

Health and Wellbeing Board

Monday 20 January 2014 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. Bolton, Interim Director Adult Services
Ms. R. Collinson, Interim Director Children's Services
Dr. I. Gillis, Director of Public Health
Dr. A. Gill]
Dr. D. Nair] Clinical Commissioning
Dr. A. Suri] Group representatives
Ms. S. Ali]
Ms. D. Lytton, Healthwatch representative
Ms. F. Baillie, NHS England

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

82/14 Apologies

Apologies for non-attendance were submitted on behalf of Councillor R. Andrew and Mr J. Morris.

83/14 Minutes

Resolved

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

84/14 Declarations of interest

There were no declarations of interest.

85/14 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session.

86/14 **Late item**

The Chairman introduced the following late item which had been submitted by Ms. F. Baillie, NHS England which would be taken at the end of the agenda:

Improving care through pharmacy – A call to action

87/14 **Review of urgent and emergency care arrangements**

Ms. S. Ali, Clinical Commissioning Group presented a report which advised of a “listening exercise” during the month of January in respect of a review of the local urgent and emergency care services:

(see annexed)

Ms. Ali responded to questions and points of clarification during which time she confirmed that this exercise was not a consultation at this stage, it was a softer engagement mechanism, the outcome of which would be assessed to determine whether additional consultation was needed on any changes. She gave assurances that the work was sufficiently resourced and explained the process for evaluation. Members considered that it was appropriate for the results of the exercise to be submitted to the board in order that members could be assured that there had been sufficient engagement before deciding whether to move to consultation.

In response to a point raised by Councillor Burley, the Chair said that Area Partnerships were fundamental to all consultations that the Council did and accordingly this review should have been submitted to Area Panels for consideration. He said that that there needed to be a structured way of consultation through area partnerships for any future consultations regarding services. Councillor James suggested that there also needed to be a way of including those harder to reach groups such as rough sleepers, carers and disability forums in such exercises.

Resolved

- (1) That the details of the listening exercise be noted.
- (2) That the next stages in the review of urgent and emergency care and the subsequent development of an urgent and emergency care strategy for Walsall be noted.
- (3) That a further report on the outcome of the listening exercise be submitted to the Health and Wellbeing Board.

88/14 Review of health and wellbeing recommendations for action 2013/14 and identification of recommendations for action 2014/15

The Director of Public Health, Dr. Gillis, presented a report which described the process that had been undertaken to enable the Health and Wellbeing Board to develop to joint health and wellbeing strategy recommendations for action in 2014/15:

(see annexed)

Dr. Gillis responded to questions and points of clarification particularly around high levels of mortality which she said would need more in depth understanding, especially infant mortality. It was noted that NHS England was using interventions that were known to make a difference and which would run parallel to the specific research. There would also be networks which the Health and Wellbeing Board could link into.

It was also noted that actions already identified would continue and learning from those would be applied in order to help to understand what had and had not worked, and why.

Councillor James concurred that all 16 actions needed to continue in order to help inform the board to apply learning to the 2014/15 actions, however, he considered that the board also should be made aware of the finance, staffing and resources involved in focusing on specific projects and initiatives in order to understand how to sustain the board's endeavours.

The board then went through each of the chapters in the appendix to the report during which time the following comments were made:

- Chapter 1: Between April and September this year 2,000 people had been trained as part of the "Making every contact count" initiative and 8,459 brief advice interventions had been recorded in Walsall.
- Chapter 2: If health visitors were based in centres they needed to be aligned with GPs as that was where they were recommended to be based. The Children and Young People's Partnership Board were receiving a more detailed report on this.
- Chapter 3: Public health would be joining up with the Clinical Commissioning Group in respect of resources to help young people with mental health issues. The board may in future want to look at special educational needs and disability reforms which would have significant effects on the service and its users.
- Chapter 4: The heading of this chapter would be changed to "Money, home job" to align with the Walsall plan which had just been launched. Responsibility for some recommendations were with the Economic Board and so the recommendations should be rephrased to say that the Health and Wellbeing Board receive robust "assurance" from other boards rather than taking a lead. This chapter should not be solely about youth unemployment and there should be priorities around physical, mental and

recovery from ill health. This chapter should also contain a strategic housing priority as there were a number of strands around housing which were being taken forward at Walsall Housing Partnership and could be captured in the 2014/15 priorities.

- Chapter 6: “Healthy eating” should be a priority for the board in 2014/15. The board asked for a report on the infrastructure in Walsall to inform people about healthy eating so that the board could see where the gaps were. Clinical Commissioning Group and the Council to link up on social value in contracts/procurement.
- Chapter 7: This remained a Clinical Commissioning Group priority area. Progress reports had been and would continue to be submitted to the board accordingly.

Resolved

That the recommendations as amended be approved for action in 2014/15 for discussion with wider partners.

89/14 Integration of health and social care – implementing the Better Care Fund

The Interim for Social Care and Inclusion, Mr. Bolton, presented a report which updated on the development of a Better Care Fund in Walsall (previously known as the Integration Transformation Fund) and sought approval for the proposed allocation of the fund for 2014/15 and 2015/16. A supplementary report providing feedback from the Integration Board was also submitted:

(see annexed)

Mr. Bolton explained the consultation and decision making process in relation to the allocations which would ultimately need to be approved by the Cabinet. Notwithstanding this, because of the nature of the programme, it was noted that there may need to be some changes to the allocation at a high level, however, the Health and Wellbeing Board would oversee the allocations.

Resolved

- (1) That the allocation of the Better Care Fund against current services be agreed as set out in the report having regard to comments made at the integration Board on 16 January; and that Cabinet be recommended accordingly.
- (2) That this report be used as the basis for completing the Better Care Fund National Template.
- (3) That this report be used as a basis for reports to the Governing Body of Walsall Clinical Commissioning Group on 30 January 2014 and Council Cabinet on 5 February 2014.

- (4) To note that the two NHS Trusts (Walsall Healthcare Trust and Dudley and Walsall Mental Health Trust) that make up the constituent membership of the Integration Board will need to indicate their agreement to the Better Care Fund Plan prior to its submission on 14 February 2014.
- (5) That further work be conducted in time for submission of the Better Care Plan by 14 February 2014 to:
- Review current spend pattern on support for carers between Clinical Commissioning Group and Social Care and Inclusion in Walsall Council;
 - Determine how much of the Better Care Fund should be allocated in advance in order to achieve projected reduction in demand against how much is held back as a contingency for not achieving the anticipated reduction and having to pay for higher than anticipated levels of emergency admissions to hospital or residential care placements;
 - Develop Walsall's responses to meeting the six national conditions based upon the approaches recommended in that section of this report;
 - Establish the baselines for the 6 performance indicators and proposed levels of improvement against these baselines in the period to March 2016;
 - Set out a joint risk register;
 - Develop a joint workforce plan for health and social care working closely with providers;
 - Complete the Better Care Plan Template in time for 14 February 2014.
- (6) That an update on progress is reported to the Health and Wellbeing Board in March 2014.
- (7) That performance measures are agreed as follows:
- A 15% reduction in emergency admissions of people over 75 years by the end of March 2016 on a baseline established at January 2014 (in line with Government announcement for this metric);
 - A reduction in expenditure on social care packages and residential placements for older people by Walsall Council by the end of March 2016; and
 - the most appropriate local performance indicator chosen for Walsall should be the 'Estimated Diagnosis Rate for People With Dementia'.

At this point in the meeting the time being 8.45 p.m. it was **moved** by the Chairman, duly seconded and:

Resolved

That in the event of the business of the meeting not being completed by 9.00 p.m., Council procedure rules be suspended to enable its completion.

90/14 Late item – Improving care through community pharmacy – A call to action

A report was submitted:

(see annexed)

Reason for urgency: Responses to the consultation were required prior to the next meeting of the Health and Wellbeing Board.

The Chair indicated that he would attend the workshop due to be held on Thursday 13 February in respect of this matter.

Resolved

That the report be noted.

91/14 Date of next meeting

The next meeting to be held on 3 March 2014 at 6.00 p.m.

The meeting terminated at 8.55 p.m.

Chairman:

Date: