

Health and Wellbeing Board

Monday 15 April 2013 at 1.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor Z. Ali (Chair)
Councillor R. Andrew
Councillor D. James
Councillor P. Lane
Councillor E. Russell
Councillor D.A. Shires
Councillor P.E. Smith
Mr. J. Morris, Executive Director, Neighbourhoods
Ms. R. Collinson, Interim Director Children's Services
Mr. J. Bolton, Interim Executive Director Adult Services
Dr. I. Gillis, Director of Public Health
Dr. A. Gill]
Dr. D. Nair] Clinical Commissioning
Dr. A. Benjamin (sub)] Group representatives
Dr. A Suri]
Ms. S. Ali]

In attendance: Fay Ballie, NHS England
Carl Rice] Healthwatch
Rupy Pandaal] representatives
Richard Pryzbilko]

1/13 **Welcome and introductions**

The Chairman welcomed everyone to the first meeting of the Health and Wellbeing Board as a statutory Committee of the Council and introductions took place.

2/13 **Apologies**

Apologies for non-attendance were submitted on behalf of Dr. R. Mohan (Clinical Commissioning Group representative).

3/13 **Declarations of interest**

There were no declarations of interest.

4/13 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

5/13 Minutes of the Shadow Board

The minutes of the Shadow Board were submitted for information and for the purpose of continuity:

(see annexed)

Resolved

That the minutes be noted.

6/13 Sustainable Community Strategy

The strategy as approved by Council was submitted:

(see annexed)

Jamie Morris explained the background to and purpose of the strategy which was essentially that the local authority had a statutory obligation to produce an overriding plan for how the local authority and its partners identified and dealt with priorities facing the area. He explained the relevance of the board in that the board would be responsible for the improving health priority and to deliver this through the Joint Health and Wellbeing Strategy.

The board discussed the implications for the board and how the various strategies of the Council and its partner organisations needed to connect. The Chairman confirmed that the final draft Joint Health and Wellbeing Strategy would be submitted to the next meeting of the board when further discussion could take place on this.

Resolved

That the Sustainable Community Strategy be noted.

7/13 Local Healthwatch

Healthwatch representatives: Carl Rice
Rupy Pandaal
Richard Pryzbilko

The Healthwatch representatives presented a paper which explained how the local Healthwatch would engage with local people; and the organisational structure of the local Healthwatch:

(see annexed)

The Board discussed the content of the paper and asked questions of the Healthwatch representatives on a number of issues around their proposed activities. During the discussion:

- Suggestions were made to avoid duplication of work, for example, joint consultation events with Clinical Commissioning Groups and Area Partnerships.
- Reassurances were sought that the needs of children and young people would be recognised.
- The views of the board were expressed in respect of the evidencing work expected by local Healthwatch in order to inform strategies and their role to challenge partner organisations based on the evidence.
- The board commented on the need to demarcate responsibilities of the Health and Wellbeing Board, Clinical Commissioning Group and Healthwatch in relation to engagement strategies. The board members were keen to see how they could help and encourage Healthwatch.
- The Healthwatch representatives explained their independent role which they expected to be collaborative but challenging. It was noted that the local Healthwatch would be developing protocols accordingly.

Resolved

That a more detailed report be submitted to the next meeting which explained the overarching engagement strategy.

8/13 Clinical Commissioning Group (CCG)

The CCG Accountable Officer, Salma Ali, presented a report which represented an overview of the CCGs communications and involvement strategy; and provided an update against the communication and involvement delivery plan:

(see annexed)

A discussion took place on the methods of engagement with users during which time comments were made about the visibility of the “your voice” events and Patient Participation Groups (PPGs) which needed improving. Ms Ali explained the background to and work of, the PPGs and that GP practices were keen to monitor the PPG feedback as it would inform their commissioning plans.

Resolved

- (1) That the report be noted.
- (2) That the Clinical Commissioning Group strategy and delivery plan for engaging with patients and communities be noted.

9/13 **Reducing infant mortality in Walsall**

The Director of Public Health, Dr, Isabel Gillis, presented a report which described the current situation in Walsall and key actions to address infant mortality:

(see annexed)

A discussion took place on the report and the infant mortality action plan appended to the report. The board made some suggestions in respect of methods which could be used to identify pockets of deprivation which included a more sophisticated use of postcodes to narrow areas down. Other suggestions were made to undertake more detailed analysis of data showing causes and how to learn from this.

Resolved

- (1) That the content of the report be noted;
- (2) That the Health and Wellbeing Board adopt the reduction of infant mortality as a key priority for the Health and Wellbeing Board.
- (3) That the infant mortality strategy and action plan be refreshed and submitted to the board.

10/13 **An asset based approach to health and wellbeing**

The Executive Director, Neighbourhoods, Jamie Morris, presented a report which provided a progress update, following the Local Government Association's report and recommendations presented to the Shadow Health and Wellbeing Board on 25 February 2013:

(see annexed)

Resolved

- (1) That the progress made regarding the recommendations proposed at the meeting of the Shadow Health and Wellbeing Board on 25 February 2013 be noted.
- (2) That the identified health priorities for each partnership be noted.
- (3) That further progress reports be submitted to the board as appropriate.

11/13 **Work programme**

It was noted that the work programme would be submitted to the special meeting of the board on 29 April 2013 to be considered at the same time as the Joint Health and Wellbeing Strategy.

12/13 Health and Wellbeing Board relationship with Scrutiny Panels

It was noted that this would be submitted to the board in the new municipal year.

13/13 Next meeting

Special meeting on 29 April 2013 at 6.00 p.m.

The meeting terminated at 3.20 p.m.

Chairman:

Date: