

## Health and Wellbeing Board

**Monday 5 December 2016 at 6.00 p.m.**

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

**Present:** Councillor Robertson (Chair)  
Councillor C. Clews  
Councillor A. Ditta  
Councillor I. Shires  
Mr. M. Thom, Head of Community Care, Partnerships  
Ms. L Poole, Assistant Director, Children's Services  
Dr. U. Viswanathan, Consultant in Public Health Medicine  
Dr. A. Rischie (Vice-Chair) ] Clinical  
Mr. P. Maubach ] Commissioning  
Mr. P. Tulley ] Group representatives  
Mr. M. Abel ]  
Mr. S. Fogell, Healthwatch Walsall  
Mr. D. Baker, West Midlands Fire Service  
Ms. J. Clews, West Midlands Police  
Mr. A. Boys, Walsall Voluntary Action

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

### 352/16 Apologies

Apologies for non-attendance were submitted on behalf of Councillor D. Coughlan, Councillor Kudhail, Councillor Martin, Ms. P. Furnival, Mr. D. Haley and Dr. B. Watt.

### 353/16 Substitutions

The Committee noted the following substitutions for this meeting only:

Mr. M. Thom for Ms. P. Furnival, Director of Adult Services  
Ms. L. Poole for Mr. D. Haley, Director of Children's Services  
Dr. U. Viswanathan for Dr. B. Watt, Director of Public Health

### 354/16 Minutes

#### **Resolved**

That the minutes of the meetings held on 17 October and 23 November 2016 copies having been sent to each member of the Board be approved and signed as correct records.

### **355/16 Declarations of interest**

There were no declarations of interest

### **356/16 Local Government (Access to Information) Act, 1985**

There were no items to be considered in private session.

### **357/16 Health and Wellbeing Strategy: “Promote and support emotional wellbeing and “Make healthy choices easier”**

In attendance:

Ms. N. Chauhan-Lall, Public Health Programme Development & Commissioning Manager

Ms. S. Gill, Senior Programme Development & Commissioning Manager (Healthy Weight)

The Health and Wellbeing Programme Manager introduced a report which provided a performance dashboard for the priorities identified in order to provide assurance of progress:

(see annexed)

Mrs. Boneham said that there were three priorities identified under the themes ‘Promote and support emotional wellbeing’ and ‘Make healthy choices easier’ with a number of identified performance measures against each priority which were set out in the appendix to the report. She then went on to present the performance dashboards relating to promoting emotional wellbeing and the ‘health chats’ programme. It was noted that a new initiative was being developed around Healthy Resilient Communities and that there had been lots of engagement across the sector including the five Area Partnership meetings; and that this had received general recognition with about forty two organisations expressing an interest in the health-chat training.

Ms. Chauhan-Lall presented the performance dashboard relating to the NHS Health check programme which she said was going well and was being delivered mainly through G.Ps. She said that this was one of the two programmes in Public Health which had brought in NHS England funding and explained the programme in more detail. Ms. Chauhan-Lall responded to questions from members during which time members undertook to promote the programme through their networks, including via social media.

Ms. Gill explained the measure relating to the number of contacts from ‘One You Walsall’ which was the new Lifestyles Service. She said that the service had commenced in August 2016 and compared well to the previous service bearing in mind that it was a new programme and was still therefore in its initial stages.

Ms. Gill responded to questions from the Board and highlighted the marketing campaigns to promote the service. She also asked organisations represented on the Board to promote the service and agreed to send relevant material.

### **Resolved**

- (1) That the Health and Wellbeing Board considers that the information provided is sufficient to give members assurance that progress is being made and that the named lead Boards have adequate corrective action plans in place to tackle poor performance.
- (2) That the Health and Wellbeing Board notes the linkages with partner strategies and/or references to shared priorities shown in this performance dashboard and is satisfied that all partners are taking the Health and Wellbeing Strategy priorities relating to “Promoting and supporting emotional wellbeing” and “Making healthier choices easier” into account when considering commissioning priorities.

### **358/16 Task and finish groups 2015/16**

#### **(a) Infant mortality**

The Senior Programme Development & Commissioning Manager, Public Health, Ms. E. Higdon presented the report updating the Board on the progress made by the Infant Mortality task and finish group since January 2016:

(see annexed)

Ms. Higdon explained the work of the group and was pleased to report that Infant mortality and perinatal mortality had reduced in Walsall 2012/14 showing a consistent reduction in infant and perinatal mortality over the last 4 years with perinatal levels nearing national levels. She confirmed that GPs had been asked how they would like to better engage in the work and that this would be part of the new contract for the provision of a Healthy Child Programme for 0-5 yr olds.

In response to a comment from the Chairman that maternal mental health critical intervention was needed as quickly as possible, Councillor Clews said that as the Council’s Mental Health Champion, she could report that groups had been established to look at this.

### **Resolved**

- (1) That the Health and Wellbeing Board note the report from the Infant Mortality Strategy Oversight Group that includes the partnership infant mortality reduction strategy, including the summary of themes and key actions set out in Appendix A of the report.

- (2) That the Health and Wellbeing Board notes the intended change in role from the Infant Mortality Task and Finish Work Group to the Infant Mortality Oversight Group.
- (3) That the Health and Wellbeing Board notes the work of the Infant Mortality Strategy Oversight Group to date.

(b) **Diabetes**

Mr. P. Tulley presented a report which informed the Board that wave 2 of the NHS National Diabetes Prevention Programme would be rolled out in Walsall in 2017-18.

(see annexed)

Members considered the report and it was:

**Resolved**

That the National Diabetes Prevention Programme, its long term aims and timeline for implementation be noted.

**359/16 Walsall Clinical Commissioning Group (CCG) – financial recovery plan**

The CCG Accountable Officer, Mr P. Maubach presented the report which outlined the scale of the financial challenges facing Walsall CCG:

(see annexed)

Mr. Maubach said that he was mindful that the report as submitted was not easy to follow and so drew attention to the relevant key points, particularly section 4.2 of the report which highlighted how the CCG was meeting the financial challenge. He pointed out that the CCG would not hit the financial targets this year but had plans to reduce demand, reduce spend and make other savings over the next two years. Mr Maubach, supported by Mr P. Tulley, explained that improving the quality of care was key to reducing the demand on services as there were more people living with complex needs however, he stressed that this could only be achieved by joint working with the Council's Social Care and Health service

A general discussion took place during which time Mr Maubach explained a number of programmes in place, in particular to support the return to care homes of which one, the Rapid Response support, had resulted in a 72% reduction in ambulance calls from nursing homes and the number of patients attending hospital was below the national average.

In response to questions about links to locality working, Mr Maubach considered it to be important to enable front line staff to work together on the same population with an aligned locality model so that the impact on communities and interconnectivity of service changes could be understood. Dr. Rischie assured the Board that Equality Impact Assessments would be completed to inform this. The Chief Executive of Walsall Voluntary Action, Mr. A. Boys suggested, and Mr

Maubach concurred, that because of the need to ensure clarity of what the localities were, it would be useful for the voluntary sector to be represented on the Walsall Together Board. Mr Tulley explained that work was being done in the CCG and also in Adult Social Care to align staff to a locality model and said that a report would be submitted to the Health and Wellbeing Board when more detail was known.

A further brief discussion took place around each partners' organisation needing to understand the impact that their budget savings had on other partner organisations. Members were keen to understand and visualise the impact on communities and suggested that it would be useful to map the areas of most need to enable the Health and Wellbeing Board to work in a coherent way to improve the health of the borough, potentially investing in a pilot in an area identified as most in need.

### **Resolved**

That the report be noted.

### **360/16 Black Country Sustainability and Transformation Plan and Walsall Together (STP) Programme**

Mr. P. Maubach presented the Board with the draft Sustainability and Transformation Plan:

(see annexed)

Mr Maubach reminded members that this had been the focus of the last Health and Wellbeing Board Development session when the main themes in the plan had been picked up and stressed that without ongoing investment in Social Care and improving on the wider determinants of health it would be a challenge to meet demand. He added that, although it had limitations, the plan identified the challenges, the opportunities for place based care, the need to find a solution nationally for Social Care and the potential improvements by bring four acute hospitals together to share working practices.

Councillor Shires suggested that the STP should be included on the Council's website and also suggested that links should be made with the Local Government Association to highlight the issue of the ongoing underfunding of Social Care and Public Health.

The Chairman reported that the Health and Wellbeing Board Chairs of the West Midlands Combined Authority constituent Authorities had set up a 'panel' to make recommendations to the main Board with particular emphasis on the transport agenda for example around the importance of good connectivity to keep people mobile. In addition, the Chairman said that he would make representations on behalf of the Health and Wellbeing Board around funding as appropriate.

### **Resolved**

To note the report

### **361/16 Work programme 2016/17**

The Health and Wellbeing Programme Manager, Mrs. C. Boneham presented the work programme:

(see annexed)

Mrs. Boneham reminded members that the next Development Session on 15 February 2017 would be focussing on reviewing the Better Care Fund programme.

Mrs L. Poole agreed to check what was happening in relation to the safeguarding summit in the coming year.

A copy of the Health and Wellbeing Board Review for 2015/16 was circulated and it was noted that an electronic copy would be circulated to Health and Wellbeing Board Members to include on their organisation's website.

#### **Resolved**

That the work programme be noted.

### **362/16 Key promotional messages**

Mr. R. Bolton, Walsall Council Media and Communications Officer, advised members that he had met with Public Health and Environmental Health colleagues to develop a series of messages over the Christmas period, particularly around alcohol and smoking, and that meetings with partners were scheduled for the following week. He added that the Keep Warm and Well messages were ongoing with the hospitals and CCG.

Members also identified the following messages:

- Infant Mortality
- A positive story about volunteering at the Manor hospital
- The importance of food safety at Christmas.

### **363/16 Date of next meeting**

Monday 23 January 2017

The meeting terminated at 8.10 p.m.

Chair:

Date: