

Shadow Health and Wellbeing Board

Monday 25 February 2013 at 1.00 p.m.

in a Conference Room at the Council House, Walsall

Present: Councillor Zahid Ali (Chairman)
Councillor Rachel Andrew
Councillor Douglas James
Councillor Barbara McCracken
Councillor Eileen Russell
Councillor Doreen Shires
Rose Collinson, Interim Director Children's Services
John Bolton, Interim Executive Director Adult Services
Dr. Isabel Gillis, Director of Public Health
Dr. Devaki Nair, Clinical Commissioning Group representative

Co-opted non-voting members Mike Abel, MY NHS representative
Salma Ali, NHS Walsall representative
William Ellens, Walsall LINK representative
Jamie Morris Executive Director Neighbourhoods

In attendance: Tina Faulkner, Communications

92/13 Apologies

Apologies for non-attendance were submitted on behalf of Dr. Amrik Gill, Dr. Rajcholan Mohan and Fay Baillie.

93/13 Announcements

The Chair welcomed John Bolton, Interim Executive Director Adult Social Care.

Congratulations were extended to Dr. Isabel Gillis who had been appointed to the permanent position of Director of Public Health.

The Chair extended his best wishes to Mike Abel, My NHS representative and Bill Ellens, LINK representative as this would be their last meeting. He recognised their good work and the contribution they had made to the Board.

94/13 Declarations of interest

There were no declarations of interest.

95/13 Minutes

Resolved

That the minutes of the meeting held on 14 January 2013 copies having been sent to each member of the Board be approved and signed as a correct record.

In agreeing the minutes, it was noted:

- A report was being prepared for Scrutiny and Performance Panels on the impact they could make on public health and the Health and Wellbeing Board and how duplication of work could be avoided.
- A report would be submitted to the next Board meeting in respect of the Clinical Commissioning Group engagement mechanisms.
- Media messages in relation to tobacco and infant mortality were deferred until after the next meeting of the Board.

96/13 Establishment of Health and Wellbeing Board

A report was submitted:

(see annexed)

A lengthy discussion took place in respect of the recommended membership, having regard to the role of the Board.

The Chairman suggested that the membership should include an independent elected member to reflect the political make-up of the Council.

The Board discussed at some length the issue of voluntary sector representation, however, it was considered that the voluntary sector was represented on the Board by way of the local Healthwatch

It was considered that the local Healthwatch representative should be invited to make a presentation to the first meeting of the Board as a statutory Committee of the Council explaining how they would engage with voluntary groups and the wider community.

In respect of the Clinical Commissioning Group membership, the Board were content with the existing numbers as this represented one member per CCG locality and the Chair of the CCG Board.

Salma Ali mentioned that there was a statutory role for the National Commissioning Board, however, this needed to be clarified.

A further period of discussion ensued in respect of the practical arrangements for future meetings following which it was:

Resolved

(1) To recommend to Council

That a Health and Wellbeing Board be established with a remit and terms of reference consistent with the current remit and terms of reference of the existing Shadow Health and Wellbeing Board as set out in the Appendix to this report and that the membership be as follows:

- Portfolio holder for Social care and health (or nominee)
- Portfolio holder for Children's services (or nominee)
- One member of the controlling group to be Chairman
- 2 Labour group nominees
- 1 Liberal Democrat group nominee
- Executive Director of Adult Social Services
- Executive Director of Children's Services
- Interim Director of Public Health
- 5 Clinical Commissioning Group representatives
- Executive Director for Neighbourhoods
- A representative of HealthWatch
- 1 independent member of the Council

(2) That meetings of the Board as a Statutory Committee of the Council remain at 1.00 p.m. for the ensuing year.

(3) That the local Healthwatch representative be invited to make a presentation to the next meeting explaining how they would engage with voluntary groups and the wider community.

97/13 Children's health outcomes

Rose Collinson gave a presentation looking at how Health and Wellbeing Boards contributed to the overall approach to improving health outcomes. She circulated a paper which provided key strategic questions and challenges for boards which had been produced by the Children and Young People's Health Outcomes Forum.

The presentation and paper from the Forum were discussed, particularly around the need to focus on well being in addition to health outcomes and the challenge to ensure a smooth transition from children's and adult services.

Resolved

(1) That Rose Collinson, Isabel Gillis and a Clinical Commissioning Group representative be tasked to broaden the scope of the work to include wellbeing outcomes and that this be submitted to the next meeting of the Board.

(2) That in the meantime, members of the Board consider the questions posed by the Children and Young People's Health Outcomes Forum.

98/13 **Shadow Health and Wellbeing Board development session – outcomes**

A transcript of the outcomes was submitted:

(see annexed)

Resolved

That the outcomes be used as a framework to inform further work of the Board and accordingly that they be incorporated into the work programme.

99/13 **An asset based approach to Health and Wellbeing**

A report was submitted:

(see annexed)

Jamie Morris presented the report which informed of the outcomes of health workshops undertaken in conjunction with Area Partnerships.

The board noted the approach taken by some Area Partnerships to focus on a particular health need and was keen to support further work to better understand the issues and scale of the challenge.

Resolved

- (1) That Area Partnerships be encouraged to focus on a particular aspect of health needs which was a priority in that area and use those exemplar case studies as shared learning.
- (2) That the Health and Wellbeing Board receive a progress report during the year.

100/13 **Draft Joint Health and Wellbeing Strategy**

A report and draft strategy were submitted:

(see annexed)

The draft strategy was discussed mainly in two parts, the consultation element and the content.

With regard to the consultation, it was noted that there had already been some consultation during the production of the strategy and the wider distribution would take place following this Board meeting. The consultation period of 4-6 weeks was considered to be realistic subject to appropriate mechanisms being in place.

It was also suggested that an executive summary or easy read be produced. The Board made suggestions on the methods of consultation and suggested that a sub-group be established to produce a consultation plan and oversee the process.

In respect of the content of the strategy, a number of suggestions were made around the focus and clarity in specific areas, including diversity; the activity of the Board; actions and realistic targets; and qualitative measures to identify outcomes/successes,

Members also commented that the opening page should reflect the local nature of the strategy produced by the local Health and Wellbeing Board for local people. It should also make clear how this fitted in the context of other strategies; the funding constraints; and have details of the Shadow Health and Wellbeing Board members.

Resolved

- (1) To agree the draft Joint Health and Wellbeing Strategy for consultation having regard to comments made.
- (2) That further individual feedback be provided to Dr. Isabel Gillis directly.
- (3) That a sub-group including the Chairman, Jamie Morris, Isabel Gillis, Clinical Commissioning Group representative and communications team be established to produce a consultation plan and oversee the process.

101/13 Public health transition

A report was submitted:

(see annexed)

It was noted that the TUPE transfer order was not now being received from the PCT until the end of March which was unsatisfactory and was being challenged bearing the mind this would only leave 2 days before the staff transferred.

Resolved

That the report be noted.

102/13 Healthwatch

A briefing paper updating on the establishment of the local Healthwatch was submitted:

(see annexed)

Resolved

That the briefing paper be noted.

103/13 National Commissioning Board – update

Deferred.

104/13 Shadow Health and Wellbeing Board work programme

The work programme was submitted:

(see annexed)

Resolved

That the work programme be noted.

105/13 Health and Wellbeing Board – readiness to go live

A paper showing the current position of the Walsall Health and Wellbeing Board against the national and local criteria was submitted and discussed:

(see annexed)

Members commented that it would be useful that in addition to the protocol with Scrutiny and Performance Panels, a diagram of who was accountable to whom be prepared.

Resolved

- (1) That the development plan include:
 - (a) a communications plan for the Board
 - (b) how to demonstrate public accountability
 - (c) annual public meetings and “question times” as a wider forum for engagement.
- (2) That a cycle of commissioning plans being submitted to the Board be produced.

106/13 Media messages arising from this meeting

- Joint Health and Wellbeing Board Strategy.
- Communications team to look at opportunities to launch the strategy once approved to maximise impact.

107/13 Date of next meeting

Monday 15 April 2013.

The meeting terminated at 3.30 p.m.