

Health and Wellbeing Board

Tuesday 15 October 2019 at 6.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor Longhi (Chair)
Councillor Martin
Councillor Robertson
Ms. K. Allward, Head of Integrated Commissioning (sub)
Ms. S. Rowe, Executive Director Children's Services
Mr. S. Gunther, Director of Public Health
Dr. A. Rischie] Clinical Commissioning
Mr. P. Tulley,] Group representatives
Mr. J. Taylor, Healthwatch Walsall (sub)
Chief Supt. A. Parsons, West Midlands Police
Mr. A. Boys, One Walsall
Mr. R. Beeken, Walsall Healthcare NHS Trust
Ms. F. Shanahan, Walsall Housing sector
Ms. J. Holt, Walsall College

643/19 Apologies

Apologies for non-attendance were submitted on behalf of Ms. P. Furnival, Ms. S. Shingler, Mr. R. Nicklin and Mr. M. Axcell.

644/19 Substitutions

The Board noted the following substitutions for this meeting only:

- Ms. K. Allward for Ms. P. Furnival, Executive Director Adult Social Care
- Mr. J. Taylor for Mr. R. Nicklin, Healthwatch Walsall

645/19 Welcome

The Chairman welcomed Ms J. Holt, Walsall College representative, to the Board.

646/19 Minutes

Resolved

That the minutes of the meeting held on 9 September 2019 copies having been sent to each member of the Board be approved and signed as a correct record.

647/19 **Declarations of interest**

There were no declarations of interest

648/19 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

649/19 **Update on violence reduction priority**

In attendance: Supt. Kim Madill, Walsall Neighbourhood Policing Unit

Superintendent Madill presented the report on progress to date on the preventing youth violence priority:

(see annexed)

Supt. Madill reported that the relevant leads had met as a group and had agreed overall aims as set out in the report. She said that over the next 12 months, the group would continue to listen to communities to ensure actions were evidence-based helping communities to become more resilient themselves. It was noted that a delivery plan and performance measures were being considered for this priority.

Members discussed the report during which time the following comments were made in relation to domestic violence:

- Engagement with different communities, including the Asian community, was being undertaken, building on existing mechanisms.
- Youth organisations were engaged with One Walsall.
- The Resilient Communities Model was one engagement pathway
- GPs and practice administrators received mandatory training.
- The Council's Children's Services and partners have received funding to implement a family safeguarding model which would involve working with families who were at risk of domestic abuse

Supt Madill recognised the excellent work being done in this respect but wanted to ensure that it was co-ordinated under this theme to avoid duplication and not diverting resources.

Ms Holt said that the college had over 14,000 adult and young students and that it had a number of outreach centres. She offered to share information about the resource at the college and work with Supt. Madill on opportunities.

Chief Supt. Parsons pointed out that in order to ensure deliverability, there had been a focus on youth violence which had subsequently broadened out to incorporate domestic violence. He was keen to ensure that the current focus did not be widened again.

Resolved

- (1) That the update be noted.
- (2) That all agencies reassure themselves that they have the right leads to support the delivery of the plan.
- (3) That the Board note that Preventing Youth Violence forms part of the wider violence reduction priority under the Safer Walsall Partnership plan.

650/19 Walsall Together Programme (WTP) - update

In attendance: Mr D. Fradgley, Director for the programme

Mr. R. Beeken, Walsall Healthcare NHS Trust presented the report providing an overview of work undertaken to date on the development of Walsall Together:

(see annexed)

Mr. Beeken gave the background to the WTP in that it is an integrated care partnership – a formal alliance of statutory and third sector organisations formed to achieve two aims i.e., To improve the wellbeing of the borough and avoid chronic disease in its populations; and To better manage chronic disease. He re-emphasised the point that Walsall was the 33rd most deprived borough and had a widening health inequality gap thereby putting strain on primary and social care. Hence the need for a change in the way care was organised. He pointed out that Walsall Healthcare Trust was the host provider with partner organisations as members of the relevant Boards and which he considered to be a cohesive mutually respectful partnership. Mr Beeken went on to highlight the main areas of work, progress and priorities for the partnership over the coming months as set out in the report in the short, medium and longer term.

A discussion took place during which time Mr Beeken and Mr Fradgley responded to questions and points of clarification. With regard to the capacity to manage change, Mr Beeken confirmed that there had been some 'pump priming' however there were a number of actions which could be taken, apart from funding, to improve and modernise service and end silo working. He said that there would be a point where there would be a need to collectively find financial latitude to shift away from acute hospitals. Mr Fradgley referred to the work around integrated care clubs which would mean that a significant amount of care could be delivered in the community with targeted health interactions wrapped around the localities and health prevention models. Further discussion took place on prevention activities, and the need to continue to build trust amongst related organisations.

Members were complementary about the work already done, particularly around the direction of travel, Multi-Disciplinary Teams and the patient story. It was suggested more work was needed to co-ordinate responses to the patient. It was also suggested that the patient voice needed to be included on the WT Board.

Mr Beeken referred to the Health and Wellbeing Board priorities and considered that this work linked with priority two – ‘Getting Walsall on the Move’ for which he was the lead. He said that changing the approach in providing care from “what is the matter” to ‘What matters to you’ would help to prescribe/encourage physical activity.

Resolved

That the report be noted.

651/19 Black Country and West Birmingham – long term plan

Mr. P. Tulley, Clinical Commissioning Group gave a presentation which provided the Black Country and West Birmingham long term plan:

(see annexed)

The presentation covered the background, purpose and challenges, the outcome of public engagement, vision, priorities, ambition, the future model for delivering integrated care; and the expected outcomes. Mr Tully explained that this was a local 5 year response to the NHS England Long Term Plan, part of a national process and was currently in draft for presentation to all local authorities in the Sustainability and Transformation Plan area. He stressed the strong links to the Walsall Together Programme with the place agenda and model of care delivered through Walsall Together as a central part of the long term plan vision.

Mr Tulley referred to the priorities in the Vision and explained that these were the latest iteration which took on board feedback from consultation to date:

- We will ensure our local health and care system is fit for the future
- We will deliver the best quality of care for our population
- We will work together to be a sustainable health and care system

In addition, he confirmed that the Ambition had been taken from the national plan priorities:

- A new service model for the 21st century
- More NHS action on prevention and health inequalities
- Further progress on care quality and outcomes
- NHS staff will get the backing they need
- Digitally-enabled care will go mainstream across the NHS
- Supporting wider social goals.

Mr Tulley went on to explain the commitments and timetable for developing the plan in terms of engagement and final publication at the end of the year.

The presentation was discussed during which time members commented on a range of matters including whether there was sufficient funding for this transformation, the need to ensure that priorities were narrowed down those one or two which were key; and tensions between the plan being about ‘system’ rather than place-based which did not enthuse Local Authorities. Mr Tully responded to

these matters and said that with regard to funding, apart from pump-priming, it was more about how to use the existing monies rather than new money and was about managing expectations. He said that priorities were responding to feedback throughout the consultation process and that the plan was composed of all levels.

The Chairman thanked Mr Tulley for his presentation and commented positively about the work done at a local level in Walsall which appeared to be at pace and aligned.

Resolved

That the presentation be noted.

652/19 Better Care Fund (BCF) 2019/20 – Quarter 2

Ms. K. Allward presented the Quarter 2 performance report regarding the Walsall Better Care Fund and Improved Better Care Fund:

(see annexed)

Ms. Allward confirmed that with the exception of Non – Elective Admissions (NEAs), all BCF metrics were on target. The Chair sought assurances in this respect and accordingly Paul Tully explained that in terms of impact, Walsall was not out of line with rest of the region. Ms Allward said that she was a member of the A&E delivery board which had a robust plan to reduce the number of NEAs and so the position could have been much worse. It was suggested that the Social Care and Health Overview and Scrutiny Committee could look at outcomes in relation to this issue.

Resolved

That the Better Care Fund Quarter 2 return be noted.

653/19 Black Country Child Death Overview Panel (CDOP)

In attendance: Dr U. Viswanathan, Consultant in Public Health Medicine

Dr Viswanathan presented a report produced by the Director of Public Health at Wolverhampton Council as Black Country Strategic Lead for Child Deaths, the purpose of which was to:

- Outline changes to child death review processes across the Black Country
- Update Health and Wellbeing Board partners on progress towards establishing a Black Country Strategic Child Death Overview Panel
- Clarify the actions that have been agreed
- Outline some challenges that remain
- To make recommendations that Health and Wellbeing Boards take on responsibility for oversight of the child death review processes.

(see annexed)

In response to a question from the Chair, it was noted from the report that the proposals had been approved by the statutory partners; and that the Black Country Strategic CDOP would be accountable to the statutory partners and would report bi-annually and annually to the each of the Black Country Health and Wellbeing Boards.

Resolved

- (1) To note the report and challenges.
- (2) To agree that the responsibility for oversight of child death review processes transfers from children's Safeguarding Partnerships to Local Health and Wellbeing Boards; the Black Country Child Death Overview Panel Strategic Business Partnership providing oversight on behalf of the partners, and also providing six monthly reports to Health and Wellbeing Boards.

654/19 Director of Public Health annual report

In attendance: Ms. E. Thomas, Public Health Intelligence Manager

Mr. S. Gunther, Director of Public Health introduced the annual report focussing on "Health inequalities in Walsall":

Ms. Thomas presented the report in detail and explained the interactive elements and responded to questions and points of clarification.

(see annexed)

Resolved

- (1) That the report be noted.
- (2) That all partners consider their contribution to addressing health inequalities in Walsall and implement the key messages of the report in policies and work programmes in the coming year.

655/19 Work programme

The work programme was submitted:

(see annexed)

Resolved

- (1) That the work programme be noted.
- (2) That the reports from the Child Death Overview Panel be scheduled into the work programme.

656/19 Date of next meeting

It was noted that the date of the next meeting was Tuesday 3 December 2019.

The meeting terminated at 8.26 p.m.

Chair:

Date: