

Health and Wellbeing Board

Monday 20 October 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
Councillor P. Smith
Mr. J. Morris, Executive Director, Neighbourhoods
Ms. U. Viswanathan, Interim Director of Public Health
Mr. A. Rust, Head of Joint Commissioning Unit
Mr. T. Griffin, Assistant Director, Children's Services
Dr. A. Gill]
Dr. D. Nair] Commissioning
Dr. R. Mohan] Group
Dr. A. Suri] representatives
Ms. S. Ali]
Mr. M. Bennett, Healthwatch

In attendance: Ms. C. Boneham, Health and Wellbeing Programme Manager

145/14 Apologies

Apologies for non-attendance were submitted on behalf of Councillor McCracken, Mr. D. Haley and Mr. K. Skerman.

146/14 Appointment of Vice- Chairman

The Chairman suggested that, in the spirit of partnership working, the Vice-chairman should be a representative of the Walsall Clinical Commissioning Group. Dr Amrik Gill was invited to take the position, which he accepted, and it was:

Resolved

That Dr Amrik Gill be appointed Vice-Chairman of the Health and Wellbeing Board for the remainder of the Municipal Year

147/14 Minutes

Resolved

That the minutes of the meeting held on 8 September 2014 copies having been sent to each member of the Board be approved and signed as a correct record.

148/14 Declarations of interest

There were no declarations of interest.

149/14 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.

At this point in the meeting, the Chairman advised that he would be taking item 6, relating to Healthwatch Walsall at the end of the agenda. The Board would need to move into private session for the ensuing discussion as the information discussed would relate to the contract and therefore commercially sensitive.

150/14 Late item

The Chairman advised of a late report which he had agreed to take and which related to the Better Care Fund submission. The reason for lateness being that the Boards views on the next steps were required as soon as possible in order to avoid undue delay in the assurance process. This report would be taken at the end of the agenda.

151/14 Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWBS)

At this point in the meeting, the Chairman referred to the next two agenda items relating to the strategies and commented that whilst he accepted that the current JSNA was comprehensive and an excellent reference document, he suggested that the Board should look at a short list of top priorities to target, possibly three or four which would help partners to focus on moving these forward. He asked for the Boards views on this and the possibility of arranging for these priorities to be dealt with in small work groups, led by a champion, which would produce a number of recommendations for the Board to consider. With regard to those key issues such as infant mortality, he considered that there were excellent opportunities for the Board to work with other Boards from adjacent Local Authorities. (See minute number -? for discussion)

The Chairman also suggested that, building on the partnership with Healthwatch, the Health and Wellbeing Board should give consideration to providing leadership on the establishment of a Community Interest Company, which also embraced other organisations and enabled access to external funding not available to councils. This could be commissioned to deliver a number of outcomes in areas of prevention, intervention etc.

In respect of the membership of the Health and Wellbeing Board, the Chairman advised that there had been some pressure to expand and include providers. He said that he would be minded to extend a welcome to representatives of other partners if this was the case. The membership was discussed at length during which time, members considered that whilst it was important to work closely with providers, the issue was more about engagement mechanisms, of which there were many and which were considered to be adequate rather than having a seat at the table. Members were keen however, for there to be defined criteria for the membership of the Board and what their role was.

This led to a discussion about the role of the Board itself which should mainly be about strategic commissioning and system leadership. Members felt that this should be more clearly understood by the Board and consequently it may be appropriate to discuss further at the Board's development day.

With regard to the main provider, the Walsall Hospital Trust, it was considered useful to arrange for a session for the Health and Wellbeing Board to hear from the Chief Executive of the Trust on its position.

- (a) **Strengthening the next Joint Strategic Needs Assessment (JSNA)**
- (b) **How the Health and Wellbeing Board tackle “wicked issues”**

Reports were submitted which set out suggestions on how to strengthen the JSNA in Walsall in relation to the evidence base and equality agenda; and which asked the Board to identify complex health and wellbeing issues and to agree an approach to tackling them.

(See annexed)

The Board discussed the report two reports and the suggestions made earlier in the meeting by the Chairman to look at a smaller number of priorities in detail by way of work groups. Members supported the idea of a more focussed look into a few key priorities and made a number of suggestions for the area of focus however they were mindful of the need to identify what support/resources would be needed to ensure that the Board was adding value and not duplicating work of other forums.

The Board identified Obesity and alcohol and substance misuse as the initial priorities to focus upon as one of the other main priorities relating to infant mortality was being picked up by the Children's Partnership Board.

The Chairman asked for nominations to Champion the priorities identified and it was:

Resolved

- (1) That the suggested content for future JSNAs be approved.
- (2) That the suggested process for strengthening the evidence base and quality agenda be approved.
- (3) That the key priorities (“wicked issues”) and champions be identified as follows:
Obesity –Councillor Arif to be champion. To also involve Councillor Robertson and a representative of the Walsall Clinical Commissioning Group.
Alcohol and Substance Misuse – Councillor Lane to be champion. To also involve Jamie Morris and Dr A Suri.

152/14 Joint Health and Wellbeing Strategy: Measures and progress reports

- (a) **“Give every child the best start in life and enable them to make the most of who they are”**

In attendance: Karen Marcroft, Head of Quality Assurance & Performance,
Children’s Services

Ms Marcroft presented a report which provided a performance dashboard to show measures and progress for this theme to provide assurance to the Health and Wellbeing Board.

(see annexed)

The report was discussed during which time, it was noted that in relation to the measure around infant mortality, the uptake of Healthy Start vitamins in vulnerable and eligible women was very low. It was suggested that more awareness raising should be done in respect of the benefits of this.

In respect of the presentation of the information, the Board suggested that graphics showing the direction of travel would be helpful.

Resolved:

That the report be accepted.

- (b) **“Money Home Job – support to those who are most vulnerable”**

In attendance: Jane Kaur-Gill, Regeneration Employment and Skills
Manager
Joe Holding, Programme Development & Commissioning
Manager, Public Health

Mrs Kaur-Gill presented a report which provided a performance dashboard to show measures and progress for this theme to provide assurance to the Health and Wellbeing Board.

(see annexed)

The report was discussed and Mrs Kaur-Gill and Mr Holding responded to questions and points of clarification, particularly with regard to the work with Homelessness and also around healthy workplaces with local businesses.

With regard to the use of European funding to support programmes, Mrs Kaur Gill explained that significant funding had been made available to tackle key areas such as worklessness and youth unemployment. Members suggested that this element of funding, how it was spent and the impact should be highlighted more.

The Board also noted that the percentage of those not in education, employment or training (NEETS) had fallen below the England average which was a significant improvement.

With regard to accessing support and mentoring, the Chair commented that it was essential to ensure that GPs know about those services so that people going to them for treatment can also be signposted to appropriate services to help them back into work.

Resolved

That the report be accepted

153/14 Health and Wellbeing work programme 2014/15

The work programme was submitted:

(see annexed)

The Health and Wellbeing Programme Manager, Mrs Boneham confirmed that the Board Development Session had been arranged for 13 November 2014 at 1.30pm and would be held at the Council House.

Resolved

- (1) That the work programme be noted.
- (2) That to provide sufficient focus to the commissioning plans, one plan be received at each meeting, in priority order. Those which have dropped into the red zone to be received at the next available meeting of the Board.

154/14 Child Exploitation – update of partnership work

A report to the Children's Services Scrutiny and Performance Panel was submitted for information:

(see annexed)

The Assistant Director, Children's Services, Mr. T. Griffin, introduced the report and gave assurances that the Council and its partners were working on preventing and protecting children and young people from child sexual exploitation (CSE). He explained the situation in Walsall based on available evidence and confirmed that work was being done on raising awareness, including with local businesses.

It was suggested that the Council's Licensing Committee be advised of the situation in order to help with awareness raising, particularly in respect of the taxi trade. The Executive Director for Neighbourhood Services, Mr Morris undertook to action this.

The Board briefly discussed how it could help to raise awareness and provide some system leadership. It was suggested that it would be helpful for further information to be sought from the Safeguarding Board in order that Health and Wellbeing Board members could be kept informed.

Resolved

That the report be noted

155/14 Communications

The Board identified the following key messages from the meeting:

- Low take up of vitamins for babies
- Priorities for the Board are Obesity and Alcohol & Substance Misuse
- Child Sexual Exploitation - Awareness raising including with businesses
- Encouraging people to use other services in the first instance instead of attending Accident and Emergency services at the hospital

In response to a question from Councillor Lane in respect of the possibility of Health and Wellbeing implications being considered as part of the planning application process, the Executive Director, Neighbourhoods, Mr Morris said that this had previously been raised by the Board and discussed with planning officers. He undertook to find out the current position.

156/14 Late Item: Better Care Fund

The Head of Joint Commissioning, Mr Rust, presented a report which summarised the overall vision and plan for the Better Care Fund in Walsall and suggested next steps.

(See annexed)

Mr Rust advised that he had arranged for the Board to receive advice from legal experts at their development session in respect of the arrangements expected to be in place for the fund.

Resolved

That the progress be noted.

157/14 Healthwatch Walsall Third Year

The Executive Director, Neighbourhoods, Jamie Morris, introduced the item. He reminded the Board that the local authority had a statutory obligation to have arrangements in place for a local Healthwatch organisation in order to provide information to support the system and that the current provider had been appointed following a formal procurement process.

Mr. Morris advised the Board that the Cabinet would be making a decision on 29 October whether or not to extend the contract for a further year and that the views of the Health and Wellbeing Board were sought to help inform that decision.

The Chief Executive of Healthwatch Walsall, Matt Bennett, addressed the Board. He provided an update on the work of the board over the last 2 years and the programme for the future should the contract be extended.

Mr. Bennett said that his comments would build on the presentation of the Annual Report by the joint Chairs of Healthwatch Walsall which had been received by the Health and Wellbeing Board at its last meeting and therefore there was no paper to be tabled. His comments included:

- The first year of the contract was a “setting up” period where the Board, its engagement mechanisms and operating procedures were established.
- The second year initially focussed on building the membership, obtaining views and experiences and providing a public presence in for example, libraries.
- Approximately 1200 members were currently signed up to be part of Healthwatch which now largely reflected the demographics of Walsall and which formed an Assembly. The Assembly also consisted of a team of dedicated volunteers which were health lay experts.
- The Assembly had considered many issues in detail and included GP performance and hospital discharge arrangements upon which a report was due to be published soon.
- Also due to be published was a “State of Walsall” report which was to be a regular report.
- Healthwatch Walsall had taken part in, and had assisted in the design of the Urgent Care Review undertaken by the Clinical Commissioning Group.
- A small grants scheme had been set up to help with engagement.

- Visits to care homes had been undertaken in partnership with the Council and Care Quality Commission and it was intended to do this with other health and social care providers
- Healthwatch Walsall was working with Public Health on weight management services and was seeking the views of service users to help inform procurement and the new Pharmaceutical Needs Assessment.
- Healthwatch Walsall could work with the Health and Wellbeing board on 'wicked' issues with Obesity being one of the priorities.

Mr. Bennett concluded by confirming that the role of Healthwatch was to bring the public voice to the attention of providers and commissioners in order for them to make informed decisions. He said that he hoped that the Health and Wellbeing Board had been able to see how far Healthwatch Walsall had come and the value that it had added.

A period of questioning took place which focussed particularly on the governance arrangements of the organisation in relation to access by the public to Board meetings and minutes thereof, its accountability, and in relation to the publicity and decision making on the small grants system. Mr. Bennett explained that the Healthwatch Walsall Assembly was open to the public as this was where the main issues were debated. He said that, apart from Annual General Meetings, the Healthwatch Walsall Board meetings were held in private as they mainly related to matters of a confidential nature such finance, staffing and contract matters but that those officers who monitor the contract did see the minutes.

With regard to accountability, Mr. Bennett confirmed that Healthwatch Walsall was accountable to the Council as that was whom the contract was with and that this agenda item was part of the accountability process. The Healthwatch Walsall Board was also challenged by its Assembly.

With regard to the grants to community groups, Mr. Bennett advised that the scheme had been publicised widely and was provided via a Community Chest with a maximum award of £2,000. He also said that Healthwatch had worked with Walsall Voluntary Action to ensure appropriate safeguards were in place.

In response to further questions on the work of Healthwatch in relation to visits to care homes, Mr. Bennett explained the purpose of the visits which was to ensure that the provider understood the role of Healthwatch and to gather views and experiences of service users. He stressed that the visits were not inspections.

The Chairman thanked Mr. Bennett for his presentation. Members then agreed to move into private session in order to discuss their views as this was a contractual matter and was commercially sensitive. Accordingly, Mr. Bennett withdrew from the room.

158/14 Private Session

Exclusion of public

Resolved

That during consideration of the following item on the agenda, the Health and Wellbeing Board considers that the discussion is exempt information by virtue of paragraph 3 of Part 1 of Schedule 12A of the Local Government Act, 1972, and accordingly resolves to consider the item in private

159/14 Healthwatch Walsall Third Year

Mr Morris opened the discussion by explaining the position from a contract management point of view. He commented that in his opinion, Healthwatch Walsall was doing what was expected and was managing the contract properly. However, he was aware that views had been expressed that Healthwatch Walsall did not appear to have produced the expected outcomes. He said that he had raised this with Mr Bennett previously which had resulted in an improvement which he considered was now showing through. Accordingly, Mr Morris said that he would support the contract being extended for the further year.

A lengthy debate took place when a number of different views were expressed in relation to the performance of Healthwatch Walsall and its governance arrangements. In conclusion, Members generally considered that that they were not averse to the extension of the contract however, there were concerns that the transparency of the organisation, which was responsible for the spending of public monies, needed improving.

The Chairman summed up the debate following which the consensus view, upon a show of hands, (Councillor Smith against) was:

The Board wishes Cabinet to know if the extension to the existing Healthwatch Walsall contract for a third year is agreed, that the Health and Wellbeing Board has concerns about transparency of governance which needed to be addressed.

[Exempt information under paragraph 3 of Part I of Schedule 12A of the Local Government Act, 1972 (as amended)]

160/14 Date of next meeting

The next meeting to be held on 8 December 2014 at 6.00 p.m.

The meeting terminated at 8.50 p.m.

Chairman:

Date: