# Notes and proposed actions from Health & Well Being Board Development session on 3<sup>rd</sup> July including 'Future Development of <u>HWB'.</u>

#### Members attending:

Cllr. B. McCraken, Cllr. M. Arif, Cllr. I. Shires, Cllr. P. Smith, Cllr. P. Lane, Cllr. I. Robertson, Dr. A. Gill, S. Ali, J. Morris, K. Skerman, R. Collinson, I. Gillis, C. Boneham, M. Ewin

## Key priorities for Board as a whole

- Communicating our priorities to partners, workforce and the community.
- Recognition that this Board should operate at a strategic level and be fully aware of the part that the scrutiny committees play, avoiding duplication between us.
- Recognition that members need to better understand the differing operating systems within both the Clinical Commissioning Group (CCG) and Local Authority (LA). This will include exploring closer working between GPs and Ward Councillors.
- Learning from outside should be brought to the Board via networks etc: eg Regional HWB Chairs Network and HWB Officer network
- Anna Brinkhoff's review findings will need to be fed back to the HWB

#### HWS Recommendations for action – ownership and enabling action

- HWB Champions should be identified for recommendations at HWB meeting on Monday 7/7/14. HWS recommendations template to be sent round and individual members sign up to be champion for recommendations.

Offers already made: Cllr Lane - alcohol Cllr Shires – voluntary sector

- Need to clarify who will be the lead officer for each recommendation
- Progress on recommendations will be brought to the HWB though identified LA/CCG Officers and use the information that is required for the identified link Boards. Reports need to be kept focused and concise and include:
  - What are we doing well?
  - What are we doing badly?
  - What action is required by the HWB?

- In 14/15 there are 7 scheduled HWB meetings, including this Board meeting, and there are 19 recommendations. The work programme should allocate 3/4 recommendations from the strategy for reporting at each HWB meeting.
- HWB Champions should take a specific interest in the progress report for that recommendation when it comes to the HWB and ensure remedial actions are taken.

## Deep dives:

- A series of deep dives (or short term task and finish groups) suggested to further assess progress on identified topic areas and consider potential barriers.
- As there are only 6 remaining HWB meetings in 14/15, there will be a maximum of 6 deep dive topics identified from the recommendations. Alcohol and healthy weight have already been identified as issues.
- Each deep dive recommendation will have an identified HWB champion. All champions will need to declare conflicts of interest from the outset
- For each recommendation, the key officer for that topic will have been identified for the HWB champion to work with.
- The champions should undertake a baseline assessment including existing services and the information and data already contained within the JSNA. As the work progresses, they should identify any gaps so that they can be filled as part of the next refresh and then reflected in the next Health & Wellbeing Strategy refresh
- Good practice from elsewhere should be identified and explored where possible for each recommendation.
- We should use understanding of Councillors and the links/ work they do in the community (eg: with the voluntary sector) to develop links and report back to Board.

At the HWB meeting:

- The HWB champion will bring key findings of deep dive, also providing background context to aid understanding of all members. They will focus on what we need to do more of, or change, in order to accelerate progress.

- Each report will be 30 minutes maximum.
- Any JSNA gaps should be identified to enable them to be filled as part of the next refresh

# HWS recommendations for action

Key to	ppic and ambition	Identified LA/CCG Officer	HWB Champion For recommendation	Deep dives (max of 6)
1.	Work with statutory and voluntary sector in promoting wellbeing and self-reliance through adoption of 5 ways to wellbeing	Cath Boneham	Cllr Ian Shires	
2.	Improve identification of vulnerable parents and provision of early help to increase school readiness and early years foundation scores	To be confirmed by Director of Children's Services		
3.	Identify reasons for high Infant and perinatal mortality levels and ensure best practice embedded in pathways	Uma Viswanathan		
4.	work with parents, schools, education and training providers to enhance aspirations and minimise absences to reduce the attainment gap between the least and most deprived children and young people in Walsall	To be confirmed by Director of Children's Services		
5.	work together to effectively commission evidence based parenting	To be confirmed by Director of		

	education and have appropriate monitoring in place that includes evaluation and identification of ongoing need	Children's Services	
6.	work with partners: commissioners, service providers, parents and children and young people to ensure that children have the knowledge and support to maintain a healthy weight	Barbara Watt	
7.	Ensure that, following review and redesign, mental health services for children and young people in Walsall (from universal/primary to targeted and specialist) are fit for purpose to meet the identified need	Alicia Wood	
8.	Help to reduce youth unemployment by working with partners to provide coordinated support to vulnerable young adults that enables them to access appropriate jobs or training	Mark Lavender	
9.	Develop and implement a comprehensive Health and Work programme available to all businesses in Walsall, covering Healthy Workplaces, sickness absence and return to work and the health needs of those who are out of work or have specific health barriers to employment	Joe Holding	

10. Ensure that there is alignment between LA structures to ensure a successful collaborative approach to reduce child poverty and the impact on families of worklessness in parents	To be confirmed by Director of Children's Services / Mark Lavender	
11. Ensure that all organisations involved in giving welfare advice and support to people in Walsall work together to meet the identified needs in an holistic, collaborative way that makes best use of all the resources available and provides the best possible support for people and families in crisis or at risk of being so	To be confirmed by Director of Children's Services / Mark Lavender	
12. Ensure that work relevant programmes, particularly within the Health and Social Care sector, continue to equip local service providers with the knowledge and skills required to maximise the health of those they provide services for, as well as their own workforce	Mark Lavender	
13. Promote sustainable development and provide land for the uses and facilities we need by making the best use of existing infrastructure as well as ensure that the health impacts for individuals and local communities of any potentially significant decision are fully assessed by LA decision makers and that the results are used in the	To be confirmed by Director of Regeneration	

decision-making process			
14. Ensure that the Area Partnerships, through community based initiatives, are developing and implementing an assets-based approach to community engagement and active involvement in the life of their community	Jo Lowndes		
15. Ensure that the harms caused by alcohol and drugs are being addressed as a priority and reported through the monitoring of the objectives of the Community Safety Plan and Public Health Programmes	Adrian Roche	Cllr Patti Lane	
16. Ensure that the people of Walsall know what to do to improve their health and where they can get support and access services to help them to improve their health	Barbara Watt		
17. Ensure that Walsall continues to promote and roll out the Making Every Contact Count (MECC) initiative within both the LA, NHS and partner organisations, providing support for implementation through identified training and resource provision	Cath Boneham		
<ul> <li>18. Ensure delivery of the following core transformation priorities:</li> <li>Developing primary care</li> <li>Community services review</li> <li>Urgent care pathway review and longer term</li> </ul>	To be confirmed by CCG Accountable Officer	Cllr Barbara McCracken	

	development Integrated care development- taking forward the Better Care Fund Patients empowerment –		
	telecare and Personal Health Budgets Quality and safety of		
	provider services Public and VFM of services commissioned		
	Mental health – dementia, psychological therapies and crisis resolution services		
19.	Ensure that the integrated approach to health and social care for frail elderly people is evidencing good progress in developing a fully integrated, joint team for Intermediate Care and Community Services in health and social care alongside Primary Care to develop a shared approach to risk stratification thereby lowering emergency admissions to hospital for over 75s and reducing use of long-term residential care	To be confirmed by Director of Adult Social Care/ CCG Accountable Officer	

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