

## Health and Wellbeing Board

Monday 3 March 2014 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 J. Fitzpatrick  
Councillor D. James  
Councillor D.A Shires  
Mr. J. Morris, Executive Director Neighbourhoods  
Mr. K. Skerman, Interim Director Adult Services  
Ms. R. Collinson, Interim Director Children's Services  
Dr. I. Gillis, Director of Public Health  
Dr. A. Gill ]  
Dr. D. Nair ] Clinical Commissioning  
Dr. R. Mohan ] Group representatives  
Dr. A. Suri ]  
Ms. S. Ali ]  
Ms. D. Lytton, Healthwatch representative

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

### 92/14 Apologies

Apologies for non-attendance were submitted on behalf of Councillor P. Lane and Ms. F. Baillie.

### 93/14 Substitution

Councillor J. Fitzpatrick substituted for Councillor P. Lane.

### 94/14 Minutes

#### Resolved

That the minutes of the meeting held on 20 January 2014 copies having been sent to each member of the Board be approved and signed as a correct record.

#### **95/14 Declarations of interest**

There were no declarations of interest.

#### **96/14 Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

#### **97/14 Presentation: Benefits of Community Healthcare Clinicians in Walsall**

The following persons attended and gave a presentation which advised of, and sought support for, a training programme for local unemployed people to become Health Technicians:

Dr. Murli Sinha, GHC; Mr. Zulfigar Khan, GHC; and Mrs. Sharon Welch, A4e

(see presentation slides annexed)

The Board discussed the presentation and asked the presenters a number of questions in respect of the employment status of the proposed technicians, the method to evaluate the impact and outcomes, evidence of sustainability of the programme and avoiding duplication of a range of work by other organisations already in place in the community. In responding to those questions, Mr Khan explained that the company was working with Public Health in Birmingham on the early stages of a pilot in the Aston area and therefore an impact evaluation was not yet available. He also confirmed that the pilot was designed to supplement the existing initiatives in the community. Mr Sinha explained the various ways in which the technicians could be employed but suggested that this would ordinarily be through agencies.

The Chair expressed his support for the proposal and at this point, invited Councillor A. Andrew as Cabinet portfolio holder for Regeneration, to give his views on the presentation in respect of the employment agenda. Councillor A. Andrew said that he considered that the proposal was worth exploring in more detail in relation to the potential as a job creation scheme and offered to take this forward within his portfolio work.

A further short discussion took place following which the Chairman requested that the Council's Regeneration and Public Health Services, together with relevant Cabinet portfolio holders, provide a report to the Health and Wellbeing Board which suggests a working model, bearing in mind the assessment of impact.

## 98/14 **Late item**

The Chairman introduced the following late item which had been submitted by Mr. K. Skerman Interim Director Adult Services which would be taken at the end of the agenda:

- Sign off arrangements for next version of the Better Care Fund plan

## 99/14 **Review of progress on action plans for Joint Health and Wellbeing Strategy recommendations**

The Director of Public Health, Dr. I. Gillis, presented a report setting out progress on the agreed action plans for the recommendations within the Joint Health and Wellbeing Strategy:

(see annexed)

A lengthy discussion took place on the Action Plans during which time the following specific comments were made:

Recommendation 8: current consultation is on Child Poverty but should be “family” poverty – one of the 8 priorities in the Children and Young Peoples Plan.

Recommendation 9: The Cabinet was currently looking at reviewing the support given by the Council to the Community and Voluntary sector to assess the impact of the sector towards the agreed priorities of the council and its partners and to provide better linkages.

Recommendation 10: The Council was experimenting with an asset based approach to community engagement and the learning from this would be worth sharing in order to help inform the Health and Wellbeing Strategy. Jamie Morris would arrange for a report on this to the next meeting. It was suggested that the board could usefully look at some tools and mechanisms to evaluate the action plans and to explore how the board could help to capacity build local communities.

Recommendation 15: There were a number of initiatives in relation to children and Young people’s emotional wellbeing however, there was still some more work to be done around young people with behavioural difficulties.

Children and Young Peoples Services to look at a Walsall version of the ‘healthy schools’ programme.

The school nursing service for 15-19 year olds was to be retendered in the next financial year. The service specification and outcomes required was being reviewed.

At this point, the Chairman raised two issues which he considered to be relevant to the discussion:

Provision of Community facilities at Academy schools: Councillor Ali commented that a number of Academy sponsored schools were ending their provision of community facilities which he felt would have an adverse impact health locally. Rose Collinson said that this would need to be raised with governors and academy sponsors. On behalf of the Board, Ms Collinson undertook to arrange a meeting with relevant governing bodies to include herself, the Chairman and Cath Boneham, the Health and Wellbeing Programme Manager.

Public Health Charter: Councillor Ali said that he was keen to look at how public health initiatives could be maximised at schools and how the Council could continue to influence this. It was suggested that the Head Teachers Forums could be used to raise this.

Councillor Ali asked for progress reports to be provided to him on the two issues raised above.

Recommendation 16: The Board was keen to ensure that there was focus on the preventative side of reasons for readmissions to hospital and ensuring that those persons being discharged were returned home safely with adequate protection and support for carers. It was noted that the CCG was looking at the readmission rates to hospital which was a complex and challenging agenda and a diagnostic on this was about to conclude.

### **Resolved**

That the progress to date on the actions for the recommendations in the Joint Health and Wellbeing Strategy be noted.

## **100/14 Development of an urgent and emergency care strategy for Walsall**

Ms. S. Ali, Clinical Commissioning Group introduced Ms. Roxanna Rhodri who presented a report which updated on progress on the development of an urgent and emergency care strategy for Walsall: Ms. Rhodri also circulated the options appraisal tool for consideration:

(see annexed)

The Board noted that the listening exercise had generated a “long-list” of options which had been reported to the GP Locality Board. In response to a question from Councillor Burley about the “end date” for this review, Ms. Rhodri explained that this would depend upon the option selected.

Members considered that the options should have been included in the report to help inform them to assess the robustness of the process.

### **Resolved**

- (1) To note the outcomes of the urgent care review as set out in Appendix 1 to the report.

- (2) To note that the long-list of strategic options for the future of the urgent and emergency care provisions have been tested with the GP Locality Boards and stakeholders at the Joint Urgent Care Working Group during February 2014 to ensure that no options have been missed.
- (3) That the long-list of strategic options be circulated to Board members and that Ms. S. Ali provide a presentation to the Board on how the end option was chosen.
- (4) That the options appraisal and methodology be supported.
- (5) That Ms. S. Ali be requested to look into the demographic breakdown of the respondents.
- (6) That the urgent care system in its entirety be included as part of the Board Development Programme.

#### **101/14 Enforcement of legislation relating to the sale of aged restricted products**

Mr. J. Morris, Executive Director Neighbourhoods, introduced Ms. L. Boothman, Regulatory Services Manager who presented a report which set out work undertaken to tackle the sale of alcohol to persons under the age of 18 and which also referred to the underage sale of tobacco:

(see annexed)

The Board discussed the report during which time it was noted that new restrictions on the sale of e-cigarettes and on proxy sale of cigarettes would come into force in October. Ms. Boothman also responded to questions in relation to the Council's pastoral care leads in schools and explained that officers used to deliver assemblies, however, schools were latterly reluctant to provide for this.

#### **Resolved**

- (1) That the report be noted and that continuation of work in this field be supported.
- (2) That information in respect of the new legislation on the sales of e-cigarettes and proxy sales be circulated to Board members.

#### **102/14 Walsall draft strategy and operating plan**

Ms. S. Ali, Clinical Commissioning Group presented a report which summarised national priorities for the NHS, including the requirement for the Clinical Commissioning Group to develop a 5 year strategy and a 2 year operating plan:

(see annexed)

The Board discussed the timing of the plan, its links to other plans and related refresh timetables, in order to provide for consistency during which time the Interim Executive Director Adult Services, Mr. Skerman explained that national guidance provided for three simultaneous plans i.e. the Better Care Fund plan, the Clinical Commissioning Group 2 year plan which needed to be in final form by April, and the Clinical Commissioning Group draft 5 year plan. He suggested that short term alignments could be made via the better care process.

The Director of Public Health, Dr. Gillis advised that the refresh of the Joint Strategic Needs Assessment was an iterative process. She added that a recent refresh of this had provided the basis for changes to the Joint Health and Wellbeing Strategy both of which had taken on a “whole life” approach which she suggested that Ms. Ali may wish to reflect in the CCG plan. On the content of the CCG plan members also suggested that “giving every child the best start in life” could be made more explicit in order not to lose focus on children; and that the adult social care business newly included in the JSNA should also have more visibility.

In respect of timetabling, the Board recognised that not everyone would have an ideal content and the timescales, however, this was mitigated by the system of analysis and challenge which was also in place.

### **Resolved**

That the Board is assured that the draft Clinical Commissioning Group strategic direction and draft operating plan as summarised in the report aligns to the Health and Wellbeing Strategy and priorities.

### **103/14 Development session 9 January 2014 feedback**

Dr. I. Gillis, Director of Public Health, presented the report which set out an evaluation and feedback from the development session held on 9 January 2014:

(see annexed)

### **Resolved**

- (1) That the vision statement shown in Appendix 2 be adopted by the Health and Wellbeing Board, subject to improved graphics.
- (2) That the feedback report be agreed and that the recommendations therein be integrated into Health and Wellbeing Board meetings.
- (3) That the following members be nominated to work with Council officers and partners to take a cross-sectional look at what was happening “on the ground” as described in the report.

Healthy eating – Councillor Z. Ali  
Alcohol – Councillor P. Lane

At this point in the meeting the time being 8.50 p.m., it was **moved** by Councillor D. Shires, duly seconded and:

**Resolved**

That Council procedure rules be suspended to enable the completion of the business on the agenda.

**104/14 Visit by Duncan Selbie**

Dr. I. Gillis, Director of Public Health, presented a report informing that Duncan Selbie, Chief Executive of Public Health England intended to visit Walsall on Monday 14 July 2014:

(see annexed)

**Resolved**

That the report be noted.

**105/14 Health and Wellbeing Board work programme 2013/14**

The programme was submitted:

(see annexed)

**Resolved**

That the work programme be noted.

**106/14 Late item – Sign off arrangements for next version of the Better Care Fund plan**

The Interim Director Adult Services, Mr K. Skerman, presented a report which set out arrangements for the sign off of the final version of the Better Care Fund plan in time for the deadline of 4 April 2014:

(see annexed)

Reason for urgency: The final version of the plan was required to be submitted prior to the next meeting of the Board.

Mr. Skerman advised the Board that Walsall had been rated as an amber in the assurance process and he was keen to ensure that the Board was fully briefed on the approval process for the fund plan.

## **Resolved**

- (1) That the Chairman of the Health and Wellbeing Board sign off the Better Care Fund on behalf of the Health and Wellbeing Board.
- (2) That it be noted that the Interim Executive Director for Adult Social Care will sign of the Better Care Fund plan on behalf of Walsall Council.
- (3) That it be noted that the Accountable Officer of the Clinical Commissioning Group is authorised to sign off the Better Care Fund plan on behalf of Walsall Clinical Commissioning Group.

## **107/14 Date of next meeting**

The next meeting to be held on 28 April 2014 at 6.00 p.m.

The meeting terminated at 9.05 p.m.

Chairman:

Date: