

## Health and Wellbeing Board

**Monday 19 January 2014 at 6.00 p.m.**

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

**Present:** Councillor I. Robertson (Chair)  
Councillor M. Arif  
Councillor P. Lane  
Councillor I. Shires  
Councillor D. Coughlan  
Mr. J. Morris, Executive Director, Neighbourhoods  
Mr. K. Skerman, Interim Executive Director, Neighbourhoods  
Mr. D. Harman, Head of Service, Children's Services  
Dr. B. Watt, Interim Director of Public Health  
Dr. A. Gill ] Commissioning  
Dr. A. Suri ] Group  
Dr. R. Mohan ] representatives  
Ms. S. Ali ]

**In attendance:** Ms. C. Boneham, Health and Wellbeing Programme Manager  
Mr. D. Baker, Operations Commander, West Midlands Fire Service

At this point in the meeting, the Chairman said that he welcomed partners attending Health and Wellbeing Board meetings and speaking on items on the agenda. He welcomed Mr Baker, the representative of the Fire Service accordingly.

### 174/14 Apology

An apology for non-attendance was submitted on behalf of Councillor Clews.

### 175/14 Minutes

#### **Resolved**

That the minutes of the meeting held on 8 December 2014 copies having been sent to each member of the Board be approved and signed as a correct record.

### 176/14 Declarations of interest

There were no declarations of interest.

## 177/14 Local Government (Access to Information) Act, 1985

There were no items to be considered in private session. At this point however, the Chairman said that he had submitted a late item in relation to the issue of Female Genital Mutilation which would be considered at the end of the agenda. The reason for lateness was included in the minutes for that item.

## 178/14 Change of membership of Health and Wellbeing Board

The report of Democratic Services was submitted:

(see annexed)

Members considered that this was an appropriate course of action and it was **moved** by Councillor Lane, duly seconded and:

### **Resolved**

That the Health and Wellbeing Board change its membership to include the Cabinet portfolio holder responsible for Social Care.

Accordingly, at this point, the Cabinet portfolio holder for Social Care and Health, Councillor Diane Coughlan, joined the meeting.

## 179/14 Review of Pharmaceutical Needs Assessment (PNA)

The Interim Joint Director of Public Health, Dr B Watt, submitted a report and gave a presentation which highlighted the background to and purpose of the PNA and which updated on the current position with its development.

(see annexed report and presentation slides)

A discussion took place during which time it was noted that the Walsall Clinical Commissioning Group already commissioned the 'Pharmacy First' scheme which worked well locally with over 16,500 consultations being recorded for 2013/14 and which had consequently saved over a year's worth of GP time. Notwithstanding this, members considered that improvements could still be made to publicity around the services that pharmacies provided. It was considered that pharmacies were a valuable community resource and could contribute in a number of ways to the healthy lifestyle agenda and that work could also be done with pharmacies around medicine management.

### **Resolved**

(1) That the consultation process and key findings be noted.

- (2) That comments on the Pharmaceutical Needs Assessment be forwarded to Hema Patel, Community Pharmacy Facilitator as soon as possible.
- (3) That it be noted that the final version of the Pharmaceutical Needs Assessment will be submitted for approval at the next meeting of the Board on 2 March 2015.

**180/14 Joint Health and Wellbeing strategy: Measures and progress report:  
Promote and support emotional wellbeing and make healthy choices easier**

The Health and Wellbeing Programme Manager, Mrs C Boneham, presented a report which provided a performance dashboard for the priorities identified under these themes

(see annexed)

Mrs Boneham responded to questions and points of clarification, particularly around the tracking of outcomes on the Health Checks programme. She accepted that whilst there could be a number of factors which affect the outcomes, there were actions which could be monitored on an annual basis in order to understand whether the specific measures identified had provided a beneficial outcome.

The performance dashboard was discussed and members gained assurance that either adequate progress was being made or that the named lead Board had adequate corrective action plans to tackle poor performance. Members noted the linkages with Partners strategies shown in the dashboard and that these priorities were being taken into account when considering commissioning plans.

**Resolved**

That the report be noted.

**181/14 Task and finish groups**

**(a) Healthy weight**

A report was submitted which informed the Board of progress made by the Healthy Weight task and finish group.

(see annexed)

Councillor Arif presented the report. He explained that the group had originally been tasked with looking at tackling obesity however it had been recognised that being underweight was as important as being overweight and therefore the remit of the task had been widened accordingly. The intended visit by the group to a school to look at the meals provided was supported however, members were

keen that there should be visits to a range of schools as nutritional standards varied across the different school providers.

**Resolved**

That the progress made by the Healthy Weight task and finish group be noted.

(b) **Alcohol**

The Executive Director, Neighbourhoods, Mr. J. Morris, presented the report informing the Board of progress made by the Alcohol work group:

(see annexed)

A discussion took place, particularly in relation to the night time economy, binge drinking and licensing laws; and the effects on Domestic Violence. Mr Morris said that this was a live issue at the moment as the management of late night anti social behaviour was compounded by the police shift system. He said that he was leading on this matter and would be looking at what could be done differently.

**Resolved**

That the content of the report be noted and that the Board recognise the potential negative impact alcohol can have upon individuals, families and communities across all the priority areas of the Health and Wellbeing Strategy.

**182/14 Primary Care Co-Commissioning**

The Clinical Commissioning Group Accountable Officer, Ms. S. Ali, presented the report:

(see annexed)

**Resolved**

That the report be noted.

**183/14 Health and Wellbeing Board development plan**

The Executive Director, Neighbourhoods, Mr. J. Morris, presented the report setting out the action plan that had been developed to date:

(see annexed)

Ms S Ali commented that recommendation 2c and d should be combined to encompass meetings between the board and providers in general rather than singling out one in particular.

**Resolved**

- (1) To confirm that the membership of the Board should reflect the primary purpose of the Health and Wellbeing Board which is to develop and oversee the delivery of an integrated health and wellbeing commissioning strategy for the people of Walsall
- (2) That the Health and Wellbeing Board will ensure effective engagement of providers in three ways:
  - (a) the establishment of a Provider Board as a sub-committee of the Health and Wellbeing Board, the membership of which will comprise a sub set of Health and Wellbeing Board members and representation from the main providers across health and social care.
  - (b) Task and finish groups will offer practical opportunities for providers to work with the board on some of the more intractable health issues facing Walsall
  - (c) where required, providers will be invited to attend the Health and Wellbeing Board
- (3) That the Health and Wellbeing Board will review its arrangements in 12 months time

**184/14 Health and Wellbeing Work programme 2014/15**

The Health and Wellbeing Programme Manager, Mrs C. Boneham presented the work programme which included the agenda for the Better Care Fund workshop:

(see annexed)

Mrs Boneham asked members to provide any feedback on the agenda for the proposed workshop to be forwarded to her as soon as possible. She also mentioned that the next Health and Wellbeing Development Session was being arranged for sometime in April 2015.

**Resolved**

That the work programme and the agenda for the Better Care Fund workshop be noted.

## 185/14 **Public Health transformation fund**

The Interim Joint Director of Public Health, Dr Barbara Watt, presented the report which outlined the approach being taken to identify and allocate transformation funding:

(see annexed)

Dr Watt highlighted that robust consultation had been carried out on the approach as part of the Council's budget consultation process and whilst there had been comments received from a variety of respondents, it was clear that the importance of the Public Health agenda and the role of public health needed to be made more clear in future.

### **Resolved**

That the approach taken to identify and allocate transformation funding released through the process of disinvestment in some existing public health services be noted.

## 186/14 **Late item: Female genital mutilation**

**Reason for lateness:** This report was not included on the original agenda for the meeting as the issue arose following a question at the Council meeting on 12 January 2015 after the agenda had been published. As Cabinet portfolio holder for Health, the Chairman had responded to the question in which he undertook to ask the Health and Wellbeing Board at its next meeting to endorse an action plan and that this would be reported as part of his portfolio report to Council at its next meeting on 4 February 2015.

The Chair, Councillor Robertson presented the report:

(see annexed)

In response to an invitation from the Chairman, Councillor Burley gave feedback from a meeting of the Police Authority that day which had discussed the issue. This was mainly around awareness raising especially within schools.

A discussion took place during which time it was considered that bearing in mind the small target community in Walsall, it would be appropriate for the Children's and Adults Safeguarding Boards to look into this further to provide focus and a targeted programme for at-risk families and children. With regard to recommendation 2 of the report, it was noted that because of the sensitive nature of the contact it would not be appropriate to include this in the Making Every Contact Count training.

## **Resolved**

- (1) That all partner organisations be contacted to raise awareness of the issue of Female Genital Mutilation (FGM) with their front line staff, particularly but not exclusively the Manor Hospital, GP surgeries, School Nurse network and Health Visitors.
- (2) That the Chair of the Health and Wellbeing Board raise the issue of FGM at regular meetings of Chairs of neighbouring Authorities Health and Wellbeing Boards.
- (3) That the Chair of the Health and Wellbeing Board write to elected representatives in both the UK Parliament and the European Parliament, and other organisations such as Amnesty International, supporting the campaign to ban this form of mutilation.
- (4) That the matter be referred to the Adult and Children's Safeguarding Boards to look at this issue in more detail

## **187/14 Communications**

The Board identified the following key messages from the meeting:

- Actions in respect of the issue of Female Genital Mutilation
- That the structure of the Health and Wellbeing Board was being reviewed
- The Pharmaceutical Needs Assessment – to encourage more use of pharmacies
- Health and Wellbeing Board actions on Alcohol issues

## **188/14 Date of next meeting**

The next meeting to be held on 2 March 2015 at 6.00 p.m.

The meeting terminated at 8.10 p.m.

Chairman:

Date: