

Health and Wellbeing Board

Monday 9 September 2013 at 6.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor Z. Ali (Chair)
Councillor R. Andrew
Councillor R. Burley
Councillor D. James
Councillor P. Lane
Councillor D.A Shires
Councillor P.E. Smith
Mr. J. Bolton, Interim Director Adult Services
Ms. R. Collinson, Interim Director Children's Services
Dr. A. Gill]
Dr. D. Nair] Clinical Commissioning
Dr. Mohan] Group representatives
Dr. A. Suri]
MS. S. Ali]
Ms. D. Lytton, Healthwatch representative

In attendance: Ms. F. Baillie, NHS England
Ms. C. Boneham, Inequalities and Wellbeing Programme Manager

44/13 Apologies

Apologies for non-attendance were submitted on behalf of Mr. J. Morris and Dr. I. Gillis.

Dr. Gillis: The Board noted that Dr. Gill has submitted her apologies due to a family bereavement. The Board asked for their condolences to be sent to her and her family.

45/13 Minutes

Resolved

That the minutes of the meeting held on 22 July 2013 copies having been sent to each member of the Board be approved and signed as a correct record.

46/13 Declarations of interest

There were no declarations of interest.

47/13 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

48/13 **Late item**

At this point in the meeting Ms. S. Ali requested that the following item of business be considered:

The NHS belongs to the people: A call for action” – consultation document

The Chairman agreed to the item, however, in doing so he reminded everyone that late items of business were accepted in exceptional circumstances only and particularly those that were tabled. The late item of business would be dealt with at the end of the agenda.

49/13 **NHS health checks**

In attendance: Mrs. N. Chauhan-Lall
 Dr. P. Myers

Mrs. Chauhan-Lall and Dr. Myers gave a presentation which explained health checks in general, what was provided locally and issues affecting local delivery. Mrs. Chauhan-Lall highlighted the fact that Walsall was ranked 3rd in the West Midlands and 15th nationally for the number of health checks carried out. The Chairman thanked the presenters and asked what the Board could do to assist in promoting the availability and benefits of health checks.

A lengthy discussion took place on the possibilities around promotion bearing in mind that there was no current national programme, the available resources were limited, and the need to focus attention on hard to reach and high risk groups. The Healthwatch representative, Ms. Lytton, was keen to help in a joined up approach and offered to meet public health colleagues separately to progress this.

In response to questions from the Board in respect of drop out rates and measuring outcomes, Dr. Myers explained the methods of obtaining evidence, however, she said that the data would be more robust in the next couple of years which would inform future programmes.

It was noted that it was intended to offer health checks to Council staff and that this had been commissioned.

During the debate a number of actions were agreed and it was:

Resolved

- (1) That a joint letter be sent to the Secretary of State from the Clinical Commissioning Group and Director of Public Health requesting a national promotion of the availability and benefits of health checks; and that the Chairman highlights this at a forthcoming meeting of the Chairs of Health and Wellbeing Boards nationally and the Secretary of State.
- (2) That the Local Government Association be urged to also press for a national promotion of health checks on behalf of all local authorities.
- (3) That the Executive Director, Social Care and Inclusion work with public health colleagues on measures around performance.
- (4) That the Executive Director, Children's Services seek advice from legal services in respect of the possibility of introducing a by-law to require children to be vaccinated before starting school and inform the Chairman accordingly.

50/13 Housing and health

In attendance: Mr. N. Hollyhead, Walsall Council Housing Strategy
 Ms. A. Potts, Walsall Council Housing Strategy

Mr. Hollyhead circulated and presented a paper which provided an outline of the strategic links between housing and health:

(see annexed)

Mr. Hollyhead and Ms. Potts responded to questions and points of clarification in respect of working with other partners; the likely health impact of recent welfare reforms especially in relation to "bedroom tax"; support for the homeless in relation to their housing and health needs; and tackling poor quality rented housing both in the private sector and with social landlords, and the consequent effect on the health of their tenants.

The Chairman thanked Mr. Hollyhead and Ms. Potts and it was:

Resolved

- (1) That the Walsall Housing Partnership be advised of the Board's concern in respect of the length of time taken by Registered Social Landlords to undertake essential repairs and maintenance to their properties which could impact on the health of tenants.
- (2) That Board members be provided with contact details for private sector landlords where concerns similar to (1) above could be directed.
- (3) That a briefing note from the Council's housing strategy team in respect of provision of support for rough sleepers in Walsall be circulated to Board members.

51/13 Request for membership of the Board

The Board received a request from the Walsall Housing Partnership which was briefly discussed:

(see annexed)]

Resolved

That the request by Walsall Housing Partnership for membership of the Board be noted and considered further when the membership is reviewed for the next municipal year and that in the meantime, existing arrangements for engaging the partnership be used.

52/13 Review of Clinical Commissioning Group plans against Health and Wellbeing Strategy

Ms. Ali presented the report sought to demonstrate that the Clinical Commissioning Group had taken into account the Health and Wellbeing Strategy and to show high level progress:

(see annexed)

A lengthy discussion took place during which time, the following points were made:

- The role of the Health and Wellbeing Board was to look at how it could get assurances that the plans were making progress on its strategy and actions rather than detailed performance management.
- The Clinical Commissioning Group would be held to account by NHS England who would ensure, through quarterly reviews, that progress was made on improving outcomes.
- Details of public health commissioning contracts had previously been considered by the Board and would be reviewed after 12 months.
- The responsibility for provision and commissioning of primary care was with Public Health England. However, the funding for properties and consequently GP accommodation had not yet been released.
- It was too early to measure progress in an effective way, however, proxy measures could be used to help track progress and provide some early assurances.
- The self assessments templates should be amended to include reference to timescales for each section in order to see when outcomes were expected.

- There should be more emphasis on managing risks and outcomes rather than process.

During the ensuring debate, Mr. Bolton pointed out that the Board had not yet had an overview paper of monies spent by respective partners on matters attributed to the Board. This was important to set the spending scene and inform priorities, bearing in mind the diminishing resource in the future. The Board supported the need for this submission.

Ms. Ali mentioned that there was a core officer group which had been established to support the work of the Board and she would raise the comments of the Board at that group.

It was **moved** by Councillor Smith, duly seconded and:

Resolved

- (1) That the Health and Wellbeing Board notes the attached self-assessment reviews under by the Clinical Commissioning Group.
- (2) That the Health and Wellbeing Board agrees that the commissioning plans of the Walsall Clinical Commissioning Group have taken proper account of the Joint Health and Wellbeing Strategy.

At this point in the meeting the time being 8.55 p.m. it was **moved** by the Chairman, duly seconded and:

Resolved

That Council procedure rules be suspended to enable the business of the meeting to be completed.

53//13 Review of Public health plans against the Health and Wellbeing Strategy

The Health and Wellbeing Board Programme Manager, Ms. Boneham presented a report sought to show how public health delivery plans contribute to the Health and Wellbeing Strategy and progress:

(see annexed)

The plans were discussed and it was:

Resolved

- (1) That the Health and Wellbeing Board notes the paper and appendices and agrees that public health have taken proper account of the Joint Health and Wellbeing Strategy in their delivery plans.
- (2) That the Health and Wellbeing Board notes what progress has been made to date against the public health outcomes.

54/13 **Health and Wellbeing development**

The Health and Wellbeing Board Programme Manager, Ms. Boneham presented a report which sought views on options for assessing Health and Wellbeing Board progress:

(see annexed)

The Board discussed the options and it was:

Resolved

- (1) That the Health and Wellbeing Board undertakes a collective assessment, amongst partners on the Board, of how the Board is progressing.
- (2) That the assessment take place on a whole afternoon with an external facilitator as soon as possible.
- (3) That a questionnaire be sent to individual Board members in advance in order for them to provide their individual views so that the agenda for the sessions can be informed and shaped accordingly.

55/13 **Health and Wellbeing Board work programme**

The work progress was submitted:

(see annexed)

Resolved

That the work programme be noted.

56/13 **Late item: The NHS belongs to the people: A call for action” – consultation document**

A report was submitted:

(see annexed)

Reason for urgency: The window of opportunity in which to undertake engagement was very tight i.e. September to December. The view of the Board on whether to engage in the process was needed urgently in order to enable sufficient time for this.

Ms. Salma Ali, presented the report and asked members for at least in principle support for the programme of engagement.

The Board discussed the report during which time, Ms. Ali and Ms. Baillie, NHS England clarified that the purpose of the consultation was not to ask the public what the money should be spent on but was about having a conversation with the public about their values and the current NHS values and principles to agree that they were the same. This was to ensure that those principles were delivered in the future against pressures of demand and associated costs.

Other Board members were concerned that there were a number of other public engagement and consultation processes being undertaken by partners and elsewhere. Ms. Ali confirmed that the Board would not be signing up to a specific event and asked whether the Board could give in principle agreement i.e. was there a willingness to explore joint conversations and to provide a report to the next meeting with something more tangible.

The general view of Board members was that they could not agree to participate at this stage as the Health and Wellbeing Board did not have its own engagement strategy in place.

The Chairman summed up and suggested a way forward which was agreed by consensus and the following decision was made:

Resolved

That the Board acknowledges that consultation with the public on public health issues is important, however, the Board considers that it is also important to have its own partnership engagement strategy in place and that any consultation should be on a "Walsall" template not a national one.

57/13 Date of next meeting

The next meeting to be held on 21 October 2013.

The meeting terminated at 9.40 p.m.

Chairman:

Date: