

Health and Wellbeing Board

Monday 29 February 2016 at 6.00 pm

in a Conference Room at the Council House, Walsall

Present: Councillor R. Martin (Chair)
Councillor M. Arif
Councillor A. Ditta
Councillor Hughes
Councillor C. Jones
Councillor I. Robertson
Councillor I. Shires
Mr K. Skerman, Interim Executive Director, Adult Services
Andrea Potts, Children's Services
Dr. B. Watt, Director of Public Health
Dr A. Gill, Clinical Commissioning Group
Dr A. Suri, Clinical Commissioning Group
Mr J. Wicks, Clinical Commissioning Group
Mr. S. Fogell, Healthwatch Walsall

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

277/16 Apologies

Apologies for non-attendance were submitted on behalf of Mr. D. Haley, Dr. A. Rischie and Ms S. Ali.

278/16 Substitutions

For this meeting only:

Ms A. Potts for Mr. D. Haley, Director Children's Services

279/16 Minutes

Resolved

That the minutes of the meetings held on 7 December 2015 copies having been sent to each member of the Board be approved and signed as correct records.

280/16 Declarations of interest

There were no declarations of interest

281/16 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

282/16 Late Items

At this point in the meeting, the Chairman advised that she would take the following late items which had been circulated to members in advance of the meeting:

Youth Poverty Working Group – Health and Wellbeing Board Representation

Reason for lateness: the first meeting of the Working group was scheduled for 2 March and therefore the report could not wait until the next meeting of the Health and Wellbeing Board.

Walsall Maternity Services

Reason for lateness: the report provided members of the Health and Wellbeing Board with timely information on the outcome of an inspection of the service by the Care Quality Commission which had been rated as inadequate.

Councillor Shires expressed his concern that a request had been made from the Walsall Pharmaceutical Committee for a late item to be considered in relation to Government announcements on a number of plans for community pharmacy and that this had not been accepted. He considered that it was important for the Board to be informed of, and have a view on the proposals.

Keith Skerman responded in that a request had been received however, further information had been requested to understand what was being required of the Board in order to take an informed view but that the additional information had not been received in sufficient time.

283/16 Youth Poverty Working Group – Health and Wellbeing Board representation

A report was submitted which sought consideration of a request from the Education and Children's Services Overview and Scrutiny Committee to nominate two members from the Health and Wellbeing Board to serve as co-opted members on its Youth Poverty Working Group.

(see annexed)

Resolved

That the following members from the Health and Wellbeing Board be appointed to serve as co-opted members on the Education and Children's Services Overview and Scrutiny Committee Youth Poverty Working Group:

Councillor Robertson
Councillor I. Shires

284/16 Walsall Maternity Services – report of Walsall Clinical Commissioning Group Accountable Officer.

A report was submitted which provided an overview of the Maternity Service provision at Walsall Healthcare NHS Trust following the findings of the recent Care Quality Commission inspection, identify key areas of challenge and set out proposed arrangements to stabilise services.

(see annexed)

Ms S. Roberts, Director of Governance Quality and Safety, Walsall Clinical Commissioning Group, attended and explained the action taken as a result of the inspection. She confirmed that the current ratio was 1:32 and improving and that additional qualified midwives had been appointed to the Trust. Ms Roberts responded to questions and points of clarification during which time she advised that the cap on activity was expected to be in place for around 6 months depending upon resourcing and wider commissioning plans. She also explained that there was a host of intervention measures including workforce organisational development and reviewing clinical leadership, and also a review of governance and reporting arrangements to support midwifery care. Councillor Hughes commented that care must be taken not to exacerbate the existing problem of high levels of infant mortality

In response to further questions in relation to cross-border admissions, Members were advised that conversations with other authorities and geographical mapping was currently taking place along with the production of a communications plan.

The Healthwatch Representative, Mr S Fogell, advised that Healthwatch Walsall was part of the taskforce group working with the Trust Development Agency to ensure that the voice of the patient was captured.

Councillor Martin asked that Board members be provided with an update in April.

Resolved

That the report be noted.

285/16 Better Care Fund

The Interim Director of Adult Social Care, Keith Skerman presented a report which set out the planning requirements as issued in draft form by the Department of Health at the end of January 2016 and sought approval to the Walsall plan for the Better Care Fund in 2016/17.

(see annexed)

Mr Skerman explained the assurance process and particularly that the technical guidance from the Department of Health was three months late with the first submission due in the next few days. In the circumstances he suggested that the Chair be given authority to sign the submission and also final plan, including any minor amendments required by the Department of Health, CCG and the Council.

Members discussed the report during which time Mr Skerman and Dr Gill stressed the importance of investing in the multidisciplinary teams which had been successfully trialled. Mr Skerman explained the financial envelope of the allocated funds but was concerned that the contingency built in for 2016/17 may be required to be used for acute services rather than in for community services. Mr Wicks assured the Board that work was being done to ensure that investments were being made in the right place to ensure improvements in availability of beds in the acute service.

A further short period of discussion took place following which it was:

Resolved

- (1) That the Health and Wellbeing Board approve in principle the action plan for the Better Care Fund 2016/17 as set out in paragraph 7.3;
- (2) That the Health and Wellbeing Board endorse the financial schedule as set out in Section 8 (subject to final decisions on budgets by the Walsall Council and Walsall CCG);
- (3) That the Health and Wellbeing Board approve the target metrics for the Better Care Fund as set out in paragraph 11.1;
- (4) That the Health and Wellbeing Board approves the plan for Better Care Fund as attached for submission to the Department of Health and that the submission of the plan be signed by the Chairman on behalf of the Health and Wellbeing Board; and subsequently the final plan, including any minor amendments required by the Department of Health and agreed by the Clinical Commissioning Group and the Council.

286/16 Annual Report of Director of Public Health

The Director of Public Health, Dr B. Watt, presented a report which documented examples of the impact the Walsall Public Health team had had in changing and modernising services.

(see annexed)

A discussion took place during which time Councillor Shires stressed the importance of healthy weight and physical activity and referred to two related publications produced by the Local Government Association:

- **Building Foundations – tackling obesity through planning and development.** This report identified a series of themes and more specific elements to help to create healthy-weight environments
- **Tipping the Scales** – case studies on the use of planning powers to limit hot food takeaways which included evidence that the type of food on sale nearest to schools may influence the diet of schoolchildren.

Dr Watt advised that the Council's regulatory function in relation to Environmental Health and Licensing was now under the umbrella of Public Health and she welcomed any opportunity to work proactively with businesses in this respect.

A further brief discussion took place on the report during which time members asked that this be considered further when refreshing the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy; and that the work of the Board's two task and finish groups on Healthy Weight and Alcohol should be reviewed.

Resolved

- (1) That the report of the Director of Public Health Annual report for 2014/15 be noted.
- (2) That progress reports from the Health Weight and Alcohol Task and Finish Groups be submitted to the next meeting.

287/16 Performance Dashboards

(a) **Reduce the Burden of preventable disease, disability and death**

Mr J Wicks, Clinical Commissioning Group, presented a report which provided measures and progress for this priority in Health and Wellbeing Strategy.

(see annexed)

The Board discussed the measures and was concerned that the mortality cancer rate in was increasing. It was noted that whilst there had been an increase in referrals, some patients were waiting over 62 days for treatment. Notwithstanding that there were other factors which impacted upon the waiting time such as availability of specialist treatments and specialist hospitals, patient health and patient choice, members were extremely concerned. Dr Gill concurred and said that the CCG were challenging the hospital on this.

Members stressed the need to promote the screening programme to increase uptake and enable early detection and diagnosis leading to timely interventions.

Resolved

- (1) That the Health and Wellbeing Board considers the performance dashboard presented to be sufficient to give members assurance that either adequate progress is being made or that the named lead Boards have adequate corrective action plans in place to tackle poor performance;
- (2) That the Health and Wellbeing Board notes the linkages with Partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priority relating to 'Reducing the burden of preventable disease, disability and death' into account when considering commissioning priorities.

(b) Healthy Ageing and Independent Living

Mr J Wicks, Clinical Commissioning Group, presented a report which provided measures and progress for this priority in Health and Wellbeing Strategy.

(see annexed)

Resolved

- (1) That the Health and Wellbeing Board considers the performance dashboard presented to be sufficient to give members assurance that either adequate progress is being made or that the named lead Boards have adequate corrective action plans in place to tackle poor performance;
- (2) That the Health and Wellbeing Board notes the linkages with partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priority relating to 'Healthy Ageing and Independent Living' into account when considering commissioning priorities.

288/16 Strategic Transformation Plan

It was noted that this report had been deferred to the next meeting.

289/16 Feedback from Safeguarding Summit

A report which summarised the outcomes from the Summit was submitted:

(see annexed)

Resolved

That the report be noted

290/16 Work programme

The work programme was submitted:

(see annexed)

The Health and Wellbeing Programme Manager, Cath Boneham highlighted the following matters:

- The next meeting of the Strategic Advisory Group would now be in May
- Progress on Healthy Weight and Alcohol Task and Finish Groups would be added to the next Health and Wellbeing Board agenda
- The Health and Wellbeing Board Development Session on Children and Young People's Mental Health and Wellbeing had been arranged for 19 April 2016 in conference room 2 at the Council House commencing at 1.30pm and that the members of the Children and Young Peoples Panel had been invited to attend.

Resolved

That the work programme 2015/16 be noted.

291/16 Key Promotional messages

The following matters were identified:

- The importance of early detection of Cancer
- Supporting the hospital to improve maternity services

292/16 Date of next meeting

25 April 2016 – 6.00 p.m.

The meeting terminated at 8.20 p.m.

Chair:

Date: