

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON TUESDAY 22 MARCH 2016 AT 1500 HOURS IN THE IMPACT  
HUB BIRMINGHAM, WALKER BUILDING, 58 OXFORD STREET, DIGBETH  
BIRMINGHAM B5 5NY**

**PRESENT:** - Councillor Paulette Hamilton in the Chair; Dr Aqil Chaudary, Dr Andrew Coward, Cath Gilliver, Professor Nick Harding, Peter Hay, Chief Superintendent Chris Johnson, Dr Adrian Phillips and Tracy Taylor.

**ALSO PRESENT:-**

Suwinder Bains, Partnership and Engagement Manager, Secretariat and Policy Support to the Commission  
Jenny Belza, Chief Nurse and Senior Responsible Officer, Transforming Care Programme  
Dr Patrick Brooke, Lead for the Sustainability and Transformation Plan (STP)  
Judith Davis, Programme Director, Birmingham Better Care  
Maria Gavin, Assistant Director, Commissioning Centre of Excellence and Deputy Senior Responsible Officer, Transforming Care Programme  
Paul Holden, Committee Services  
John Lees, Transforming Care Programme  
Alan Lotinga, Service Director, Health and Wellbeing  
Dr Dennis Wilkes, Child Poverty Commission Member and Consultant in Public Health, Public Health, BCC

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**APOLOGIES**

151 Apologies for absence were submitted on behalf of Councillor Lyn Collin, Councillor Brigid Jones, Candy Perry, Dr Gavin Ralston and Alison Tongue.

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**DECLARATIONS OF INTERESTS**

152 Members were reminded that they must declare all relevant pecuniary 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.

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**MINUTES AND MATTERS ARISING**

- 153 The Minutes of the Board meeting held on 26 January 2016 were confirmed and signed by the Chair.

Members were advised that all the actions had been programmed and further to comments made, Alan Loting, Service Director, Health and Wellbeing confirmed that an action log would be produced.

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**CHAIR'S UPDATE**

- 154 The Chair advised members that an event that had stayed with her since the last meeting had been Public Health England's regional routine enquiry event on Adverse Child Experiences (ACEs) held on 22 February 2016 - and was aware that Dr Andrew Coward had already made clear how important recognising ACEs were in much of the Health and Wellbeing Board's work. She reported that linked to this she'd attended another event in Wolverhampton with the Director of Public Health on the health of offenders, where similar findings had been shared e.g. the Director during his presentation highlighted that of adults who'd offended, were homeless and / or had undertaken treatment for substance misuse, 26-43 per cent had suffered a significant adverse childhood experience. The Chair indicated that it seemed to her that how ACEs were addressed was an important area to focus upon and help this Board, the Birmingham Community Safety Partnership and Birmingham's two Safeguarding Boards provide added value. She commented that she was pleased to see that there was a development session on ACEs in the Health and Wellbeing Board's Work Programme for next year and looked forward to hearing members' views on what other issues it would be most useful to include in the programme.

In referring to the Sustainability and Transformation Plan (STP), the Chair placed on record how pleased she was that Mark Rogers would be leading on the Birmingham and Solihull footprint to deliver the STP and thereby drive forward the NHS Five Year Forward View.

At this juncture, Tracy Taylor also reported that following on from the discussion at the last meeting, John Short, Chief Executive Officer, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) had asked that she raise the issue of ensuring that a balance was struck between investing in prevention and in services that ensured that appropriate support was available for those individuals with severe mental health issues who may go into crisis. She advised the meeting that BSMHFT had the second lowest number of beds (per 100,000 weighted population) of any mental health trust in England and that the proportion of its spend on community services was amongst the highest, which demonstrated that appropriate models of innovative care were being implemented. However, there were still about twenty adults placed in units around the country every night because of a lack of beds locally - the fourth worst performance in the country. Therefore, whilst it was really important to invest in mental health prevention services it also had to be recognised that there was a need to ensure that safe and effective crisis services for assessment and recovery were available locally for vulnerable individuals in Birmingham.

**SUSTAINABILITY AND TRANSFORMATION PLAN (STP) UPDATE**

The following report which it was highlighted should have been entitled as above was submitted:-

(See document No. 1)

Judith Davis, Programme Director, Birmingham Better Care in introducing the item circulated a further update paper as follows:-

(See document No. 2)

The following were amongst the issues raised and responses to questions:-

- 1) The Chair thanked the officers for having regularly kept her informed of developments and in referring to the information contained in the report indicated that she had concerns over the limited role which it seemed the Birmingham and the Solihull Health and Wellbeing Boards would play in respect of the STP work.
- 2) Dr Patrick Brooke, STP Lead reported that the Chair of the Solihull Health and Wellbeing Board did wish their Board to play a central role with regard to the STP and it was indicated that the Boards' roles would evolve as the work and place-based initiative developed.
- 3) A number of members considered that the Health and Wellbeing Board should play a significant part in terms of taking the STP forward and the view was expressed that given the financial pressures any attempt to shore-up existing arrangements would result in failure. Furthermore, mention was made of the importance of looking at such issues as the wider determinants of health; addressing health inequalities; providing support to vulnerable children and adults; energising local communities; and ensuring that there were sufficient beds available locally for people with severe mental health issues who went into crisis. A Member referred to the need to set the aims high in the STP in order to improve the health and wellbeing of citizens.
- 4) In view of the comments made, Dr Adrian Phillips, Director of Public Health suggested holding a special meeting in the next few months to discuss the STP and the Chair and other members indicated that they were supportive of a special meeting being convened.

155

**RESOLVED:-**

That, subject to 4) above, the requirement and emerging local approach be noted and regular updates be requested.

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**BETTER CARE FUND (BCF) UPDATE**

The following report was submitted:-

(See document No. 3)

Judith Davis, Programme Director, Birmingham Better Care introduced the information contained in the report and highlighted that the BCF Plan had two key elements - which related to national conditions and metrics. Members were advised that all the national conditions were being met except for delivering joint plans and multi-disciplinary working and that new activities had therefore been added to the BCF Plan which included joint working between the Community Trust teams and adult social care. In relation to metrics, the Board was informed that the one failure had been in avoiding non-elective admissions - an area that had always been recognised as being a significant risk and which was regularly reported to the BCF Programme Board. She also highlighted that nationally the payment-for-performance element had also been removed from the Plan and replaced by the two new conditions identified in the report.

During the discussion, the Chair drew attention to the recommendation of the BCF Programme Board to move the BCF programme into the STP as quickly as possible as referred to in paragraph 4.13 of the report though a member queried whether this could be done given the current legislative framework. The Chair highlighted the need for the Programme Director to share what details became available on how it was proposed to move forward on this issue with the members of the Health and Wellbeing Board.

156

**RESOLVED:-**

- (a) That the approach taken in developing the planned submission be noted;
- (b) that authority be delegated to the Chair of the Health and Wellbeing Board, Strategic Director for People and Chairs of the Clinical Commissioning Groups to jointly sign off the final submission prior to the final submission date of 25 April 2016.

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**TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES**

The following report was submitted:-

(See document No. 4)

Jenny Belza (Chief Nurse and Senior Responsible Officer), Maria Gavin, (Assistant Director, Commissioning Centre of Excellence and Deputy Senior Responsible Officer) and John Lees, Transforming Care Programme were in attendance. The Chief Nurse and Senior Responsible Officer introduced the information contained in the report.

The following were amongst the issues raised and responses to questions:-

- 1) Tracy Taylor in acknowledging the huge amount of work that was taking place in terms of developing community capacity nevertheless stressed the need for inpatient beds to be available locally so that those vulnerable individuals that needed assessment and treatment did not have to be placed in units that were a long distance away from Birmingham.
- 2) Alan Lotinga, Service Director, Health and Wellbeing (and Chair of the Birmingham Safeguarding Adults Board) informed the meeting that other key partners were aware of the risks involved in moving people with very complex needs from inpatient units to community care. He considered that the work that was taking place in transforming the care arrangements for people with learning disabilities was a good example of what could be achieved through partners working together.
- 3) In response to a question, the Chief Nurse and Senior Responsible Officer highlighted that the carrying out of Care and Treatment Reviews were amongst the steps taken to ensure that inpatients had the right care packages when they were discharged into community provision.
- 4) Dr Adrian Phillips referred to the excellent work that was carried out by organisations such as the West Midlands Police and West Midlands Fire Service and also drew attention to the valuable role of other services such as dental practices and pharmacies in supporting vulnerable people and drawing to notice any issues of concern that they had for their care.
- 5) Further to 4) above, members emphasised the importance of pursuing a whole systems-wide approach as part of the community care support arrangements when vulnerable people transferred from inpatient units scheduled for closure.

157

**RESOLVED:-**

That, subject to 5) above, the draft Transformation Plan be endorsed.

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**WHAT IS OUR EXPERIENCE OF AND RESPONSE TO CHILD POVERTY IN BIRMINGHAM?**

158

The following report was received:-

(See document No. 5)

Suwinder Bains (Partnership and Engagement Manager), Secretariat and Policy Support to the Commission and Dr Dennis Wilkes (Child Poverty Commission Member and Consultant in Public Health) BCC were in attendance.

The Child Poverty Commission Member and Consultant in Public Health presented the following PowerPoint slides:-

(See document No. 6)

During the discussion the following were amongst the issues raised and responses to questions:-

- 1) The Chair reported that when a District Nurse she had seen poorly clothed children who'd not properly eaten working as unpaid carers to their families and therefore losing out in life. She highlighted that being drawn into an adult way of life at so young an age could be a form of abuse. She also referred to the harm that could occur when for example boys with no male role model were brought up in one parent households with little money or resources because their mothers did not have a job.
- 2) In highlighting that there would not be the resource capacity to do everything, the Chair indicated that she would welcome the identification of three priority areas where it was considered the Health and Wellbeing Board could help to make a difference.
- 3) Tracy Taylor referred to the need for engagement to take place with a wide range of professionals who worked 'on the ground' in the health / public sector e.g. the Community Health Trust, West Midlands Fire Service, West Midlands Police. In highlighting that child poverty could occur because a family was dysfunctional the member indicated that she hoped that the wider determinants of child poverty would come out of the work that was taking place. Reference was also made to the importance of investigating where else progress might have been made in tackling child poverty with a view to replicating the work.
- 4) Dr Andrew Coward commented on the harmful effects of Adverse Childhood Experiences (ACEs) on individuals and the much increased likelihood of them having difficult and poor quality lives if they had high ACE scores. Furthermore, Chief Superintendent Chris Johnson drew attention to the high returns on investing relatively small sums of money in working with young people in this way.
- 5) Dr Aqil Chaudary drew attention to the negative effects of child poverty in terms of destroying the hopes and aspirations of children and referred to the need to gather evidence in this regard aimed at improving outcomes for children.
- 6) Dr Adrian Phillips highlighted that poverty often ran through families from one generation to the next. He also advised the meeting that one of the messages conveyed to him was that the systems and processes that had to be overcome to gain employment were too complex - "give me a job" being a comment he'd heard. He therefore felt that there was a need to look at how adjustments might be made to the current paradigm. He also referred to looking at exploring opportunities through the Sustainability and Transformation Plan (STP).

In thanking members for their comments the Child Poverty Commission Member and Consultant in Public Health indicated that he was looking to report back to the Board after further work had taken place. Professor Nick Harding suggested that the representatives might also wish to consider circulating information direct to members in order for them to have the opportunity to further input into the work. The Chair highlighted that she would also look forward to receiving information on outcomes that it might be appropriate for the Board to progress.

**HEALTH AND WELLBEING BOARD OPERATIONS GROUP UPDATE**

The following report was submitted:-

(See document No. 7)

Alan Lotinga, Service Director, Health and Wellbeing introduced the information contained in the report.

159

**RESOLVED:-**

That the work set out in the report be endorsed.

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**WORK PROGRAMME**

The following Work Programme was submitted:-

(See document No. 8)

Alan Lotinga, Service Director, Health and Wellbeing highlighted that sessions would also be taking place covering Active Citizenship and the Sustainability and Transformation Plan.

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**RESOLVED:-**

That the Work Programme be noted.

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The meeting ended at 1701 hours.

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CHAIRPERSON