

## **Health and Wellbeing Board**

**Monday 30 October 2017 at 6.00 p.m.**

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

**Present:** Councillor Robertson (Chair)  
Councillor P. Bott  
Councillor Shires  
Councillor Washbrook  
Dr. B. Watt, Director of Public Health  
Ms. P. Furnival, Executive Director, Adult Social Care  
Ms. A. Potts, Assistant Director, Children's Services  
Dr. C. Lesshafft ]  
Mr. P. Tulley ] Clinical Commissioning  
Prof. S. Brake ] Group representatives  
Mr. M. Abel ]  
Mr. S. Fogell, Healthwatch Walsall  
Mr. D. Baker, West Midlands Fire Service

### **443/17 Apologies**

Apologies for non-attendance were submitted on behalf of Councillor D. Coughlan, Councillor R. Martin, Ms. E. Ioannides, Dr. A. Rischie, Chief Supt. J. Clews and Mr. A. Boys.

### **444/17 Substitutions**

The Committee noted the following substitution for this meeting only:

Ms. A. Potts for Ms. E. Ioannides, Interim Director of Children's Services

### **445/17 Minutes**

#### **Resolved**

That the minutes of the meeting held on 21 August and 11 September 2017 copies having been sent to each member of the Board be approved and signed as correct records

### **446/17 Declarations of interest**

There were no declarations of interest.

### **447/17 Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

## 448/17 Health and Wellbeing Board priorities

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

The Public Health senior programme and commissioning manager, Children and young people, Ms E. Higdon, presented a report which updated the Board on the progress made in relation to this priority since December 2016 and related to the work of the Infant Mortality Strategy Oversight Group. She highlighted the key points in the report and commented that infant mortality had reduced in Walsall but needed to reduce further to reach national levels. Ms Higdon reported that a Healthy Pregnancy service was now in place which worked alongside midwives at the hospital, seeing mothers at least three times during their pregnancy to offer advice and support. In addition, work was ongoing around the Black Country to help and support residents across borders to ensure they have a consistent service if they attend hospitals of neighbouring boroughs.

Members welcomed the report and discussed the programme during which time Ms Higdon responded to questions from members and advised that methods of monitoring the progress and satisfaction levels with the services were in place and that support was available for those who were dissatisfied with the service.

In response to points raised about how to monitor outcomes in deprived areas and whether the information could be provided by postcode areas, Prof. S. Brake cautioned that the numbers would be small and would be affected by a range of other factors however, he agreed that data at a more local level would be useful. Dr. B. Watt said that she would look at the suggestion and report back in due course.

Mr S. Fogell mentioned that Healthwatch Walsall was awaiting feedback around mental health provision and would report this to the Board in due course.

### **Resolved**

- (1) That the Health and Wellbeing Board notes the feedback from the Infant Mortality Strategy Group.
- (2) That the Health and Wellbeing Board notes the achievements and partnership actions set in place to reduce infant mortality reduction strategy (summary of themes and key actions (Appendix A) and communications plans (Appendix B)).
- (3) That the Health and Wellbeing Board supports the work of the Black Country Local Maternity System towards improving maternal health and wellbeing and reducing infant mortality in Walsall as well as across the Black Country.

- (b) **Priority 7: Remove unwarranted variation in healthcare and ensure access to services with consistent quality**  
**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 model, including development session feedback**

**In attendance:** Ms D. Perry, Walsall CCG senior commissioning manager

Mr P. Tulley, Director of Commissioning, NHS Walsall Clinical Commissioning Group, presented a report which provided an update on progress relating to priorities 7, 8 & 12 above and in particular updated on the NHS RightCare Programme, Cancer, diabetes and the Locality delivery model.

The Board discussed the report at length during which time the following comments were made:

- In relation to access to physiotherapy services, a NHS triage service had been established.
- Work was being done to identify incidences of chronic pulmonary heart disease but it did not appear to be a particular problem for Walsall;
- A process was in place to monitor and ensure consistency of treatment of patients with cancer across all GP practices. A programme was now in place to enable GPs to undertake more proactive campaigns.
- Harder hitting messages were being considered for use in campaigns, for example flu jabs, to highlight the consequences for others of an individual's inaction.

### **Resolved**

That progress made towards these priorities be noted.

- (c) **Priority 10: Improve Air Quality**

Dr. B Watt advised that further information was needed to inform a report and therefore an update on this priority was deferred to the next meeting of the Health and Wellbeing Board in December.

### **449/17 Update for Health and Wellbeing Boards**

The Chairman presented a briefing from the West Midlands Combined Authority Wellbeing Board:

(see annexed)

Members briefly discussed the paper during which time, Mr Tulley suggested that there were a number of aspirational targets and actions in the document, some are which were the responsibility of individual authorities and asked to what extent the Health and Wellbeing Board should be interested locally in the implementation of the strategy. Of particular interest to members of the Health and Wellbeing Board was both the work of the CA board on the M6 programme

as tackling pollution would have a real impact on improving air quality and consequently health in Walsall, and also the impact on licensing decisions.

It was suggested that the Health and Wellbeing Board could usefully have a further debate on the issues raised in report at a future meeting. It was also considered that further discussion should be had on the current position with regard to the Sustainability and Transformation Plan.

### **Resolved**

That the report be noted

### **450/17 Work programme 2017/18**

The work programme was submitted:

(see annexed)

**Development Session:** Members asked for the next Development Session to focus on the Sustainability and Transformation Plan.

**Better Care Fund (BCF) plan:** Members were provided with an update on the Plan. It was noted that national guidance had now been issued but had been substantially delayed leaving just six weeks to submit the plan; and that the Director of Adult Social Care, Ms P. Furnival, together with Prof. S Brake Chief Executive of Walsall Clinical Commissioning Group and the Leader of the Council, had met with the Director General of NHS England to discuss targets. Ms Furnival said that the plan had been approved but with conditions and subject to further scrutiny. Prof. Brake considered that Walsall had been presented as a good and strong place which was well co-ordinated. He expressed his thanks to the Head of Integrated Commissioning, Ms K. Allward for her significant work on this.

### **Resolved**

That the work programme be noted.

### **451/17 Key promotional messages**

The Chair on behalf of the Council's communications Officer, Mr R. Bolton, advised the Board of the current communication messages across partner agencies.

In addition:

*Community Living Directory:* work to be done to include activities to support isolation & preventing loneliness. Ms P. Furnival said that she would discuss with One Walsall

*Welfare Rights support:* it was suggested that the Social Care and Health Overview and Scrutiny Committee could look at how well this performs.

*Maintenance of GP Surgery buildings:* Prof. Brake responded to a query about responsibility for maintenance of buildings. He explained that this varied depending upon the particular circumstance as some were owned by the GP, some via groups and some were within buildings owned by the NHS/CCG

#### **452/17 Date of next meeting**

It was noted that the date of the next meeting was 11 December 2017.

The meeting terminated at 7.25 p.m.

Chair:

Date: