

Health and Wellbeing Board

Monday 8 December 2014 at 6.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor I. Robertson (Chair)
Councillor M. Arif
Councillor C. Clews
Councillor P. Lane
Councillor I. Shires
Mr. J. Morris, Executive Director, Neighbourhoods
Mr. K. Skerman, Interim Executive Director, Neighbourhoods
Mr. D. Haley, Director Children's Services
Dr. B. Watt, Interim Director of Public Health
Dr. A. Gill]
Dr. D. Nair] Commissioning
Dr. A. Suri] Group
Mr. P. Griffin] representatives
Mr. R. Pryzbylko, Healthwatch
Ms. F. Baillie, NHS England

In attendance: Ms. C. Boneham, Health and Wellbeing Programme Manager
Mr. A. Rust, Head of Joint Commissioning Unit
Mr. M. Ewin, Public Health Intelligence Manager
Ms K. Bowers, Interim Head of Communities and Public Protection

161/14 Apologies

Apologies for non-attendance were submitted on behalf of Councillor McCracken and Ms. S. Ali.

162/14 Minutes

Resolved

That the minutes of the meeting held on 20 October 2014 copies having been sent to each member of the Board be approved and signed as a correct record.

163/14 Declarations of interest

There were no declarations of interest.

164/14 Local Government (Access to Information) Act, 1985

Resolved

That the public be excluded from the meeting during consideration of the items set out in the private part of the agenda for the reasons set out therein and Section 100A of the Local Government Act, 1972.

165/14 Walsall Safeguarding Children Board - Annual Report

In attendance: Robert Lake, Independent Chair, Walsall Safeguarding children Board

The Annual Report was submitted:

(See Annexed)

Mr Lake presented the Report. He said that Local Safeguarding Children Boards were established to ensure that all relevant agencies work together to safeguard children and young people, to coordinate and monitor the work and to hold local agencies to account for the effectiveness of work and of inter-agency, partnership arrangements.

The report was discussed during which time:

It was noted that Mr Lake was working with the Executive Director for Children's Services, David Haley, to bring a protocol together for a working relationship between the Walsall Children's Safeguarding Board and the Walsall Children's and Young People's Board. Mr Haley said that this was likely to be ready for submission to the two Boards in January 2015.

Mr Lake said that since the report was written, the Children's Service Improvement Notice had been lifted and so he had appended a self-assessment to show what had been achieved and things which still need to be done. He concurred with the Interim Executive Director for Social Care and Inclusion in respect of the need to expand the focus of the Safeguarding Children Board to look at the cross-over points with the Adult Safeguarding Board, particularly bearing in mind that the Adult Board would become a statutory Board from April 2015. Mr Lake said that the two Chairs were already working jointly on Domestic Violence issues to ensure that both children and adults were protected.

Arising from a point raised by the Chair of Walsall Healthwatch in respect of the proportionally high child death rates, it was noted that the Children's Safeguarding Board had identified this as a priority and had asked the Children's and Young Peoples Partnership Board to address that work stream.

Mr Lake reported that a Child Sexual Exploitation Co-ordinator was being appointed the following week. He also said that he was keen to ensure that all health partners felt that they had relevant access to training and support in respect of this issue and to contact him if they needed to access that support.

The Chairman thanked Mr Lake for his report and his work for the Walsall Children's Safeguarding Board.

Resolved:

That the report be noted.

166/14 Better Care Fund

The Head of Joint Commissioning, Mr A Rust, presented a report which advised of the outcome of the assurance process over the September submission of the Walsall plan for the Better Care Fund and actions required in response; and the requirements on the Council and the Clinical Commissioning Group associated with establishing a pooled fund for the Better Care Fund from April 2015.

(see annexed)

Mr Rust explained the rationale for setting a 3.2% reduction target for the rate of emergency admissions to hospital as set out in the report and highlighted some of the complexities for the implementation and management of the pooled fund. The Board considered that it would be helpful for a training session to be arranged for Health and Wellbeing Board members to understand the detail of the requirements around the Fund and what it meant in practice. Councillor Robertson asked for the Chairman of the Social Care and Health Scrutiny and Performance Panel to be kept informed.

Resolved:

- (1) That the Board agrees the approach adopted in Walsall's plan for the Better Care Fund for setting a 3.2% reduction target for the rate of emergency admissions to hospital in the calendar year 2015 compared to 2014.
- (2) That the Joint Commissioning Committee be asked to bring a recommendation to the Health and Wellbeing Board on the arrangements for hosting, together with legal and other requirements, for the pooled fund for the Better Care Fund in time for 1 April 2015
- (3) That the Board agrees for the Chair of the Health and Wellbeing Board to sign off the resubmission on behalf of the Health and Wellbeing Board
- (4) That a training session be arranged for members of the Health and Wellbeing Board in January 2015 in respect of the implications for Walsall of the Better Care Fund.

167/14 Urgent care review – outcomes

The report of the Clinical Commissioning Group (CCG) Accountable Officer was submitted:

(see annexed)

The Strategic Lead for Transformation and Redesign – Walsall CCG, Mr P Griffin presented the report and confirmed that the CCG Governing Body had agreed the recommendations set out in paragraph 3.14 unamended and that the advertisement for the Urgent Care Contract was now proceeding.

In response to points raised by members in respect of the decision on the relocation of the Walk in Centre, Mr Griffin said that a number of practical issues had already been picked up through the consultation already undertaken which would need responding to such as public transport and car parking. He advised that the engagement process would continue and would involve Walsall Healthwatch and other stakeholders; and that public information about the levels of access to relevant services in addition to health prevention messages would also continue.

Resolved:

That the report and decision by the Walsall Clinical Commissioning Group Governing Body in respect of the future provision of urgent care services be noted.

168/14 Late Item

The Chairman agreed to take the following late item:

NHS England – next steps towards primary care co-commissioning

The representative of the Walsall Clinical Commissioning Group (CCG), Mr Griffin presented a report, the purpose of which was to inform and engage the Health and Wellbeing Board regarding the co-commissioning options available to CCG's in respect of primary medical care, arising from new guidance from NHS England:

Reason for Lateness: The CCG was required to undertake engagement with a wide range of key stakeholders in a short timescale to allow the CCG Governing Body to make an informed decision in December 2014.

(see annexed)

The options in the report were discussed, including the arrangements for the Joint Commissioning Committee, which would be led by a lay member of the Walsall CCG Governing Body; conflicts of interest, for which NHS England had produced a policy and guidance; and risks around resourcing the co-commissioning model selected.

The board recognised that joint commissioning was already a strength in Walsall and the consensus view was that Option 2 – the joint commissioning arrangements model was the most pragmatic option locally.

Resolved

- (1) That the Walsall Clinical Commissioning Group Governing Body be advised that the preferred primary care co-commissioning model locally was option 2 – joint commissioning arrangements.
- (2) That a further report be submitted to the Health and Wellbeing Board at its next meeting which advises of the decision of the Walsall Clinical Commissioning Group Governing Body and the implications thereof.

169/14 Joint Health and Wellbeing Strategy: measures and progress report

The following reports were submitted:

(a) **Create and develop healthy, sustainable places and communities** – report of the Public Health Intelligence Manager

(b) **An asset based approach to community engagement** – report of the Partnership Manager

(see annexed)

The interim Joint Director of Public Health, Dr Barbara Watt presented measures numbered 1-3 as set out in appendix 3 to the report at (a) above. She highlighted that Public Health was funding a post in the Planning service in order to help integrate health and wellbeing issues into Walsall's local planning framework.

In respect of measure 4, the Interim Head of Communities and Public Protection, Ms K Bowers presented a report at (b) above which provided the Board with a progress update on an asset based approach to community engagement, following the Local Government Association's report and recommendations previously presented to the Health and Wellbeing Board.

The report was discussed during which time, it was suggested that the previous projects around the provision of 'green pathways' could be picked up when the detailed health profiles for the areas were being refreshed. It was also noted that the success measures which would indicate value for money would be variable and would form part of the model.

The Health and wellbeing programme manager, Mrs C Boneham presented measures numbered 5-8 during which time, Councillor Lane gave feedback from a recent meeting of the Alcohol and Substance Misuse Working group which had been established by the Health and Wellbeing Board at its last meeting. She said that an action plan from the meeting of the working group had been agreed which included awareness raising in schools, data communications, licensing after 3am and tools to tackle anti-social behaviour.

Councillor Shires mentioned that the Council in 2012 had adopted the key objectives of the Marmot Review in addressing deprivation and health inequalities in the borough and suggested that future reports should reflect these key objectives. Dr Gill concurred.

It was noted that a report on the current position with regard to the Public Health Transformation Fund would be submitted to the next meeting of the Board.

Resolved:

- (1) That having considered the performance dashboard, the Board is assured that either adequate progress was being made or that the named lead Boards had adequate corrective action plans in place to tackle poor performance.
- (2) That the Board notes the linkages with Partner strategies and/or references to shared priorities shown in the performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priorities relating to Healthy, Sustainable places and Communities into account when considering commissioning priorities.

170/14 Health and Wellbeing work programme 2014/15

The work programme was submitted:

(see annexed)

It was noted that the draft new Pharmaceutical Needs Assessment would need to be submitted to the January 2015 meeting of the Board.

Resolved

That the work programme be noted.

171/14 Feedback from development session – 13 November 2014

The report of the Health and Wellbeing Board Programme Manager was submitted:

(see annexed)

The consensus view was that the session had been well attended and had been worthwhile. The Chairman thanked everyone, including Anne Brinkhoff from the Local Government Association, for their contribution.

Resolved:

- (1) That the recommendations and actions arising from the presentations and discussions at the Development Session be noted.

2. That the identified actions be progressed and an action plan be brought back to a future Health and wellbeing board meeting

172/14 Communications

The Board identified the following key messages from the meeting:

- Consumption of alcohol over the Christmas period
- Preventing unnecessary admissions to hospital
- Better Care Fund

173/14 Date of next meeting

The next meeting to be held on 19 January 2015 at 6.00 p.m.

The meeting terminated at 8.00 p.m.

Chairman:

Date: