. Robertson
Chief Superintendent A. Parsons, West Midlands Police

In Attendance Dr. U. Viswanathan, Consultant in Public Health
Mr. K. Beech, Director of Communications, Marketing and Brand
Ms. E. Thomas, Public Health Intelligence Manager
Mr. G. Griffiths-Dale, Walsall Managing Director, Black Country and West Birmingham CCGs

Welcome

At this point, the Chairman opened the meeting by welcoming everyone to the Local Outbreak Engagement Board and explained the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Following these remarks, the Chair expressed his condolences to the Royal family while he paid tribute to the Duke of Edinburgh who had passed away on 9 April 2021.

69/21 Apologies and substitutions

Apologies for non-attendance were submitted on behalf of Dr. Rischie, Dr. Lewis, Mr. S. Gunther and Mr. D. Fradgley.

70/21 Minutes

Resolved (via roll call)

That the minutes of the meeting held on 2 March 2021, copies having been sent to each member of the Sub-Committee, be approved and signed as a correct record.

71/21 Declarations of interest

There were no declarations of interest.

72/21 Local Government (Access to Information) Act, 1985

There were no items to consider in private session.

73/21 Questions from the Public

The Chair promoted the opportunity for Members of the public to ask questions of the Board.

74/21 Walsall Covid-19 Data

The Public Health Intelligence Manager updated the Board on the latest Covid-19 data.

(see annexed)

She explained that cases were reducing with rates now at 42.7 per 100,000. Case rates in the over 60s were 15 per 100,000. This disparity was created by the vaccination campaign in older age groups. Hospital admissions were also declining.

The Consultant in Public Health highlighted the availability and importance of testing. Following questions she reported that genomic sequencing was increasing which allowed the identification of new variants. It was noted that a variant first found in Brazil had been found in Sandwell resulting in surge testing.

Resolved:

That the report be noted.

64/21 Covid-19 Vaccination Update

The Board were updated on the latest situation with delivering Covid-19 vaccines.

Mr. Griffiths-Dale reported that vaccine rates were very high in older age groups. Second vaccines for vulnerable groups were being prioritised during April, for which there was enough supply and capacity to deliver them. The prioritisation of second vaccines meant that the Saddlers Centre site was temporarily being scaled back.

Vaccine rates were 5% lower in the south of the borough, in particular Pleck and Palfrey. Targeted support for these areas was being delivered to increase take up. This included community clinics and individual contact from GPs. The next cohort to be offered vaccines were 45-49 year olds.

Following reports of blood clots being caused by the AstraZeneca vaccine he reported that for over the 30's the benefits of receiving the vaccine outweighed the risks. Discussions were ongoing about what vaccines to offer under 30's.

Resolved:

That the report be noted.

65/21 Local Outbreak Management Plan

The Board considered an updated Local Outbreak Management Plan (LOMP).

The Consultant in Public Health explained the purpose of the LOMP and how it had been updated. She highlighted the LOMP primary aims, priority actions and key themes to the Board.

The meeting discussed contacts to the Health Protection Team, vaccination of care home staff and concerns generated by local surge testing.

Resolved:

That the report be noted.

66/21 Communication with Residents

The Director of Communications, Marketing and Brand gave a presentation highlighting high-level plans, communication data from March and future plans regarding messages for vaccine take up and changes to every day restrictions planned in the Government roadmap.

(see annexed)

Resolved:

That the report be noted.

The meeting terminated at 5.25pm

Chair:

Date:

Health and Wellbeing Board

20 July 2021

Establishment of Health and Wellbeing Board Sub-Committee - Local Outbreak Engagement Board

1. Purpose

To establish and review the remit and membership of the Local Outbreak Engagement Board, which is a sub-committee of the Board.

2. Recommendations

- 2.1 That the Local Outbreak Engagement Board be established until the first meeting of the Health and Wellbeing Board in the 2022/23 municipal year;
- 2.2 That, subject to any comments Board Members may wish to make, the remit and membership of the Local Outbreak Engagement Board be confirmed as set out in Appendix 1.
- 2.2 The remit and membership of the Board be reviewed at the first meeting of the Health and Wellbeing Board in the 2022/23 municipal year.

3. Report detail

- 3.1 At its meeting on 23 June 2020 the Board established a sub-committee, known as the Local Outbreak Engagement Board (LOEB), whose purpose was to provide political ownership and public facing engagement and communications around the outbreak response. Appendix 1 contains the terms of reference and membership as approved on 23 June 2020.
- 3.2 The Board has met 11 times since it was established and is one of the most watched meetings on the Councils YouTube Channel. The content of its meetings are also regularly reported in the local media.
- 3.3 One minor amendment is suggested to the terms of reference around membership. The existing terms of reference state that 'Shadow Portfolio holder for Health and Wellbeing' will be a member of the LOEB. In practice this role has been undertaken by Health and Wellbeing Board elected Member not from the controlling administration. Therefore it is suggested to make this amendment to recognise this practice.

4. Implications for Joint Working arrangements:

- 4.1 The Board has been well attended and represented by all partners during the course of the year. Staffing resources are required to draft reports and attend meetings from all partners.

Financial implications:

- 4.2 There are no financial considerations arising from this report.

Legal implications:

- 4.3 The sub-committee is subject to the various statutory legal requirements within which local authority meetings operate including the requirement for meetings to be open to public view, unless there are matters of a confidential nature which are specified in the Local Government (Access to Information Act) 1985.
- 4.4 It is the responsibility of the Health and Wellbeing Board to gain assurance from partnership bodies in relation to plans for dealing with national and local public health crises. The Local Outbreak and Engagement Board, as a sub-committee of the Board, has the delegated oversight, assurance and engagement responsibilities but does not have decision-making powers.
- 4.5 Members of the sub-committee will be required to comply with the Memorandum of Understanding, Codes of Conduct and Declarations of Interest which the Health and Wellbeing Board is subject to and is set out on the agenda for the meeting.

5. Health and Wellbeing Priorities:

- 5.1 The overarching aims the Walsall Plan: Our Joint Health and Wellbeing Strategy is to make sure that all partner organisations in Walsall are working together on the same issues so that opportunities to improve the health and wellbeing of the people in Walsall are maximised.
- 5.2 The LOEB oversees the outbreak management plan which sets out how partners will work together to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. In doing so help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

Background papers

None

Author

Craig Goodall
Principal Democratic Services Officer (Executive & Scrutiny)
Walsall Council
☎ 01922 654765
✉ craig.goodall@walsall.gov.uk

Health and Wellbeing Board (Walsall Local Outbreak Engagement Board) Sub-Committee

Terms of Reference

Name

The Board shall be called the Health and Wellbeing Board (Walsall Local Outbreak Engagement Board) Sub-Committee.

Purpose

The Board shall:

- Provide democratic oversight, assurance, public engagement and communication of:
 - Plans to prevent and manage outbreaks of COVID-19 in Walsall
 - Actions taken to prevent and manage outbreaks and their outcomes;
- Engage and communicate with residents and stakeholders;
- Monitor levels of infection and assure Walsall that the Outbreak Plan has been developed and is being delivered appropriately;
- To provide Health and Wellbeing Board, Cabinet and the Leader of the Council with regular updates.

Chair and Vice-Chair

The Board shall be chaired by the Council's Cabinet Portfolio Holder for Health and Wellbeing and the Vice-Chair shall be the Chair of the Walsall Clinical Commissioning Group.

Core membership

In addition to the Chair and Vice-Chair the Board shall comprise members of the Health and Wellbeing Board including:

- The Director of Public Health
- ~~Shadow portfolio holder Health and Wellbeing~~, One elected member not from the controlling administration
- Police Commander
- One Walsall Chief Executive Officer
- Walsall Healthcare NHS Trust (Walsall Together).

Substitutes

Each Member may nominate a substitute representing their organisation of sufficient seniority.

In Attendance

- The Leader and Chief Executive of the Council and members of the COVID-19 Health Protection Forum as appropriate
- Such others as the Chair shall determine for discussion of specific items of interest.

Clerk to the Sub-Committee

Walsall Council Democratic Services.

Quorum

The Board shall be quorate if any three persons are present including the Chair (or Vice-Chair)

Meetings

- Will be held in public unless there are matters of a confidential nature which fall within the provisions of the Local Government (Access to Information) Act 1985
- Will be held at such frequency as determined by the Sub-committee
- Will agree matters and actions by consensus.

Reporting:

- The Sub-committee will have regard to the attached overall governance arrangements for the delivery of the Local Outbreak Plan and report accordingly.
- The minutes of the Sub-committee will be submitted to the Health and Wellbeing Board at the next available meeting.
- Regular briefings will be provided to the Leader of the Council and other persons the leader considers to be appropriate.

Review

These terms of reference will be reviewed when requested by any member of the Sub-committee.

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Health and Wellbeing Board

20 July 2021

Health and Wellbeing Board Transformation – workstream 3 – Development of governance arrangements

1. Purpose

- 1.1. On the 27th April 2021 Health and Wellbeing Board agreed to a review of the current governance arrangements to look at the remit of the Board, the engagement of partners, the structure of the Board meetings and the work programme. The purpose of this report is to update the Board on the initial phase of the review and seek approval for the recommendations outlined below to further progress the governance work stream.

2. Recommendations

- 2.1 That the Board agrees to participate in a review in to the feasibility of the creation a Walsall Strategic Forum to ensure that the remit of the Health and Wellbeing Board is consistent with the wider strategic direction and vision for Walsall.
- 2.2 The Board approves that the structure of the Board agenda is amended to focus the available time on discussions on key areas where the partnership can add value, and gain assurance from partners that decisions will be implemented.
- 2.3 The Board approves that in future the agenda for the Health and Wellbeing Board is to be divided into the three prioritised areas, with the thematic discussions driven by the priorities identified through the JSNA.
- 2.4 The Board agrees that the appropriate chair of the committee sending the report signs off all assurance reports submitted to the Health and Wellbeing Board.
- 2.5 The Board agrees that for reports submitted for assurance, the Health and Wellbeing Board focusses on areas where there are gaps in assurance. Reports submitted with full assurance to be noted.
- 2.6 The Board endorses that The Health and Wellbeing Board will work with counterpart Board's across the Integrated Care System (ICS) to determine learning and/or common actions that will address the identified priorities over 21/22 to inform the development of governance structure from 22/23.

- 2.7 The Board agrees to the development of an outcomes framework, alongside the JSNA and existing Walsall outcomes frameworks, to ensure that all priorities are covered to inform the Health and Wellbeing Strategy (2022 -25).
- 2.8 The Board agrees to the development of Proxy indicators to enable the production of a performance report for Health and Wellbeing Board. The aim of this is to focus discussions to ensure preventative and/or corrective action as appropriate to deliver the shared priorities within agreed parameters.
- 2.9 The Board agrees to the formation of a subgroup to undertake an annual performance review to identify areas of concern for escalation to the next Health and Wellbeing Board as a themed discussion led by Walsall Insights Group (WIG)
- 2.10 To note that the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting

3. Background and Context

- 3.1 Health and Wellbeing Boards were established under the Health and Social Care Act (2012). Health and Wellbeing Boards act as a forum in which key leaders from the across the local health and care system could work together to improve the health and wellbeing of their local population, work towards reducing health inequalities and support the development of improved and joined up health and social care services. They became operational on 1 April 2013 in all 152 local authorities with Adult Social Care and Public Health responsibilities.
- 3.2 Health and Wellbeing Boards are a formal committee of the local authority. The local authority is charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, along with Clinical Commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population. It is constituted as a partnership forum rather than an executive decision-making body, therefore The Board has very limited formal powers.
- 3.3 Board members collaborate to understand communities' needs, agree priorities and encourage commissioners to work in a more joined up manner. The Board has a duty to encourage integrated working for the purpose of advancing the health and wellbeing of the people in its area. The Integrated Care System (ICS) guidance (NHS England Integrated Care Systems design framework, 16 June 2021) is clear about the crucial role of local government, highlighting that success requires the engagement of all partners across a local system. It encourages ICSs to build on the work of Health and Wellbeing Boards, including local needs assessments, and health and wellbeing strategies. It will be important as the new structures evolve that boards must be central to the development of ICSs, as a Place forum with a democratic mandate from local communities.

- 3.4 The Health & Wellbeing Board recognises that taking action to reduce health inequalities requires action to address the wider underlying causes of poor physical and mental health. Many of these causes are related to statutory functions that lie outside the statutory health and care sector. The Health and Wellbeing Board has started to address this by being inclusive in its' membership and will work with other key Boards across Walsall to ensure that there is a shared strategic leadership across all committees.
- 3.5 The Board is committed to working collaboratively with other Walsall Partnerships and Boards to develop and deliver wider Walsall vision by:
- Sharing development of a strategic approach to the health and wellbeing of communities that reaches across all relevant organisations and sectors.
 - Driving real action and change to improve services and outcomes.
 - Promoting parity and shared ownership between board members in terms of their opportunity to contribute to the board's deliberations, strategies and activities.
 - Openness and transparency in the way that the board carries out its work.
 - Inclusiveness in the way it engages with service users, patients and the public.
- 3.6 Membership organisations
- Walsall Council:
 - *Chairman – to be a nominee of the controlling administration
 - 1 elected member not from the controlling administration
 - Cabinet portfolio holder for Adult Social Care
 - Cabinet portfolio holder for Children's Services
 - Cabinet portfolio holder for Public Health
 - Executive Director Adult Social Care
 - Executive Director Children's Services
 - Director of Public Health
 - Clinical Commissioning Group representatives
 - 3 representatives, one to be Vice-Chairman of the HWBB
 - 1 representative of Healthwatch Walsall
 - 1 representative of WM Fire Service
 - 1 representative of WM Police
 - 1 representative of "One Walsall"
 - 1 representative of NHS England
 - 1 representative of the Walsall Hospitals (NHS) Trust
 - 1 representative of the Black Country Healthcare NHS Foundation Trust
 - 1 representative of the Housing sector

*Chairman is currently the Cabinet portfolio holder for Health and Wellbeing.

4. Remit

4.1 The current agreed remit of the Walsall Health and Wellbeing Board is:

To deliver the Health and Wellbeing Board's statutory functions (under the Health and Social Care Act 2012), namely:

- a) A duty to encourage integrated working between commissioners of NHS, public health and social care services, including arrangements under Section 75 of the NHS Act 2006.
 - b) A duty to exercise the functions of Clinical Commissioning Groups (CCGs) and local authorities (conferred in Sections 192 and 193) to prepare and have regard to Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies.
 - c) A requirement to develop, publish and update Pharmaceutical Needs Assessments in a 3-year cycle.
 - d) A right to be consulted by each Clinical Commissioning Group on its Commissioning plan, Annual report and Performance Assessments and to give an opinion whether its plan takes proper account of the joint Health and Wellbeing Strategy.
 - e) To support joint commissioning and pooled budget arrangements as a means of delivering service priorities; to seek assurance from respective organisations through regular reports on associated activity; and to approve plans accordingly.
 - f) To require upon request, reports from other partnership bodies to assist the Board to perform its functions.
 - g) To make arrangements for Joint Health and Wellbeing Board's as necessary.
- (1) To set strategic objectives across the health and social care system informed by the Joint Strategic Needs Assessment, with wider partners, in Walsall to advance the health and wellbeing of the people of Walsall
 - (2) To gain assurance that strategic objectives are being fulfilled by the health and social care system in Walsall.
 - (3) To gain assurance from partnership bodies in relation to plans for dealing with national and local public health crises.

5 Review of current arrangements

- 5.1 At the 27th April 2021 Health and Wellbeing Board meeting review of the current governance arrangements was agreed. Discussions have taken place with the majority of partners attending the Board and the themes outlined below were consistent across the organisations:
- 5.2 **(1) Remit of the Health and Wellbeing Board** – it was noted by a number of partners that in order to address the fundamental determinants of health and reduce health inequalities then it was necessary to consider discussions being undertaken in other strategic groups in the Borough, including the Economic Board and the Community Safety Partnership. There are two potential options to address this:
- a) For the Health and Wellbeing Board to expand its remit HWB to encompass this additional areas
 - b) For the Chairs of the strategic level groups, including the Health and Wellbeing Board, to have a forum to join up agendas and ensure that each Board is making decisions in line with a wider Walsall strategy
- 5.3 Given the work that the Health and Wellbeing Board needs to undertake over the next 12 months in refreshing the Joint Needs Strategic Assessment (JSNA) and agreeing priorities for delivery, it would be extremely difficult currently expand the remit of the Health and Wellbeing Board. Therefore, the Board is asked to approve **Recommendation 1: Explore the feasibility of a Walsall strategic Forum to be created to ensure that the remit of the Health and Wellbeing Board is consistent with the wider Walsall strategy**
- 5.4 **(2) Engagement of Board members** – There was a consistent theme from Board members that too much of the Board meeting was spent discussing assurance reports that had already been discussed by other Walsall committees, many of which already involved Health and Wellbeing Board members. Board members often found these discussions focussed on the assurances required by the Board from statutory sector members. There was a strong feeling that the majority of the meeting should focus on discussing health inequality themes that enabled all partners to contribute and add value beyond other groups and/or Boards.
- 5.5 As a summary, the key themes from the discussions are:
- Too focused on statutory assurance.
 - Need to shift to discuss prevention and fundamental determinants of health and wellbeing.
 - Focus on health inequality, Walsall in comparison to other areas in the ICS /national benchmarks, and to identify differences within Walsall.
 - Focus discussion on wider causality topics, e.g. alcohol problems, teen behaviours, so all partners can contribute rather than focussing on areas such as Emergency Department access, which tends to exclude the majority of partners.
 - The Health and Wellbeing Strategy.
 - 2021/22 likely to focus on JSNA/debating priorities.
- 5.6 **Meeting Structure** – In line with a number of the recommendations, it is proposed to divide the meeting into 3 sections:
- c) **Thematic discussion** – in line with recommendation 2

- d) **Assurance reports** – in line with recommendations 3 and 4 with the time focussed on areas where there are gaps in assurance
- e) **Items for Information** – e.g. Policy briefings not requiring discussion.

A number of partners indicated that would like to understand more about other organisation's roles, remits and priorities to discuss how work could further integrated.

5.7 Conduct of meetings: The Health and Social Care Act required Health and Wellbeing Boards to be treated as a committee of the council i.e. appointed under S.102 of the Local Government Act 1972. As such, all meetings must be conducted in person in a single place. However, during the exceptional circumstances of the Covid pandemic, emergency legislation was put in place to enable meetings to be conducted remotely. This legislation expired in early May and Councils have since been experimenting with various hybrid models. The Government has just completed a consultation on allowing remote meetings which closed on 17 June 2021. Feedback is not yet known however expected to be in favour. Government will then need to legislate. In the meantime, the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting.

5.8 In light of the comments above the Board is asked to approve the recommendations 2 - 5:

Recommendation 2: The Board approves that the structure of the Board agenda is amended to focus the available time on discussions on key areas where the partnership can add value, and gain assurance from partners that decisions will be implemented.

Recommendation 3: The Board approves that in future the agenda for the Health and Wellbeing Board is to be divided into the three prioritised areas, with the thematic discussions driven by the priorities identified through the JSNA.

Recommendation 4: The Board agrees that the appropriate chair of the committee sending the report signs off all assurance reports submitted to the Health and Wellbeing Board.

Recommendation 5: The Board agrees that for reports submitted for assurance, the Health and Wellbeing Board focusses on areas where there are gaps in assurance. Reports submitted with full assurance to be noted.

5.9 Delivery of Outcomes – In alignment with the Priorities work-stream to develop an understanding of the individual organisation’s priorities, the Board will agree an outcomes framework for improving the health and wellbeing of the population. Given that significant work on outcomes frameworks that has been undertaken across Walsall, it is proposed to build on the existing work and infrastructure. The outcome framework should link the priorities identified by the Health and Wellbeing Board to those of individual commissioners and providers organisations to ensure consistency of work programmes. As many outcomes in the framework will be long-term targets, proxy measures will be developed for reporting to ensure progress is being made.

5.10 The Board is asked to approve Recommendations 6 – 10.

Recommendation 6: The Board endorses that The Health and Wellbeing Board will work with counterpart Board’s across the Integrated Care System (ICS) to determine learning and/or common actions that will address the identified priorities over 21/22 to inform the development of governance structure from 22/23

Recommendation 7: The Board agrees to the development of an outcomes framework, alongside the JSNA and existing Walsall outcomes frameworks, to ensure that all priorities are covered to inform the Health and Wellbeing Strategy (2022 -25)

Recommendation 8: The Board agrees to the development of Proxy indicators to enable the production of a performance report for Health and Wellbeing Board. The aim of this is to focus discussions to ensure preventative and/or corrective action as appropriate to deliver the shared priorities within agreed parameters.

Recommendation 9: The Board agrees to the formation of a subgroup to undertake an annual performance review to identify areas of concern for escalation to the next Health and Wellbeing Board as a themed discussion led by Walsall Insights Group (WIG)

Recommendation 10: To note that the Council, in consultation with the Chair and Vice-Chair, will ensure that meetings are conducted in the most practical and flexible way to maximise attendance and engagement in accordance with the legislative requirements and guidance in place at the time of the meeting

6. Implications for Joint Working arrangements:

There are currently no direct financial, resource or staffing implications for the joint working arrangements in this paper.

7. Health and Wellbeing Priorities:

7.1 The development of the governance arrangements over the transformational year (2021/22) will support the effective implementation of the next Health and Wellbeing Strategy (2022/25) from April 2022 with specific reference to ensure the Board maintains oversight and accountability for the agreed vision, priorities and objectives.

Background papers

None

Author

Geraint Griffiths-Dale
Walsall Managing Director

Black Country and West Birmingham CCG



Walsall Joint Strategic Needs Assessment (JSNA) - Progress Update

1. Purpose

To give assurance to members of the Health and Wellbeing Board (HWBB) that the refresh of the JSNA 2021 is progressing in accordance with the planned timeframe.

2. Recommendations

2.1 To recognise the statutory duty to have an up to date and fit for purpose Walsall JSNA, which will in turn, help to identify priorities for the Joint Health and Wellbeing Strategy.

2.2 To commit to, contribute to and utilise Walsall's Joint Strategic Needs Assessment.

3. Report detail

3.1 *"JSNAs will be the means by which local leaders **work together** to understand and agree the needs of all local people, with the **joint** health and wellbeing strategy setting the priorities for **collective action** ... providing the **evidence base for decisions about local services**."*
(Department of Health & Social Care, 2011).

3.2 A JSNA is required essentially due to:

- Statutory duty of the HWBB
- HWBB organisations own and contribute into it
- Used to identify local priorities
- Feeds into the development of the Health and Wellbeing Strategy
- Assists in developing local plans to improve health and wellbeing of the population and to reduce health inequalities.

3.3 A refresh of Walsall's JSNA would have commenced last year (2020), however it was delayed due to the response to the Covid-19 pandemic taking precedence.

3.4 This planned refresh aims to build upon previous iterations and add further value in the form of:

- Five key chapters
- Asset based approach to drive the 'so what...?'
- Incorporate qualitative data i.e. resident survey on Covid-19

- Learn from others JSNA best practice
- Own it! – ‘Joint’, contribute and use it
- Continue to host on the [Walsall Insight](#) website
- Improve the end user experience (and strengthen staff skills and expertise) by utilising Power Bi to further effect

3.5 Discussions have taken place in meetings such as HWBB Development session and with Adult Social Care and Housing colleagues to glean views and seek input and support. The development of Walsall’s JSNA will also compliment the work of other organisations, such as Walsall Together, and the natural linkages and cross references to an Integrated Care Partnership (ICP) Outcomes Framework. It also links in with and is timely to input into the locality and Primary Care Networks profiling currently underway which assists GPs with their priority setting.

3.6 A JSNA Core Working Group (and Teams set up) is active and meeting fortnightly. This group draws upon the support and expertise already united through the Walsall Insight Group (WIG) network (further detail about WIG is expanded upon in Appendix 1). WIG have been tasked with refreshing the JSNA to then inform the Walsall Plan update. A ‘JSNA 2021 Refresh Progress Log’ has been devised and appropriate officers / Partner officers allocated to assisting with the refresh (the latest iteration is available to view in Appendix 2).

Please use the link to Walsall’s JSNA 2021 [Chapter 1](#) which is a prototype, and offers a flavour of the layout and interactivity that PowerBi offers the end user.

3.7 The focus will be to further utilise PowerBi for an improved end user experience as well as building on the opportunity to enhance and improve officer’s current Power Bi skill set.

3.8 A proposed timeline for JSNA 2021 reporting aims to have a final draft in November 2021. This commitment is achievable but only with direct input and support from identified officers and Partners.

4. Implications for Joint Working arrangements

Good joint working arrangements are crucial in relation to Walsall’s JSNA process and in delivering the Walsall Plan. The HWBB will need to provide the leadership required to overcome potential barriers to effective action.

5. Health and Wellbeing Priorities

HWBs have a statutory duty to ensure they have a Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy in place. These are used to identify local priorities and develop local plans to improve the health and wellbeing of their population and reduce health inequalities.

Background papers

Link to JSNA material on the Walsall Insight Website - [Walsall JSNA](#)

Authors

Stephen Gunther

Director of Public Health

✉ stephen.gunther@walsall.gov.uk

Emma Thomas

Public Health Intelligence Manager

☎ 07944 274445

✉ emma.thomas@walsall.gov.uk

Appendix 1 – Walsall Insight Group (WIG) Network

1. Purpose

The Walsall Insight Group (WIG) aims to bring together colleagues from different service areas across Walsall Council whose responsibility it is to ascertain a level of *'Insight'* as part of their job role.

Insight needs to be recognised as a valuable business asset. It is defined as **'the capacity to gain an accurate and deep understanding of someone or something'** (Oxford Dictionary, 2017).

Sharing insight with colleagues and working more collaboratively as part of the Insight transformation programme, will improve intelligence that can then be utilised to make informed council related decisions – this is the overall vision for the programme.

The Insight triangle highlights the levels at which 'insight' is created – data (both qualitative and quantitative) and information are used together to generate intelligence / evidence. Using insight in this way will ensure the council is making evidenced and informed decisions.



2. Objectives of the Group

The key objective of this group is to work collaboratively, to utilise analytical expertise when analysing data to understand the needs of and to inform key decisions aimed at improving outcomes for the borough of Walsall.

WIG members will be committed to providing insight in relation to the Council's and Partner's Boards, this will be achieved via a number of ways including:

- Harness and add value to the boroughs information assets through analysis in order to understand the boroughs key priorities and to hence inform strategic decision-making processes aimed at delivering improved outcomes for the borough.
- Develop a performance framework and monitor delivery against The Walsall Plan.
- Contribution to key Insight products such as - Locality profiles; JSNA to inform local delivery and highlight priorities.

- Learning and provision of expertise training to help sustain skill levels amongst all WIG members.
- Collaborate with wider intelligence networks to understand the extent of and hence manage the delivery of agreed forward programme of the borough's analytical and information needs.
- To work towards contributing to the three key strategic assessments.
- To recognise, harness and strengthen capabilities within WIG and wider intelligence network so that products are fit for purpose and of a good quality; incorporating creative, innovative, qualitative and informative outputs that informs sound decisions and hence leads to positive outcomes for the borough.
- WIG to act as peer support on more formal basis, to assist in developing personal analytical and technical skills.
- To identify and to act on areas for improvement relevant to delivery of forward programme of analytical needs. For example development of Walsall's Local Information System (LIS).
- To adhere to and facilitate delivery of agreed Partnership Data Sharing Protocol and other information governance guidelines in relation to GDPR 2018.

3. Membership

Recognised Walsall Council colleagues who have an 'insight' responsibility within their job role.

It is recognised that membership will extend to Partners in due course as they too play a vital role in the delivery of insight and the success of Insight as a LA transformation programme is pivotal.

4. Role of the Nominated Representative

The role of members is:

- To work collaboratively across the insight network in order to meet the analytical needs of their service i.e. JSNA
- To act as a channel to facilitate the wider analytical group networks contribution into analytical outputs.
- To act as an analytical 'champion' for WIG and a source of advice within their own service area / organisation.
- To act as a point of contact for partner organisations on analytical issues within their service area
- To refer issues to the group as appropriate
- To draw on the expertise of the group for specific projects i.e. JSNA
- To promote a culture where evidence is paramount to effective decision making.

Appendix 2 – JSNA 2021 Progress Log

JSNA 2021 - Progress Log

Chapter Number	Section Number	Section Title	Due Date	Comments	Responsible Person
1	1	Executive Summary	PT		
Summary (Health & Wellbeing in Walsall)					
1	1	Introduction	18	Expects to 2021	Adrian and other team responsible
1	2	Demographics	18	Expects to 2021, 18	
1	3	Health and Life Expectancy	18	Expects to 2021, 18	
1	4	Health and Wellbeing	PT		
1	5	So what?			
Health & Wellbeing					
2	1	Introduction			
2	1	Health and Wellbeing Strategic Priorities	18		On progress, new contract to replace range of health services to be completed by June
2	2	Health and Wellbeing	18		
2	3	Health and Wellbeing at Work	18/19		
2	4	Health and Wellbeing at School	18/19		
2	5	Health and Wellbeing in the Community	18		
2	6	Health and Wellbeing in the Home	18		
2	7	Health and Wellbeing in the Workplace	18		
2	8	Health and Wellbeing in the Workplace	18/19		
2	9	Health and Wellbeing in the Workplace	18		
2	10	Health and Wellbeing in the Workplace	18		
2	11	Health and Wellbeing in the Workplace	18/19		
2	12	Health and Wellbeing in the Workplace	18/19		Will be able to help us to get a better idea of what we need
2	13	Health and Wellbeing in the Workplace	18/19		
2	14	Health and Wellbeing in the Workplace	18/19		
2	15	Health and Wellbeing in the Workplace	18/19		
2	16	Health and Wellbeing in the Workplace	18/19		
2	17	Health and Wellbeing in the Workplace	18/19		
2	18	Health and Wellbeing in the Workplace	18/19		
2	19	Health and Wellbeing in the Workplace	18/19		
2	20	Health and Wellbeing in the Workplace	18/19		
Health & Wellbeing					
3	1	Introduction			
3	1	Alcohol	18		
3	2	Alcohol	18		
3	3	Alcohol	18		
3	4	Alcohol	18		
3	5	Alcohol	18/19		
3	6	Alcohol	18		
3	7	Alcohol	18		
3	8	Alcohol	18/19		
3	9	Alcohol	18		
3	10	Alcohol	18		
3	11	Alcohol	18/19		
3	12	Alcohol	18/19		
3	13	Alcohol	18		
3	14	Alcohol	18/19		
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3	95	Alcohol	18		
3	96	Alcohol	18/19		
3	97	Alcohol	18		
3	98	Alcohol	18/19		
3	99	Alcohol	18		
3	100	Alcohol	18/19		

Literature				
3	1	Journal Article	1777	
3	2	Journal Article	18	https://doi.org/10.1016/j.sbspro.2012.05.001
3	3	Journal Article	19	some research on the use of Facebook
3	4	Journal Article	19	Facebook and the use of social media
3	5	Journal Article	19	
3	6	Journal Article	19	
3	7	Journal Article	19	
3	8	Journal Article	19	
3	9	Journal Article	19	
3	10	Journal Article	19	
Covid-19				
3	1	Journal Article	19	
3	2	Journal Article	19	
3	3	Journal Article	19	
3	4	Journal Article	19	
3	5	Journal Article	19	
3	6	Journal Article	19	
3	7	Journal Article	19	
3	8	Journal Article	19	
3	9	Journal Article	19	
3	10	Journal Article	19	
Qualitative (Survey)				
3	1	Journal Article	19	
3	2	Journal Article	19	
3	3	Journal Article	19	
3	4	Journal Article	19	
3	5	Journal Article	19	
3	6	Journal Article	19	
3	7	Journal Article	19	
3	8	Journal Article	19	
3	9	Journal Article	19	
3	10	Journal Article	19	
Supporting Material				
3	1	Journal Article	19	
3	2	Journal Article	19	
3	3	Journal Article	19	
3	4	Journal Article	19	
3	5	Journal Article	19	
3	6	Journal Article	19	
3	7	Journal Article	19	
3	8	Journal Article	19	
3	9	Journal Article	19	
3	10	Journal Article	19	

**Health and Wellbeing Board
20 July 2021**

Health and Wellbeing Board Members Priorities (2021-2022)

1. Purpose

1.1 The purpose of the report is to update the Board on the priorities work stream, as agreed by the Board on 27th April 2021. The Board agreed to review the priorities of Board partners to shape the work programme over the next 12 months and facilitate ongoing strategic developments

2. Recommendations

2.1 That the Board accepts the priorities of Board members and the associated thematic analysis

2.2 That the Board agrees to the development of a planned approach to the priorities in line with the agreed work programme for the Board, development of the governance arrangements, and wider developments regarding the local health and social care economy. The approach will include focused development sessions; facilitating joint working with the relevant partners and Boards, such as the Economic Board, to progress priorities; and alignment with developments taking place across Walsall regarding children and young people.

2.3 That the Board will identify the top priorities in parallel with the production of the Joint Strategic Needs Assessment to inform the 22-25 Health and Wellbeing Strategy part of the Board’s work programme for 2021/22

3. Summary of Priorities

3.1 Between May – June 2021 Board members were asked to share their organisational priorities. The majority of partners shared and discussed their priorities and these have been collated into the table in 3.2

3.2

Stakeholder	Priorities		
	P1	P2	P3
Walsall Clinical Commissioning Group	Diabetes Programme	Mental Health Well-Being (whole population with an additional focus on children)	Develop further understanding of health inequalities at a Borough wide level, PCN level and micro level

West Midland Fire Service	tba	tba	tba
West Midlands Police	Under 25 Violence	Impact Areas	Demand for police services
Walsall Health Watch (meeting to be arranged to discuss priorities)	tba	tba	tba
Walsall Housing Group	Reduce the impact of loneliness and isolation on our customers and communities.	Social Prescribing	Reduce the impact of poverty on children and families living in whg(Walsall housing group) properties.
Walsall NHS Hospital Trust / Walsall Together	Population health management Diabetes CKD (Chronic Kidney Disease)	Frailty Children's wellbeing Mental health including younger people's Mental Health	Social isolation
One Walsall	Ensure strategic VCS representation and cross-sector partnerships including developing and establishing OW's and the voluntary sector's independent role within the ICP	To continue to increase and support the sector's sustainability, capacity, and quality , including opportunities to co-produce and collaborate innovative projects in order to develop resilient communities whilst supporting statutory providers to meet their priorities.	To embed place based volunteering opportunities across the Borough to strengthen connectivity within communities with a particular focus on working with young people to raise their aspirations. Equalities
Walsall College	tba	tba	tba
Director of Adult Social Care	No-one remains in hospital any longer than is necessary - measured by the number of	People receive timely access to Mental Health Social Care support -	People are supported in their community to prevent need for long term Social

	'medically fit for discharge' patients at Manor Hospital	measured by the number of people on the waiting list for mental health assessment	Care support - Measured by the number of people whose needs are met at first point of contact
Director of Children's Service	Mental Health – both adults and children	Health aspects of Special Educational Needs – especially in relation to autism and support post diagnosis for children	Early intervention and prevention and how we ensure we continue as a system to invest in these areas specially for children
Director of Public Health	Children and Young People	Mental Wellbeing	Physical Activity
NHS England (<i>NHS England was not approached</i>)	tba	tba	tba
Mental Health Trust	Clinical Strategy	Health inequalities – with a focus on mental health	Anti- Racism

3.3 The common themes that emerged were:

3.3.1 Inequalities and Poverty: Inequalities and poverty was the strongest overarching priority either directly in terms of address inequalities and poverty and/or indirectly in terms of accessing services, service provision for specific cohort, or the impact of inequalities and poverty of health outcomes / life chances.

3.3.2 Mental Health / Wellbeing: Mental health and wellbeing was highlighted in its broadest sense with priorities ranging from addressing social isolation and enabling volunteering to wider system management issues, such as assessment and discharge management and the development of a mental wellbeing strategy.

A mental health and wellbeing deep dive workshop was presented 25 June 2021. The event provided Board members with a data profile of mental health and wellbeing in Walsall, an overview of mental wellbeing and health provision, plus an introduction to the Mental Health concordat. In response to this, partners have agreed to work together to develop a Mental Health and Wellbeing Strategy for 2022-25.

3.3.3 Early intervention and prevention – This was a theme is across the all age groups and covered issues such as long term conditions (diabetes, mental

health, and chronic kidney disease), development of community based interventions, population health management.

3.3.4 Children and Young People: The theme of children and young people overlaps with early intervention and prevention. The overriding theme is 'giving the best start and raising aspirations' with a particular focus on children living in poverty, those with Special Educational Needs, and those engaged in and/or victims of violence, and those at risk of and/or experiencing mental health.

3.3.4 System-wide sustainability and managing capacity: Several Board members raised the challenges they were facing regarding capacity and enabling sustainability. This was a particularly strong message from the voluntary and community sector.

3.3.5 Localities and Engagement: Partners shared their priorities to develop localities/ neighbourhood based projects; some with the aim to engage local communities in volunteering/ decision-making/ resilience communities.

This provides an opportunity for the Board to recommend neighbourhood-based initiatives to address shared priorities, such as children and young people, volunteering and social engagement.

4. Implications for Joint Working arrangements:

- 4.1. The direct implications for the existing joint working arrangements are the strengthening of the partnerships within the Borough.

The purpose of the report is to share organisational priorities to highlight shared priorities and facilitate further development of the work programme.

5. Health and Wellbeing Priorities:

- 5.1 The review of organisational priorities will assist with the Board, during this transformational year, in the development of the 2021/22 work programme and contribute to the shaping of the Joint Health and Wellbeing Strategy (2022 - 2025)

Background papers

None

Author

Stephen Gunther
Director of Public Health
Walsall Council
✉stephen.gunther@walsall.gov.uk

Health and Wellbeing Board – Work Programme 2021/22

REPORT ITEM	LEAD										
		June Workshop	20 July Board	Mid Sept Workshop	19 Oct Board	November Workshop	December Workshop	25 Jan Board	February Workshop	March Workshop	26 April Board
Priorities for Health and Wellbeing Board		Mental Health	Areas of focus for 2021/22	Draft JSNA - teasing out priorities		Using JSNA to inform JHWBS for 2022-25	Inequalities and Poverty		Focus to be confirmed	Focus to be confirmed	Identify priorities for HWBB focus for 22-25
Review of Public Health Commissioning Intentions	DPH				2021 report						Annual Review
Director of Public Health Annual Report	DPH										For information
Public Health Outcomes Framework	DPH										Annual Report
Joint Strategic Needs Assessment: JSNA	DPH		Progress update	Workshop focus	Draft	Workshop focus		Final JSNA			
Joint Health and Wellbeing Strategy	DPH					Workshop focus		Final JHWBS			
Mental Health & Wellbeing Strategy	DPH				Draft			Final MH&W Strategy			
Health Protection Annual Report	DPH		Postponed to October								
Child Death Overview Panel	DPH							Annual Report			
Pharmaceutical Needs Assessment	DPH				2022						
SEND Report	ED Children's										

Health and Wellbeing Board – Work Programme 2021/22

Annual Report of Children's Safeguarding	ED Children's										
REPORT ITEM	LEAD	June Workshop	20 July Board	Mid sept workshop	19 Oct Board	November Workshop	December Workshop	25 Jan Board	February Workshop		26 April Board
Better Care Fund (dates subject to National BCF Directives)	ED ASC		Q1 postponed to October		Q1 & Q2			Q3			Q4 and finance reporting
Local Authority Commissioning/ Spending Plans	ED ASC				2021 report						Annual Review
Annual Report of Adults Safeguarding	ED ASC										
Walsall Together	WHT Board Member				Progress Report						
CCG Commissioning/ Spending Plans	Chief Officer CCG				2021 report						Annual Review
Children and Adolescent Mental Health Services CAMHS	Chief Officer CCG										Progress report
Healthwatch	Chair Health watch				Annual Report						Progress on Projects /Public Engagement

NOTE: This is a 'working' document. The dates are provisional and are dependent on agreement from Lead Officers in accordance with reporting schedules

ASC	Adult Social Care	BCF	Better Care Fund	WMCA	West Midlands Combined Authority
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Health and Wellbeing Board – Work Programme 2021/22

DPH	Director of Public Health	ED	Executive Director		
JHWBS	Joint Health and Wellbeing Strategy (the Walsall Plan).	CCG	Clinical Commissioning Group		
WHT	Walsall Healthcare Trust	HWBB	Health and Wellbeing Board		