Health and Wellbeing Board

Minutes of the meeting held on Tuesday 20 March 2025 in a conference room at the Council House, Walsall at 5.00pm

Present in person

Councillor W. Rasab (Chair)
Dr H. Baggri, Lead GP, NHS Black Country Integrated Care Board (Vice-Chair)
Councillor M. Coulson
Councillor G. Flint
Dr N. Inglis, Consultant in Public Health
Ms K. Allward, Executive Director, Adult Social Care
Ms I. Vanderheeren, Director, Children's Services
Ms P. Mayo, NHS Black Country Integrated Care Board
Ms. S. Cartwright, Group Director, Place, Walsall Healthcare NHS Trust
Ms F. Shanahan, Housing Sector

Present – Remote
Ch. Supt. Dolby, West Midlands Police
Mr R. Nicklin, Healthwatch Walsall
Ms K. Kaur-Wilson, Black Country Healthcare NHS Foundation Trust
Ms J. Davies, Voluntary & Community Sector locality leads representative

In Attendance- in Person

Mrs H. Owen, Democratic Services Officer

090 **Welcome**

Councillor Rasab opened the meeting by welcoming everyone and explained that there were some members of the Board who were attending remotely however, whilst he would consult all Board members on their views if a vote was required, only those Board members present in the room were able to vote and that this would be by way of a show of hands.

He directed members of the public viewing the meeting to the papers which could be found on the Council's Committee Management Information system (CMIS) webpage.

Councillor Rasab informed members that this was the month of Ramadan and would therefore need to break his fast at 6.25pm that evening. He said that he would adjourn the meeting for 10 minutes at that time.

Introductions took place and a quorum of members present in-person was established.

091 **Apologies and substitutions**

Apologies for absence and notice of substitutions were received as follows:

- Apologies – Councillor S. Elson and Ms. C. Male.

- Substitutions:
  Ms I. Vanderheeren for Ms C. Male
  Ms K. Kaur for Ms M. Foster

092 **Minutes of the last meeting**

Resolved:

That the minutes of the meeting held on 12 December 2024**,** a copy having been sent to each member of the Board be approved and signed by the Chair as a correct record.

093 **Declarations of interest**

Councillor G. Flint declared a pecuniary interest in item 9 on the agenda – Council Commissioning Intentions – and took no part in the discussion or voting thereon.

Note for minutes: Ms J. Davies, the representative of the voluntary and community sector locality leads also took no part in the discussion at item 9. Ms Davies was attending remotely and was therefore not entitled to vote upon this item.

094 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

095 **Health and Wellbeing Board Priorities – Annual Report**

In attendance: Kulvinder Kaur, Public Health Business Development Manager

The Director of Public Health, Dr Inglis presented a report which provided an end of year update on the delivery of the Board's priorities.

(See annexed)

Dr Inglis responded to questions and points of clarification, particularly regarding concerns at the numbers of people using Vapes. She acknowledged that whilst a lot of work had been done on the use of vapes as a "stop smoking" aid, there was also work to be done on vaping addiction and she undertook to engage with primary care services to that end. Dr Inglis said that she would submit the Tobacco Plan to the Health and Wellbeing Board.

Members were satisfied with the priorities as they stood and did not offer any new priorities for the ensuing year.

It was **Moved** by the Chair, duly **seconded** and:

Resolved

1) That the Annual report on the delivery of the Health and Wellbeing Board priorities be noted

2) That the Health and Wellbeing Board partner organisations provide a 6-month update for discussion at an informal workshop arranged for that purpose, to provide assurance that the priorities of the Board are being delivered and to provide an end of year report to the March Board meeting.

3) To note that formal reports on specific issues identified in this annual report would be submitted to the Board if required

096 **Joint Local Health and Wellbeing Strategy (JLHWS)**

The Director of Public Health, Dr. Inglis presented a report which sought approval to extend the current Strategy for a further municipal year to 2026-27.

(see annexed)

It was **Moved** by the Chair, duly **seconded** and:

Resolved

1) That approval be given to extend the current Joint Health and Wellbeing Strategy 2022-25 by one municipal year to 2026-27.

2) To note that the refresh of the Walsall Joint Strategic Needs Assessment was currently underway

3) To note that the Indices of Deprivation are due to be published this year, and Walsall is also set to have new boundaries for its Council Wards.

097 **Better Care Fund report (BCF)**

In attendance: Ms N. Chauhan-Lall, Better Care Fund (BCF) Manager

Ms Chauhan-Lall presented a report which retrospectively informed members of details contained within the BCF Quarter 3 Reporting template.

(see annexed)

The Interim Managing Director, NHS Black Country Integrated Care Board, Ms. Mayo, thanked Ms Chauhan-Lall for her work this year to ensure that all of the targets were met and financially balanced at the end of the quarter reporting period. Members concurred.

It was **Moved** by the Chair, duly **seconded** and

Resolved

1) That members endorse the Strategy

2) That members are assured the Alliance are making good progress in the development of a meaningful 2040 Children and Young people Strategy that will respond effectively to issues identified for children and young people growing up in Walsall.

3) That members consider how to maximise opportunities to ensure we continue to respond to what children and young people have told us are key priorities to improve outcomes for all growing up in Walsall. Particularly in terms of opportunities in involving children and individuals in decision-making processes and holding us accountable.

098 **Council Commissioning Intentions**

In attendance: Mr A. Osborn, Director of Commissioning, Walsall Council.

Councillor Flint, having declared an interest in this item, took no part in the discussion or voting thereon. Ms J. Davies, joining the meeting remotely also took no part in the discussion.

Mr Osborn, the Director of Public Health, Dr Inglis and the Director Children's Services, Ms Vanderheeren presented a report which sought to assure the Board that Walsall Council's Children's, Adult Social Care, Public Health and Resilient Communities teams had a strategic approach to commissioning services that would address need, demand and local challenges.

(see annexed)

Members discussed the report, during which time it was noted that

- the Community and Voluntary Sector Locality Contract was current being renewed.
- the investment in the smoking cessation service supported people to stop nicotine completely, including vaping.
- the sustainability of the Providers market was a challenge and that Cabinet was to receive a report to determine the level of uplifts relating to providers.
- the Better Care Fund was supporting the falls prevention agenda in addition to the homecare pilot with the falls prevention work being picked up in the Primary Care Network teams, looking to build capacity in the community and voluntary sector.
- Walsall's hospital discharge model continued to be an exemplar of national good practice but would still be developed to improve further.

Members welcomed the report and it was **Moved** by the Chair, duly **seconded** and:

Resolved

That the 2025-2026 Walsall Council Health, Care and Communities commissioning intentions be endorsed.

099 **Public Health Outcomes Framework**

In attendance Mr L. Harley, Senior Business Intelligence Analyst

The Interim Director of Public Health, Dr Inglis introduced Mr Harley who presented a report updating on the tool developed to visually highlight indictors as they compare to bencher areas as well as showing trends.

(see annexed)

Mr Harley responded to questions and points of clarification, particularly around the ability to take the data to a neighbourhood level. He said that more detailed data could be collected however, it would need to be done separately to this model. Regarding the currency of the data, Mr Harley said that this varied on the data subject as some were collected annually and others more frequently. It was noted that the progress report was a snapshot in time and captured a trend over number of indicators and that the data relied upon input from stakeholders. In response to a question from Ch. Supt Dolby regarding the way in which violent crime was recorded and said that this was complex and she would discuss this in more detail outside the meeting.

Dr Inglis responded to a suggestion regarding the data around late HIV diagnoses and the possibility of learning from lived experiences of the less heard communities. She said that a recent audit had taken place with health partners through the Health Protection Audit and undertook to report this to a future Board meeting.

Members complemented Mr Harley on his work and it was **Moved** by the Chair, duly **seconded** and:

Resolved:

That:

1) Members note the detail of this report where health and wellbeing outcomes for Walsall residents are highlighted.

2) Members utilise the 3x3 matrix outside of this Board, to open up discussions, further explore trends, and take any appropriate action both within and outside the Council, on how to improve public health outcomes.

3) Members commit to incorporating health and wellbeing considerations into decision making across sectors and policy areas, as this can make a significant contribution to improving wellbeing for the people of Walsall.

4) Members note, that the PHOF 3x3 matrix has been showcased throughout the organisation, amongst partners and has also been presented at national conferences where it has received significant interest from other local authorities and their system partners.

5) Members note that the PHOF 3x3 Matrix continues to be developed over time, with additional features to further enhance its utility.

6) Members note that the PHOF 3x3 tool is being developed as a traded product, that other local authorities can procure to monitor the health and wellbeing of their respective resident populations.

100 **Mental Wellbeing Strategy**

The Interim Director of Public Health, Dr Inglis, and the representative of the Black Country NHS Foundation Trust, Ms K. Kaur-Wilson presented a report which updated on progress made by the Multi-agency Stakeholder Partnership to deliver the strategy “Together we Can”.

(see annexed)

It was noted that Walsall Council Public Health was hosting a Neurodiversity Conference on 26 March at Bescot Stadium, Walsall.

The representative of the Community and Voluntary Sector, Ms J. Davies referred to the work that the sector was undertaking on social impact and gave examples of the type of events and activities provided to support preventative wellbeing.

The shift in focus to included children was welcomed and it was suggested that further work could be done to align with the Family Hubs model to maximise opportunities

Dr Baggri asked for more detailed data round patients presenting at crisis so that there can be a wider understanding of the way they are presenting themselves.

Resolved:

That the report be noted

101 **Infant Mortality Prevention and Reduction Strategy 2025-2030**

In attendance: Ms E. Higdon, Senior Public Health Development Manager

The Director of Public Health, Dr Inglis, introduced Ms Higdon who presented a report which sought approval of the actions outlined in the Strategy and to the proposed governance arrangements.

(see annexed)

In presenting the report, Ms Higdon said that whilst the rates were not as low as national figures, the rates in Walsall were getting better and the actions in the strategy should improve this further.

At this point in the meeting, the time being 6.24pm, Councillor Rasab vacated the Chair to break his fast for Ramadan. He wished the meeting to continue rather than adjourn and therefore asked the Vice-Chair to take the Chair until his return.

Members welcomed the report and supported the strategy which was considered to link well with other related pieces of Walsall specific work of health partners. In response to concerns regarding the low uptake of child immunisations, Ms Higdon explained the promotional and communication activity aimed at encouraging uptake, including working closely with the Healthy Child programme, working with GPs and families to find out barriers to be overcome.

Members thanked Ms Higden for her work.

It was **Moved** by the Chair, duly **seconded** and**:**

Resolved

1) That members note the previous partnership achievements to reduce infant mortality in the borough.

2) That members endorse the new strategy and actions planned within it to meet the new Infant Mortality Prevention and Reduction Strategy ambitions.

3) That members support the planned multiagency work undertaken by the strategy delivery group to secure better outcomes for young children and their parents in Walsall.

4) That the Walsall Health and Wellbeing Board (HWBB) provides overall governance for the Infant Mortality Prevention and Reduction Strategy, with Walsall Togethers Clinical Professional Leadership Group and Black Country Local Maternity and Neonatal System overseeing the partnership activity on a six-monthly basis.

5) That the HWBB oversight role includes the expectation that the Chair of the multi-agency strategy delivery group feeds back the progress, impact and achievements of the Infant Mortality Prevention and Reduction Strategy to HWBB annually.

102 **Teenage Pregnancy Prevention and Reduction Strategy 2024-29**

In attendance: Ms E. Higdon, Senior Public Health Development Manager

The Director of Public Health, Dr. Inglis introduced Ms Higdon who presented a report which sough endorsement of the actions achieved to meet the aims of the Strategy.

(see annexed)

The Director of Public Health, Dr Inglis said that she was pleased to announce that she, and Walsall Healthcare Trust, had been invited to the LGA conference to talk about the Walsall approach to Teenage Pregnancy.

Members thanked Ms Higdon for her work.

It was **Moved** by the Chair, duly **seconded** and:

Resolved

1) That members endorse the actions achieved and planned to meet Teenage Pregnancy Prevention and Reduction Strategy ambitions and support the work undertaken by the multi-agency strategy delivery group, to secure better outcomes for young people in Walsall.

2) That the Walsall Health and Wellbeing Board (HWBB) continues to provide overall governance for the Teenage Pregnancy Prevention and Reduction Strategy, with Walsall Together's Clinical Professional Leadership Group overseeing the partnership activity on a six-monthly basis.

3) That the HWBB oversight role includes the expectation that the Chair of the multi-agency strategy delivery group feeds back the progress, impact and achievements of the Teenage Pregnancy Prevention and Reduction Strategy to HWBB annually.

4) That partners on the HWBB put actions in place in their own place of work to contribute to raising young person aspiration and opportunity and reduce teenage pregnancy.

103 **Healthwatch Walsall Annual Report**

The Chair of Healthwatch Walsall, Mr Nicklin presented a report which updated on the progress of Healthwatch Walsall's work programme for 2024/25

(see annexed)

At this point, Councillor Rasab returned to the meeting.

Councillor Rasab in the Chair

In presenting the report, Mr Nicklin was pleased to report that its recent public meeting had been the best ever attended by the public. He said that the priorities of the public had been gathered at the event and had been published on the Healthwatch Walsall website. In addition, Mr Nicklin said that three of those priorities had been chosen to focus on and these were: Access to GP appointments; Mental Health first point of contact; and access to social care assessments.

The Children's Services Director, Ms Vanderheeren, commended Healthwatch Walsall for their work with young carers and suggested that this should be extended to wider unmet needs and not just social care.

Mr Nicklin was thanked for his report and it was:

Resolved by consensus

That the progress in delivering the Healthwatch Walsall work programme be noted.

104 **Family Hubs**

The Director, Children's Services, Ms I. Vanderheeren presented a report which provided a progress update of key developments, outcomes and highlights of Walsall Family Hubs Programme 22-23 to 24-25 and which provided reassurance around planning for sustainability beyond the DFE agreed funding.

(see annexed)

In response to a question regarding the difference between this approach and the previous Sure start and Children's centres approach, Ms Vanderheeren explained that the previous approaches concentrated on a younger cohort of 0-5yr olds whereas the family centres delivered support up to 19yrs through co-ordinated services providing a suite of parenting skills enabling longer term support whilst maximising resources.

Resolved by consensus:

That the progress made be acknowledged and that the recommendations and the plan for sustainability beyond the programme funding (31/3/26) be supported.

105 **Work Programme**

The work programme was submitted and noted.

106 **Date of next meeting**

It was noted that the draft date scheduled was 12 June 2025 however, this was to be confirmed at the Annual Council meeting at the end of May.

At this point, Councillor Rasab thanked everyone for their contribution and support to himself and the Board over the past year.

The meeting terminated at 6.59 p.m.

Chair:

Date: