

## Health and Wellbeing Board

Tuesday 10 April 2018 at 6.00 p.m.

in a Conference Room at the Council House, Walsall

**Present:** Councillor Robertson (Chair)  
Councillor James  
Councillor Shires  
Ms. P. Furnival, Executive Director Adult Services  
Ms. S. Rowe, Executive Director, Children's Services  
Dr. B. Watt, Director of Public Health  
Dr. C. Lesshafft ]  
Dr. A. Rischie ] Clinical Commissioning  
Prof. S. Brake ] Group representatives  
Mr. M. Abel ]  
Mr. J. Taylor, Healthwatch Walsall  
Mr. A. Boys, One Walsall

### 493/18 Apologies

Apologies for non-attendance were submitted on behalf of Councillor. D. Coughlan, Councillor R. Martin, Mr. P. Tulley and Chief Supt. A. Parsons.

### 494/18 Substitutions

The Board noted the following permanent substitutions:

Mr. B. Diamond for Mr. D. Baker, West Midlands Fire Service  
Mr. J. Taylor for Mr. S. Fogell, Healthwatch Walsall

### 495/18 Minutes

#### Resolved

That the minutes of the meeting held on 12 February 2018 copies having been sent to each member of the Board be approved and signed as a correct record, subject to minute no. 488/18(b) third paragraph (Access to primary care services) being amended to read as follows and that the signed copy be amended accordingly:

"In response to a suggestion from Mr Fogell to alternatively report the work of commissioners on contracted hours, Dr. Rischie explained that getting data for contracted hours was available, but exact availability of appointments was not possible unless a national tool was developed around GP contract monitoring."

#### 496/18 **Declarations of interest**

There were no declarations of interest.

#### 497/18 **Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

#### 498/18 **Locality work structures and their role in engagement**

In attendance:        Mr. A. Griggs } Walsall NHS Healthcare Trust  
                                 Ms. K. Geffen }

A report and presentation slides were submitted which explained the current progress within the Place Based Teams and the strategy for the Multi Disciplinary Teams (MDT); and provided an update on the next steps of the case for change to build a new Integrated Health and Care Model for Walsall:

(see annexed)

Mr Griggs presented the report in relation to the Place Based Teams and Ms. Furnival outlined the second part of the presentation which was essentially about wrapping the Teams around the formal alliance. It was noted that each of the relevant governing bodies had endorsed the outline business case.

The report was discussed during which time Mr A. Boys said that he was hoping to expand 'Making Connections Walsall' to promote a social prescribing business case to secure funding to add a voluntary sector link worker to the Multi Disciplinary Teams. He added that there was commitment from Public Health and the CCG to pilot this and test the outcomes.

Mr Griggs responded to further questions during which time he assured the Board that an MDT Co-ordinator post was in place to make sure that the GP led MDT's were up and running and to make sure that data was produced to prove their effectiveness. He added however, that some of the accommodation for place based teams was not fit for purpose and that NHS England Estates team had been asked to look into this. In the meantime, Mr Griggs said that he would be pleased to receive any offers of suitable accommodation from partners on the Board.

#### **Resolved**

That the report be noted.

#### **499/18 Care Quality Commission review of mental health services for children and young people**

Prof. Simon Brake, Walsall CCG, presented a report updating the Board on the outcomes of the Care Quality Commission (CQC) inspection in Autumn 2017 which reviewed mental health services for children and young people in Walsall:

(see annexed)

Prof. Brake said that the outcome was very positive with the CQC recognising the journey of improvement and commitment from all statutory and voluntary agencies. He said that there were some areas for development as set out in the report and confirmed that waiting times around access to the Children's and Adolescent Mental Health Services (Camhs) was being addressed.

The Executive Director Children's Services, Ms. S. Rowe, commented that there was still a challenge around young children having acute episodes being placed in hospital and reiterated concerns about how the needs of young people requiring specialist mental health support were managed, Prof. Brake concurred and said that this was not ideal and needed addressing.

In response to questions from members, Prof Brake advised that 'transition' did not appear to have been part of the inspection. He added that with regard to lessons learned, this would be looked at by the Children's and Young Peoples Partnership and formed a core part of the commissioning cycle.

#### **Resolved**

- (1) That the positive Care Quality Commission findings on the review of mental health services in Walsall for children and young people be noted.
- (2) That the Board note that there are no safeguarding concerns identified by inspectors.
- (3) That the improvement in outcomes of children and young people and further areas for development be noted.

#### **500/18 Walsall children and young person's healthy weight strategy**

In attendance:

Ms. E. Higdon, Senior programme and commissioning manager, Public Health  
Dr. U. Viswanathan, Consultant Public Health

Ms Higdon and Dr. Viswanathan presented a report which updated on the progress of the refreshed strategy:

(see annexed)

The report was discussed during which time Ms Higdon confirmed that with regard to links to Localities, she had met with locality leads who had been supportive.

### **Resolved**

- (1) That Health and Wellbeing Board note the progress on the refreshed Walsall children and young person's healthy weight strategy.
- (2) To provide strategic and clear leadership acknowledging the need for a whole systems approach, involving a variety of organisations, community services and networks all operating at a range of levels collaboratively.
- (3) To note that Health and Wellbeing Board note that the final Walsall children and young person's healthy weight strategy and action plan will be presented to the Board once completed.

### **501/18 NHS Walsall Clinical Commissioning Group annual report**

Prof. S. Brake, Clinical Commissioning Group presented a report providing the Board with the opportunity to provide feedback and comment on the NHS Walsall Clinical Commissioning Group draft annual report:

(see annexed)

Prof. Brake considered that the report was compelling in relation to CCG improvement and that the NHS England Review noted excellent progress over the last year. He said that the CCG had now moved out of 'Special Measures' and out of deficit and that the position in the Sustainability and Transformation Plan (STP) had been consolidated and strengthened.

The Chairman welcomed the report and a discussion ensued. In noting the improvements, Councillor Shires expressed concern about consultation in relation to the STP and its related budget. He provided challenge to the CCG about the redesign of some services without any consultation with ward councillors as leaders of the community. Prof Brake responded to Councillor Shires and apologised on behalf of the CCG for the lack of notice to local councillors. He gave assurances that this would be taken into account in the future.

Prof Brake responded to further questions, particularly around 'bed blocking' during which time he said that a new Stroke Service was about to commence which as a consequence would mean 15-20 fewer beds occupied in Walsall.

It was suggested that the titles and description of Objectives (page 7) should more closely reflect the priorities.

## **Resolved**

- (1) That the content of the report be noted.
- (2) That any further feedback on the report be provided directly to Prof. Brake

### **502/18 Health and Wellbeing Board priorities**

#### **(a) Priority 1: Increase opportunities for take-up of volunteering and Health and Wellbeing Board obsession**

Mr. A. Boys, One Walsall, presented a report an update on One Walsall's activities in support of both the priority and Obsession around volunteering:

(see annexed)

Mr Boys commented that progress on work with regard to the obsession was worrying. He also said that he had not yet received an invitation to attend the Walsall Economic Board which was important in relation to Corporate Social Responsibility.

Members were concerned with this update and also how to capture activities which support similar aims to avoid duplication. It was suggested that the template for reports to the Board should be amended to include a heading to reflect the importance that the Board placed on this.

Mr Boys asked other Board members for clarity as to what the Board meant by 'volunteering' i.e. was it about service delivery or stronger healthier communities and whether it included civic roles such as Reserves, informal volunteering or through formal volunteering through statutory bodies.

## **Resolved**

That the report be noted.

#### **(b) Priority 2: Improve maternal and newborn health**

In attendance: Ms. E. Higdon, Senior Programme Development and Commissioning Manager  
Dr. U. Viswanathan, Consultant Public Health

Ms. E. Higdon presented a report on the Health and Wellbeing Board Priority 2 and updates relating to infant mortality rates in Walsall:

(see annexed)

Members welcomed the report and direction of travel and it was:

## Resolved

- (1) That the content of the report from the Infant Mortality Strategy Group be noted.
  - (2) That the Board supports the following overarching 3 Local Maternity Systems aims which the Walsall Infant Mortality Strategy works to and which supports actions towards improving maternal health and wellbeing and reducing infant mortality in Walsall as well as across the Black Country:
    - To tackle infant mortality
    - To deliver better births
    - To ensure sustainable healthcare services
  - (3) That the Board notes the updated partnership actions (point 4) set in place to reduce infant mortality. (Summary of strategy themes Appendix A page 7)
  - (4) That the Board notes that despite work to reduce infant mortality through all strategy group partners and increased investment, the infant mortality rate for 2016 has increased both nationally, across the West Midlands and in Walsall.
- (c) **Priority 7: Remove unwarranted variation in healthcare**  
**Priority 8: Enable those at risk of poor health to access appropriate health and care, with informed choice**  
**Priority 12: Deliver prevention and intervention through Health and care locality delivery models**  
**Task & Finish Group - Diabetes**

A report was submitted which provided progress relating to priorities 7, 8 and 12 and updated on key priority areas: stroke services, access to primary care, cancer, diabetes and locality delivery model:

(see annexed)

## Resolved

That progress made towards these priorities be noted and that the programmes of work be noted.

### (d) **Priority 10: Improve air quality**

In attendance:           John Grant, Team Leader, Pollution Control  
                                  Ms M. Beaumont, Nurse Consultant Health Protection

John presented a report providing an update on air quality issues at a national and local level:

(see annexed)

A lengthy discussion took place during which time Mr Grant and Ms. Beaumont responded to a number of questions and points of clarification on the scale of the issue locally. Members were keen to look at ways to address this and it was suggested that as the Board was committed to improving the lives of residents, it should do this by starting on its collective workforce. Council members committed to looking at this through its Cabinet structure and other members undertook to take this through their own organisations structures.

### **Resolved**

- (1) That the content of the report be noted.
- (2) That the Board support the continued PM<sub>2.5</sub> project working arrangements between Public Health Pollution Control.
- (3) That the Board support joint working with Black Country Colleagues and NO<sub>2</sub> modelling capabilities.
- (4) That Board be notified of any key developments or issues on air quality.
- (5) That Board members take the issues raised to their organisations for discussion and subsequently report back to the Health and Wellbeing Board.
- (6) That the Chair raise the matter at the Combined Authority Wellbeing Board.
- (7) That the matter be raised at Combined Authority Overview and Scrutiny level.
- (8) That the Board receive an update report before December 2018.

### **503/18 West Midlands Fire Service overview of prevention activities**

A report giving an overview of the prevention agenda within the West Midlands Fire Service's Strategic Plan was submitted:

(see annexed)

### **Resolved**

That the Health and Wellbeing Board note the activity that West Midlands Fire Service is actively engaging in, to support the Board's priorities around health.

### **504/18 Work programme 2017/18**

The work programme was submitted:

(see annexed)

Members were reminded that the next Board development session was scheduled for 19 April 2018 and would focus on the outline Business Case for Health and Care Integration.

**Resolved**

That the work programme be noted.

**505/18 Key promotional messages**

A range of activities across the Council, Public Health, Clinical Commissioning Group and the Health sector were noted.

In addition, members were advised of an event at the Manor Hospital on 3 May at which the CSE Rotherham Survivor and campaigner, Sammy Woodhouse would be giving a talk to adults at the Sister Dora Theatre. Members expressed an interest in attending this event and asked for the details to be forward to them.

**506/18 Thank you from the Chair**

Councillor Robertson took the opportunity to thank both Board members and officers for their support over the past year.

The meeting terminated at 8.20 p.m.

Chair:

Date: