

## Health and Wellbeing Board

**Monday 21 October 2013 at 6.00 p.m.**

**in a Conference Room at the Council House, Walsall**

**Present:** Councillor Z. Ali (Chair)  
Councillor R. Burley  
Councillor D. James  
Councillor P. Lane  
Councillor D.A Shires  
Councillor P.E. Smith  
Mr. J. Morris, Executive Director, Neighbourhoods  
Mr. J. Bolton, Interim Director Adult Services  
Ms. R. Collinson, Interim Director Children's Services  
Dr. I. Gillis, Director of Public Health  
Dr. D. Nair ]  
Dr. R. Mohan ] Clinical Commissioning  
Dr. A. Suri ] Group representatives  
Ms. S. Ali ]  
Ms. D. Lytton, Healthwatch representative  
Ms. F. Baillie, NHS England

### 58/13 **Apologies**

Apologies for non-attendance were submitted on behalf of Councillor R. Andrew and Dr. A. Gill.

### 59/13 **Minutes**

#### **Resolved**

That the minutes of the meeting held on 9 September 2013 copies having been sent to each member of the Board be approved and signed as a correct record.

In approving the minutes, Ms Ali clarified minute number 56/13 in that the consultation with the public would be on the NHS issues as a whole. The Chairman asked for a progress report to the next meeting.

### 60/13 **Declarations of interest**

There were no declarations of interest.

### 61/13 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

## 62/13 **Joint Strategic Needs Assessment 2013 and Health and Wellbeing Strategy**

The Director of Public Health, Dr. Gillis presented the report which set out progress on the refresh of the Joint Strategic Needs Assessment and update of the Health and Wellbeing Strategy recommendations 2014/15:

(see annexed)

In response to questions from members in respect of opportunities in the JSNA to look at the potential impact of recent government welfare reforms, Dr. Gillis said that the impact on residents of the changes would put greater pressure on public services and so she had already had conversations about how the JSNA, the Health and Wellbeing Strategy and the Board addressed this, being realistic about the indicators and what could be achieved. However, she agreed to look into providing some “proxies” to measure whether there was a disproportionate impact in Walsall. It was also suggested that one of the proxies should be around mental health.

Further discussion took place on the challenges for service provision with diminished resources and how this was reflected in the Health and Wellbeing Strategy going forward.

### **Resolved**

- (1) That the emerging intelligence, themes and priority areas coming out of the Walsall Joint Strategic Needs Assessment refresh be noted. (Appendices 2 and 3)
- (2) That the process for reviewing the Health and Wellbeing Strategy recommendations for year 2 (2014/15) based on (1) above be noted.
- (3) That the next steps of the Joint Strategic Needs Assessment/Health and Wellbeing Strategy review process be noted, particularly the development of an interactive Walsall JSNA website.

## 63/13 **Communication and engagement**

### (a) **Health and Wellbeing Board**

The Director of Public Health, Dr. Gillis presented the report which described the infrastructure for the development of shared communication and engagement strategies:

(see annexed)

It was noted that the proposed strategies were for the Health and Wellbeing Board as a partnership and would link to partners' individual strategies, other external arrangements and existing thematic groups in order to best utilise engagement channels.

## **Resolved**

That the infrastructure described in the report be noted and that the process described is acceptable for development of a shared Communication and Engagement Strategy as well as two actions plans for the Health and Wellbeing Board, one for communication and the other for engagement.

### **(b) Healthwatch**

Ms. D. Lytton, Healthwatch representative presented the report which contained the Healthwatch Community, Engagement and Marketing Strategy 2013/14:

(see annexed)

Ms. Lytton confirmed that the strategy was a working document and consultation was currently ongoing including via the Healthwatch website and face to face communications. In addition an open day was planned for 18 November.

The Board discussed the strategy and were satisfied with the progress made. The Chairman urged partners on the Board to assist in promoting the strategy and raising the profile of Healthwatch.

## **Resolved**

That the content of the strategy be noted.

### **64/13 An asset based approach to health and wellbeing**

The Executive Director, Neighbourhoods, Mr. Morris presented the report which provided progress regarding developing an asset based approach to health and wellbeing:

(see annexed)

Members discussed and supported the approach which was designed to complement the Joint Health and Wellbeing Strategy. However, it was considered that the report should reflect that some Area Partnerships had a lower "asset base" than others.

During the discussion it was noted that all areas had a health priority which specifically targeted local needs. Social inclusion was being dealt with in a different way as there needed to be a more focussed system to raise awareness.

Members noted the progress of the community hub pilot in Blakenall which used the area profile as a driver to target activities.

## **Resolved**

That the progress made regarding developing an assets based approach to health and wellbeing be noted.

### **65/13 Review of children's services budget plans against the Health and Wellbeing Strategy**

The Interim Director, Children's Services, Ms. Collinson presented the report with regard to the review of children's services budget plans against the health and wellbeing strategy:

(see annexed)

Ms. Collinson explained the priorities in the children's and young peoples plan which was due to be submitted to Council for approval shortly. She responded to questions and points of clarification particularly around the allocation of resources and examples of support for the 1 year to 3 year age group. She explained that as the spend was tied up with the Clinical Commissioning Group and public health budgets, this would be a difficult piece of work to identify.

In response to questions on the effect of the Council's budget proposals currently out for consultation, Mr. Morris pointed out that the Board should be looking at decisions on current budgets rather than the potential effects of future budgets as no decisions had yet been made. Should budgets change then revised plans would be submitted to the Board accordingly.

Members supported the direction of travel, however, they were keen to see further information on disaggregated budgets.

#### **Resolved**

- (1) That the review set out in the report undertaken by children's services and overall assessment of progress to date be noted.
- (2) That the Health and Wellbeing Board agrees that children's services have taken proper account of the Health and Wellbeing Strategy in their budget plans and resource allocation.
- (3) That it be noted that identifying Clinical Commissioning Group and public health budgets for children and young people requires further work to "unpack" actual spend on children and young people across the wide partnership.

### **66/13 Walsall health and social care integration**

The Interim Director for Adult Services, Mr. Bolton and Ms. S. Ali, Clinical Commissioning Group representative presented the report which updated on the development of the Walsall Health and Social Care integration work:

(see annexed)

Mr. Bolton and Ms. Ali responded to questions from members particularly around capacity and the involvement of third sector organisations, during which time it was noted that consideration had been given to the representations of the third sector on the Integration Board, however, it was decided that in the initial stages, relationships with this sector could be developed outside the board. Ms. Ali confirmed that membership of the Integration Board would be kept under review.

**Resolved**

That progress being made to identify any key issues be noted and that progress reports be submitted to the Board periodically as appropriate.

**67/13 NHS funding transfer 2013/14**

The Interim Director for Adult Services, Mr. Bolton presented the report which described the process required to approve funding that transfers from the NHS to the Council under the Health Act 1999:

(see annexed)

**Resolved**

That the allocation of funding for 2013/14 be approved.

**68/13 Health and Wellbeing Board work programme**

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

Ms. Boneham presented the Health and Wellbeing Board work programme:

(see annexed)

She informed the Board that the development session would form three phases. Firstly a questionnaire which would be circulated by e-mail within the next 2 weeks followed by a working group to take the results and shape the development session. The session itself would be held on Thursday 9 January 2014 1.00 p.m. to 5.00 p.m.

**Resolved**

- (1) That the work programme be noted.
- (2) That the following board members form the working group:
  - Dr. I. Gillis
  - Ms. S. Ali
  - Dr. A. Gill
  - Ms. F. Baillie

69/13 **Date of next meeting**

The next meeting to be held on 9 December 2013

The meeting terminated at 8.25 p.m.

Chairman:

Date: