BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 30 APRIL 2019

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 30 APRIL 2019 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM B1 1BB

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care in the Chair.
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Nick Harding, Chair of Sandwell and West Birmingham CCG
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Dr Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Antonina Robinson, Think Family Lead Birmingham, Department for Work and Pensions

ALSO PRESENT:-

Chris Baggott, Service Lead for Public Health Division
Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care
Elizabeth Griffiths, Acting Assistant Director of Public Health
Rebecca Hadley, SIFA FIRESIDE
Superintendent Sarah Tamblin, West Midlands Police
Dr Dennis Wilkes, Assistant Director of Public Health
Errol Wilson, Committee Services

The Chair invited the Board members who were present to introduce themselves.

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NOTICE OF RECORDING/WEBCAST

368 The Chair advised and it was noted that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may

record and take photographs except where there are confidential or exempt items.

DECLARATIONS OF INTERESTS

369 Members were reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a member must not speak or take part in that agenda item. Any declarations would be recorded in the minutes of the meeting.

APOLOGIES

370 Apologies for absence were submitted on behalf of Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust
Chief Superintendent John Denley, West Midlands Police (but Superintendent Sarah Tamblin as substitute)
Professor Graeme Betts, Director for Adult Social Care and Health Directorate (but Maria Gavin as substitute)
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE (but Rebecca Hadley as substitute)
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Sarah Sinclair, Interim Assistant Director, Children and Young People Directorate
Dr Justin Varney, Director of Public Health, Birmingham City Council (but Dr Dennis Wilkes as substitute)

MINUTES AND MATTERS ARISING

Minute No. 362 (k) was noted as an action for the Birmingham Health and Wellbeing Board Development Day scheduled for Wednesday 15 May 2019.

371 **RESOLVED: -**

That the Minutes of the meeting held on 19 March 2019, having been previously circulated, were confirmed and signed by the Chair.

ACTION LOG

372 The following Action Log was submitted:-

(See document No. 1)

Elizabeth Griffiths, Acting Assistant Director of Public Health introduced the item and updated the Board concerning the Action Log.

Log No. 362 refers – this was action related to the JSNA and that she was pleased to advise that they now have Deep Dives champions from the Board.
Death and Dying Deep Dive – Paul Jennings and Stephen Raybould volunteered.
Veterans Health – Dr Peter Ingham.
Health and Wellbeing Public Sector – Richard Kirby.
Diversity and inclusion will be discussed later in the main agenda.

Dr Wilkes gave a brief update on the IPS Mental Health there was no one as yet wishing to volunteer to help steer and keep to task the IPS, the scheme to support the development of supporting work. This was still an outstanding action. The Chair suggested that Charlotte Bailey be nominated to the IPS Mental Health. The Board agreed this nomination. Dr Wilkes undertook to contact Charlotte Bailey concerning the issue.

Log No. 346 refers – this will be picked up as part of the Board's Development Day scheduled for the 15 May 2019.
Log No. 351 refers – Mr Jennings advised that an update on the NHS long-term plan would be submitted at a future Board meeting.
Log No. 352 refers – this was around substance misuse and would come back to the Board at a later date.

HEALTH AND WELLBEING BOARD DRAFT FORWARD WORK PROGRAMME

373 The following draft Forward Plan was submitted:-

(See document No. 2)

Dr Dennis Wilkes, Assistant Director of Public Health introduced the item and advised that the Forward Plan (FP) was intended to plan the work to support the Board and for members to be able to prepare themselves for future discussions. There will be another private session for September's Board meeting and the Development Session will be held on the 15 May 2019 at Woodcock Street in the Auditorium. If members had issues which they want to put on the FP, they could contact Dr Varney.

CHAIR'S UPDATE

374 The Chair gave a brief update on the following: -

- Donor City Training
- NHS long-term plan and
- West Birmingham

(See document No. 3)

PUBLIC QUESTIONS

375 The Chair advised that there were no public questions submitted for this meeting, but following on from Councillor Matt Bennett, the question was asked

as to what they were doing to promote this issues. The Chair added that last month they had put a video on line and a strategy was currently being developed which would be available at the end of May 2019 to start promoting the *Public Questions* item widely. The Chair requested that they be given until September when it was hoped that people would start asking a lot of questions. She requested that the Board Members also publicises this to each of their particular areas.

BIRMINGHAM JOINT STRATEGIC NEEDS ASSESSMENT: DIVERSITY AND INCLUSION DEEP DIVE 2019/20

376 The following report was submitted:-

(See document No. 4)

Elizabeth Griffiths, Acting Assistant Director of Public Health introduced the item and assured the Board that work continues apace on the Joint Strategic Needs Assessment (JSNA). She advised that they had three programmes one on the core data set (JSNA) which they would be discussing later on the agenda. The deep dive reviews which she will speak to the Board about. They were working on the longer term plan to improve the JSNA up to an excellent standard through integrating data and also linking in with the population health management process that was going on.

Alongside the JSNA work within the Council and with partners, they were in the process of getting back the results from an internal audit that made recommendations on the basis of how people were currently using the JSNA within the local authority. They would ensure that these were fed into the development process. They had an officer who was seconded to Public Health England to look at better practice in JSNA which was also fed through and the Board will see some of the recommendations from that in the draft template in the report appendix.

Each year for the deep dive reviews, they had made a commitment to have four slots, three of which will be of general interest reviews and one will be for a diversity and inclusion topic. The Board was required to agree what this year's diversity and inclusion topic was and to get a Board Champion agreed or volunteered so they could move forward.

Ms Griffiths drew the Board's attention to Appendix 1 to the report and advised that they had an outline of what they were proposing the deep dive review should look like. This includes within the scoping to ensure they get both depth and breadth within their review. Each deep dive will need to identify and engage with stakeholders, define exactly what the population of interest was identify what the necessary data sources were, develop a communications plan that was unique to the deep dive area of interest they were looking at. They were also looking at what other products might be needed.

They had received positive feedback on the infographics that Public Health had already produced and they would like to ensure that for each of the deep dives reviews they have an infographic to explain what the key areas of interests and

needs were for the different populations. They would ensure that along with any other products that were identified were included.

Ms Griffiths drew the attention of the Board to the section in the appendix stating *what good would look like* in JSNA. This would include ensuring that they had a wide range of data, engaging with stakeholders and also in particular for deep dive reviews, that the review itself looked at not just where they had review data, but where there were no data, where there were gaps that they could make recommendations to improve data collections in the future, particularly when they were talking about marginalised groups within their diversity and inclusion topics. Ms Griffiths stated that feedback on the draft template from the Board would be welcomed.

Appendix 2 to the report detailed some deep dive diversity and inclusion topics which sets out where they had information from a national level of inequalities experienced by different groups that comes under diversity and inclusion category. What they would like to do through the deep dive process was to look at what they know in Birmingham and whether the national picture apply here and where were the specific gaps in intelligence that they had.

It was important to note that whatever deep dive category they chose and the diversity and inclusion, they would look at a wide range of issues. They would look at the population identified throughout the life course, but they would also look at any other inequalities experienced within other diversity and inclusion characteristics. Example, if sensory impairments were chosen, they would look at whether any particular inequalities were experienced by black and minority ethnic groups within sensory impairments within different characteristics. They would ensure that they look at the breadth and depth of the issue. Within the appendix a number of different options under the different diversity and inclusion characteristics were outlined – sensory impairments and looking at different levels within our population.

Ms Griffiths then referred to information from the World Health Organisation in relation to people with visual impairment who were more likely to experience poverty and disadvantage; people with learning disability or intellectual impairment where it was known that those with learning disability were ten times more likely to suffer sight loss and hearing loss occurred within 40% of the elderly population etc.

Action: Ms Griffiths advised that the outcome they would like was for the Board to choose a topic for review and identify a volunteer to be the champion for that review.

In response to questions and comments, Ms Griffiths made the following statements:-

1. Ms Griffiths noted Councillor Bennett's comments concerning the information in relation to faith and stated that this showed why a deep dive review was necessary as this was taken from a national dataset and an investigation which the Local Government Association (LGA) had undertaken.
2. What they wanted to do was to look in detail at what information they had available that breaks down communities and populations by their faith

and where not, what information do they have and what inferences could be made.

3. Within the deep dive review that would allow for them to make an assessment and discuss the information they had and what they could/could not take from it; where they were making assumptions and how robust those were and what were the degree of confidence in what they were saying was accurate in relation to faith and where it stand and to where the factors mentioned might be down to ethnicities.
4. They would want to drill down further during the course of the deep dive review.
5. Ms Griffiths noted Professor Harding's concerning in relation to choosing a topic for review and stated that all of the topics referred to in the appendix to the report were important and was a difficult decision to make.
6. That they would like to hit the ground running this year and have something they could be working with and then in future years they had a long list of review topics through the process of prioritisation they could look at what the Board felt were their priority area.
7. At this stage, it would be useful to have one topic and then they could perhaps have a further discussion and they could go back and look at some more information if that was what the Board needed to make that decision for the longer term.
8. One of the ways they were going to propose resolving the long list of the other deep dive topics from next year onwards was to do a Delphi process where the Board and the steering group members would be asked to rank each of the areas and then through a series of questionnaires and also a feedback as a way of developing a consensus between the group without getting polarised views.
9. That her proposal to make a decision for the Board easier was if they add this year's diversity and inclusion topic to the list within the Delphi process they could asked each member what it was that they felt were the most important ones.
10. If the Board consent to be part of that they would ensure that they were all included on the series of questionnaires. ACTION: She undertook to ask her team to provide further details on life expectancy etc. if the Board was happy for this to be done.
11. The deep dive reviews would be until March 2020 and they were looking at a four monthly process for each of them. If they get the Delphi process started in a few months they could identify the Forward Plan and then come back to the Board at the next meeting to get the champions identified. Alternatively they could email around once the topics gets decided. ACTION: Ms Griffiths undertook to circulate further information to the Board explaining the Delphi process.

The Chair commented that she was minded to go with the disabilities topic when the Delphi questionnaires have been circulated.

JOINT STRATEGIC NEEDS ASSESSMENT REPORT UPDATE

The following report was submitted:-

(See document No. 5)

Elizabeth Griffiths, Acting Assistant Director of Public Health introduced the item and advised that this was an update on the core JSNA dataset. One element they were looking at alongside the deep dive reviews was bringing the core dataset up to speed. They were aiming for a good dataset to inform the autumn commissioning around this year. They had ambition to move from good to better and then from better to excellent in the near future. As part of getting to excellent they had a long-term programme about integrating data where they could across different partners.

Within the Committee report was a template with the proposed dataset for the core data. This draws on other areas such as Southampton in terms of the depth that they look at their data and Solihull which helps with the CCG to look at the breadth of data that was available. They were proposing that the core dataset follows the life course but also looked at the wider determinants of health.

The aim was to highlight inequalities and variations in outcomes at the city level, but also where they had that information available within the different population groups such as the diversity and inclusion characteristics. They were keen to use infographics where they could and the proposal for each of the topic headings to have an infographic that explained the information that they had for those particular areas.

Ms Griffiths drew the attention of the Board to the outline information in the report and highlighted that on page 56 of the document there was a mock-up of one of the questions i.e. what was the demographic need and overview of the topic. What did the data tells us about the information and need and then looking at different categories within the childhood section – oral health, early years' education etc. The proposal was to publish a project plan for the core dataset that would give the Board a timeline. They were working towards getting this ready for the autumn round of commissioning, but would have exact details of the timeline to come back to the Board and could circulate it. The JSNA Steering Group had met and was developing the long list of topics and had proposed that Delphi process that was mentioned in the previous item.

Stephen Raybould commented that the JSNA and its profile within the city, was perhaps a major area where the Health and Wellbeing Board could exert leverage over other spaces. He added that it was notable in the steering group and amongst others that when you start having conversations about the JSNA they often enquired what this was, which, was unusual for a local authority area as it had a much stronger function than other areas. The Board's capacity to make decisions about its content was important in terms of driving the agenda to encourage people to support it.

The Chair commented that this was an excellent point and that as a local authority they were at fault because for about two years they did not produce a JSNA. It appeared that it was put on the back burner which meant that they were not doing the work through any strategic direction so they were not able to sell what they were doing and how they were doing it. Going forward, they were putting the building blocks in place over the next two years. As the Public Health consultation goes out, the partners should be talking about this at every meeting they attend as it should be part of every discussion that they have.

Professor Harding commented that they had several JSNAs in Birmingham and that they had shown roughly the same things which states that they have some health and inequality concerns that they needed to do something about. Whilst it was exiting to have a JSNA, there were two things that were needed. Firstly that it was produced in such a way that everyone could understand it so that people could decipher the main languages in terms of what it was trying to say not how it was written. Secondly, the actual plan associated with the JSNA as it was still a plan at the end of the day. It was making sure that they did something rather than having a great plan.

377 **RESOLVED: -**

The Health and Wellbeing Board noted the proposed outline of the core dataset for the JSNA to include health, social care, housing and economic data from the Council, health data from the NHS and crime data from the Police and Community Safety Partnership.

HEALTH PROTECTION FORUM REPORT

The following report was submitted:-

(See document No. 6)

Chris Baggott, Service Lead for Public Health Division, presented the item and drew the Board's attention to the information contained in the report. He advised that they were addressing the challenges identified in the report and would be developing action plans; identifying strategic leads for some of their particular concerns and will be developing action plans to improve and address the challenges identified in the report. These actions will be monitored over the coming months at the Health Protection Forum (HPF) and it was hoped that they would be in a position to report back to the Health and Wellbeing Board in 12 months' time to inform the Board what progress had been made.

The Chair commented that she was perturbed when she read the report. She highlighted the following: -

- Page 5 para 1.3 of the report the assurance statement; Page 7 Pulmonary TB cases starting treatment in four months; Page 8 of the report the improvement plan second sentence. The question was why this was not adopted and implemented and what the reason was for it being held up. Page 14 Performance summary.
- The Chair remarked that there was a lot of talking but not much action. She added that there needed to be some clear specific actions coming to the Board on a regular basis to show that something was happening in this area.

Councillor Bennett made the following statements: -

a. That that he endorsed the Chair's comments above and queried the MMR vaccinations as this was mentioned in the national press in the last couple of weeks.

b. It was accepted that the Public Health team was not responsible for delivering this, but the Secretary of State had not ruled out the possibility of giving admissions to schools for children that had not been vaccinated. This was something they all had to consider carefully.
c. The figures did not look good and the variations were worst. He voiced concerns that they were not able to get a grip on this, but that he realised that whilst there were some national issues which was out of our control he understood that there was information being spread around on a huge level, but combatting ignorance was a key part of it.
d. Of concern was that what was proposed was a group getting together to draw up an action plan and it was just being suggested that the Board would be given an update in 12 months' time.
e. In his opinion he did not think that this was good enough and that there needed to be a clear understanding of what was being done locally soon. Whether more needed to be done nationally or more powers be given as they needed to understand this quickly.
f. Everything he had been reading recently suggested that they were on the edge of a major public health crisis about the take up of vaccinations.
g. A lot of people were coming and going in the city and it was important to get to that point quickly, not just for the Commonwealth Games.

Councillor Booth commented that:-

i. She endorsed Councillor Bennett's statements. She voiced concerns that in the city there were pockets of areas where they did not have an equality of immunisation.
ii. There were some surgeries as mentioned earlier where there was 100% coverage, whilst there were others where this was not happening.
iii. These children were not making the decision themselves not to be vaccinated and was something that they must do as a city on their behalf.
iv. She did not want to see the resurgence of the situation where parents were not doing this as a result of what they were reading on social media.
v. It was creeping into the press again that people were not being vaccinated when there was no good reason for them not to have their children vaccinated.

Professor Harding stated that: -

- The last point made by Councillor Booth was important. The thing that made the biggest difference was having people that influenced people and got behind campaigns to vaccinate people. It was known that historically through many years.
- It was important that a strong stance was taken and what we think about immunisation with the public health department locally and nationally. There was an outbreak of measles within this city.
- We needed to think hard about the actions as one of the things that worry him about the actions was that they did not have the people with the power in the room to make the decisions and they did not have the providers.
- In terms of recommendation 3(a) he was confused how CCGs could be part of that … They needed to think hard about the commissioners and providers etc. to ensure that the actions were associated with the right people otherwise they will not get to where they needed to get to.

Mr Baggott advised that:-

1) The partners mentioned in the recommendations were the partners of the HWB.
2) That he was aware that many of the other key influencers – the commissioners and the providers – would need to be part of this.
3) The recommendations were for the Board and he wanted to highlight which Board members would be usefully engaged with the action plans on these working groups.
4) They were working with the commissioners on a daily basis. They have a Measles Elimination Working Group set up locally and will talk about measles outbreak in the second report on the agenda.
5) Following this they had convened a local sub-region list – the Measles Elimination Sub-Region Group which had been doing work deep dive updated to try and understand the variation in MMR uptake was.
6) The system was not set up easily, but this was completed by key partners locally.
7) The Measles Elimination Group locally was working on that.
8) The key part was understanding variation and where the challenges lay and ensuring that MMR vaccinations was the best tool for addressing and preventing measles as the best key for the local immunisation plan.
9) In relation to social media, there was no denying that social media was a particular challenge.
10) The statutory services communication responses which in the days of social media were relatively inflexible.
11) The public found it far easier to take on board information social media. They needed to do more about understanding who the key influences were.
12) In terms of HPV vaccination for aged 13 and 14 year old girls that will be expanding shortly to boys. This was low and was a challenge.
13) It was acknowledge that vaccine uptake was voluntary and that many people for whatever reason declined vaccine consent for their children.
14) It was important that they understood the reasons behind that as they have cultural groups within the city that held particularly challenging views.
15) It was also important that they understand the drivers for why people were choosing not to consent to vaccinations for their children.
16) The percentage of TB treatment starting in the city, were outperforming the West Midlands and the UK rates which was good news story. They had requested their people to be quicker on TB treatment locally and this was a good news story.
17) In relation to TB and housing, this was a complex situation because TB affects people who had chaotic and vulnerable lifestyles. This includes people who had no recourse to public funds.
18) The support that a local authority housing team within a local authority was able to provide to people with no recourse to public funds was limited and they were often not able to support people with that status.
19) It was important as a housing social care system that they work together to find different solutions to that challenge where the local authority could not provide the answer by itself.

Dr Wilkes commented that he believe that Dr Varney would be delighted at the strength of concerns parallel his own concerns about the state of preparedness

and protection. Having made these concerns more explicit within the system itself and other partners who were not around the table were suddenly taking further note and proposing to engage much more energetically and actively around these issues. The support of the Board gives him some cutting edge intervention and action. He added that Dr Varney was clear that action was what was needed. He would drive the task and finish group into much sharper focus and impact that had been seen in the past.

Mr Jennings referred to the point in relation to no recourse to public funds and commented that what often happened and could happen was that they end up in acute hospital whilst they were receiving their TB treatment some times for months. They had found a way through the NHS where they could commission appropriate service with support for those individuals and were in the process of setting that up for the West Midlands and this would be dealt with.

Councillor Bennett proposed that the Board be submitted with a report on the vaccination issue in three months to get a better understanding on what was happening.

Mr Kirby stated that he wanted to make a practical offer. He added that they provide the school age vaccination service so they were part of the process. They had a reasonably size team the infection control team that supporting the community team. This worked on whether there were gaps or no gaps in infection control outside of hospitals and would be keen to make more contributions.

Mr Baggott stated that identifying these recommendations and the task and finish groups did not meant that they were not addressing these issues already. It did not mean that they were starting from a blank sheet of paper. There were many groups and discussions and plans on-going, but as Dr Varney had identified they needed a step change in how well they were doing because we cannot keep doing the same thing, they needed to make significant differences particularly the screening uptake. Improving things by a few percent here and there would still leave us short of the target we would want to achieve.

ACTION: The Chair commented that it was important to get a quarterly report back to the Board on everything and specifically around immunisation. This could be done on a quarterly or bi-monthly basis.

378 **RESOLVED: -**

1. Members of the Health and Wellbeing Board accepted the report;
2. Members supported the assurance statement;
3. CCG, NHS England and Local Authority (Public Health, Environmental Health and Social Care) members of the Board (as appropriate) committed their organisations to engage with specific task and finish groups to address issues identified in the full report:

   a) To implement the TB/housing framework (CCGs and Local Authority already working collaboratively);

b) To identify and address gaps in community infection prevention and control provision (CCG and Local Authority Social Care);

c) To reduce variation in the uptake of screening and immunisation programmes, and reduce inequality (NHS England and CCGs); and

d) To address novel challenges to health protection that did not sit with any one organisation.

BIRMINGHAM OLDER PEOPLES PROGRAMME (BOPP) PROGRESS UPDATE

379 The following report was submitted:-

(See document No. 7)

The Chair advised that this item was for information.

SUSTAINABILITY TRANSFORMATIONAL PLAN (STP) UPDATE – LIVE HEALTHY LIVE HAPPY

380 The following report was submitted for information:-

(See document No. 8)

The Chair advised that this item was for information. She commented that this was an excellent report and requested that it be circulated to all Birmingham City Council councillors.

Mr Jennings emphasised that in relation to the stakeholder engagement element he was pleased with this piece of work since he had been involved with it which was for a year and a half in this leadership role since last August. They have been trying to enhance their engagement and their profile in terms of what they were there to do and how they were setting out to do it. The next phase was important as they were taking it to a broad set of communities with a roadshow. They were asking people to publicise this and to be involved and engaged if they would to hear about the priorities of the portfolio boards.

On the development of the outcomes framework, there was an excellent piece of work already in Solihull and West Birmingham around this and they had shamelessly plagiarised and joined them around that. They were trying to produce an outcomes framework rather than what they tend to do which was about transactional issues - an output framework which was coherent for Birmingham and Solihull including the West Birmingham and Sandwell part. This was focussed around trying to identify what they were trying to achieve in terms of making a difference to people's lives rather than just the transactional elements. Importantly for them, in that piece of work they would be co-producing it with the Health and Wellbeing Boards and others.

In relation to population health, Birmingham and Solihull were leading the pack at present. Regarding this piece of work they had some well advanced plans

around outputs in terms of understanding the information that they could gather and how they could put that in relation to the various needs they had for it and in particular how they could identify relevant information and deliver that to the Primary Care Networks.

The Primary Care Networks will be the engine of change for the system. The big providers would do things more effectively and efficiently and their focus on quality, but the change and sustainability would come from those Primary Care Networks in the system. It was crucial that they give them the information to make that happen. They were engaged with the other STPs in the West Midlands and were a well-supported piece of work to move that population and health management piece forward quickly.

Mr Cave stated that nationally local Healthwatch had being commissioned through Healthwatch England by NHS England to carryout engagement activity as part of the development of the local long-term plan. As such there was a national survey that was being promoted at the moment. To find the survey people will need to Google late Healthwatch and they were encouraging people to take part in that survey.

Locally they were focussed on carrying out focus groups on key population groups and they were asking the questions around self-care and what the barriers of self-care were as part of the prevention strategy locally. They had carried out five focus groups as part of that and they were with key population groups such as LGBT, people with sight loss, mental health and others. The report will be published by 20 June 2019 and will be shared with the STP as part of that.

Mr Jennings explained the connection in relation to population health management and the joint strategic needs assessment and how they interact in response to Dr Miller's enquiry. Ms Griffiths added that they had consistent membership in their steering group for JSNA and a member of the team was working on the PHM development so they were sharing that.

PRIMARY CARE NETWORKS

381 The following report was submitted:-

(See document No. 9)

The Chair advised that this item was for information.

UPDATE ON THE GREEN PAPER CONSULTATION

382 The following report was submitted:-

(See document No. 10)

The Chair advised that this item was for information.

PROPOSAL TO RELOCATE AND IMPROVE THE ADULT SEXUAL ASSAULT REFERRAL CENTRES WHICH SERVE BIRMINGHAM, SOLIHULL AND THE BLACK COUNTRY

383 The following report was submitted:-

(See document No. 11)

The Chair advised that this item was for information.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

384 It was noted that the next Birmingham Health and Wellbeing Board meeting will be a Development Session which will be held on 15 May 2019 at 1500 hours, in the Auditorium, 10 Woodcock Street, Birmingham, B7 4BL.

EXCLUSION OF THE PUBLIC

385 That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraphs 1 and 2