



Walsall Council

Health and Wellbeing Board

Monday 22 June 2015 at 6.00 p.m.

in a Conference Room, Council House, Walsall

Membership:

Councillor R. Martin (Chair)
Councillor M. Arif
Councillor A. Ditta
Councillor Hughes
Councillor C. Jones
Councillor I. Robertson
Councillor I. Shires
Councillor P. Smith
Mr. K. Skerman, Interim Executive Director Adult Services
Mr. D. Haley, Director Children's Services
Dr. B. Watt, Director of Public Health
Dr. A. Gill]
Dr. R. Mohan] Clinical Commissioning
Dr. A. Suri] Group representatives
Ms. S. Ali]
1 vacancy]
Healthwatch representative
Ms. F. Baillie, NHS England

Quorum: 6 members of the Board

Memorandum of co-operation and principles of decision-making

The Health and Wellbeing Board will make decisions in respect of joined up commissioning across the National Health Service, social care and public health and other services that are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the population of the Borough, and better quality of care for all patients and care users, whilst ensuring better value in utilising public and private resources.

The board will provide a key form of public accountability for the national health service, public health, social care for adults and children, and other commissioned services that the health and wellbeing board agrees are directly related to health and wellbeing.

The Board will engage effectively with local people and neighbourhoods as part of its decision-making function.

All Board members will be subject to the code of conduct as adopted by the Council, and they must have regard to the code of conduct in their decision-making function. In addition to any code of conduct that applies to them as part of their employment or membership of a professional body. All members of the board should also have regard to the Nolan principles as they affect standards in public life.

All members of the board should have regard to whether or not they should declare an interest in an item being determined by the board, especially where such interest is a pecuniary interest, which an ordinary objective member of the public would consider it improper for the member of the board to vote on, or express an opinion, on such an item.

All members of the board should approach decision-making with an open mind, and avoid predetermining any decision that may come before the health and wellbeing board.

Agenda

1. Apologies
2. Appointment of Vice-Chair (to be a member of the CCG)
3. Minutes – 27 April 2015
 - Enclosed
4. Declarations of interest
5. **Local Government (Access to Information) Act, 1985 (as amended):**
To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda.
6. Better Care Fund – Report of Head of Joint Commissioning Unit enclosed
7. Children’s dashboard – Report of Executive Director, Children’s services -
To follow
8. Task and finish groups:
 - (a) **2014/15** - Reports enclosed:
 - (i) Action plan – alcohol
 - (ii) Action plan – healthy weight
 - (b) **2015/16** – Report enclosed:
Infant mortality - presentation
9. Update on Strategic Transformation – Report of Clinical Commissioning Group
Strategic Leader to follow
10. Strengthening the Health and Wellbeing Board – report enclosed
11. Work programme enclosed

12. Communications
 - To identify 3 key messages from the Health and Wellbeing Board
13. Stock take of Health and Wellbeing priorities across the region – headlines – Report for information
14. **Date and time of next meeting – 7 September 2015**

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