

# BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND  
WELLBEING BOARD  
TUESDAY,  
29 JANUARY 2019**

**MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND  
WELLBEING BOARD HELD ON TUESDAY 29 JANUARY 2019 AT 1500  
HOURS IN SEMINAR ROOM, BSMHFT, UNIT 1, B1, 50 SUMMER HILL  
ROAD, LADYWOOD, BIRMINGHAM, B1 3RB**

**PRESENT:** - Dr Peter Ingham in the Chair;  
Councillor Kate Booth, Professor Graeme Betts (part), Paul  
Jennings, Dr Robin Miller, Becky Pollard and Sarah Sinclair.

**ALSO PRESENT:-**

Danielle Oum, Chair, Birmingham Healthwatch  
Sean Russell, Director of Implementation for mental health, Wellbeing and  
Radical Prevention  
Ralph Smith, Service Manager – Intelligence, Adults Social Care and Health  
Dario Silvestro, Joint Commissioning Manager, Mental Health Joint  
Commissioning Team  
Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health  
Andy Williams, Accountable Officer, Sandwell and West Birmingham CCG  
Errol Wilson, Committee Services

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**APOLOGIES**

326 Apologies for absence were submitted on behalf of Councillors Matt Bennett  
and Paulette Hamilton, Andy Cave (but Danielle Oum as substitute), Andy  
Couldrick, Professor Nick Harding (but Andy Williams as substitute), Steve  
Harris, Richard Kirby, Chief Superintendent Danny Long, Peter Richmond,  
Antonina Robinson, MBE, Carly Jones and Stephen Raybould.

Apology for lateness was submitted on behalf of Professor Graeme Betts.

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**DECLARATIONS OF INTERESTS**

327 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 will be recorded in the minutes of the meeting.

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DR PETER INGRAM, HEALTH AND WELLBEING BOARD VICE-CHAIR  
CHAired THE MEETING

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**MINUTES AND MATTERS ARISING**

In relation to matters arising from the Minutes, the following were amongst the matters raised: -

- In relation to Minute No. 318, **Action: What are the priorities you see for the JSNA? Members are asked to send thoughts about priorities for JSNA to Becky Pollard which she will bring back to the board for agreement in February.** Becky Pollard stated that she had not received from the members their thoughts about priorities for the JSNA. She had received some thoughts about the priorities but these were not specifically from the Board members. Engagement was needed with the members and that they could ring or email her.
- **Action: A request for the JSNA engagement plan was made by Dr Miller.**  
Becky Pollard advised that the JSNA engagement plan would be on the agenda for Monday's meeting and that they would come back with a more firmed up plan. Dr Miller stated that a time line would be helpful
- Dr Miller refers to Minute No. 322,
  - **Metric: DToC - Delayed Transfers of Care (delayed days)**  
With regards to the barriers and pressures and suggested that a full discussion was needed in terms of what they could do better. This could be a future agenda item to inform of the processes etc.

Becky Pollard stated that this could be put into the Forward Plan and split the meeting into an interactive session etc., so that they get more interaction. This could be discussed with the Chair Councillor Paulette Hamilton.

- **Action: The Long-term Plan should be brought to the HWBB for discussion when published.**  
Paul Jennings stated that this point was discussed at their pre-meeting. Becky Pollard advised that was in the Forward Plan for the next meeting.

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**RESOLVED: -**

That the Minutes of the meeting held on 18 December 2018, having been previously circulated, were confirmed.

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**CHAIR'S UPDATE**

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Dr Peter Ingham, Deputy Chair, Birmingham Health and Wellbeing Board welcomed everyone to the meeting and read a briefing note from Councillor Paulette Hamilton to the Board.

(See document No. 1)

Councillor Hamilton apologised for not being in attendance at the meeting as a result of the meeting clashing with a recruitment panel for senior management positions within the Council.

Dr Ingham expressed thanks to Becky Pollard on behalf of the Board for her hard work and dedication during the interim period.

Councillor Kate Booth informed the Board of the inspection of Children Social Care and that she was delighted to report that the Children's Services had improved to "good". They were ensuring that the focus was on the wellbeing and voice of children in care was a high priority. There was good work being done around homeless children. The comment on the children guidance in place for care leavers was requiring improvement to be good. They were still required to be good.

Sarah Sinclair, Assistant Director, Children and Young People commented that this was a tremendous achievement for the city after more than a decade. A comment was that there was a lot of area for improvement. A brief discussion ensued and Sarah Sinclair undertook to forward the link to the recent Ofsted inspection for circulation to the Board.

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**CHANGE TO THE ORDER OF BUSINESS**

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The Chair advised that he would take agenda item 7 ahead of agenda items 5 and 6 due to the late arrival of the presenters for these items.

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**BIRMINGHAM OLDER PEOPLES PROGRAMME – PROGRESS UPDATE AND PLANNED ACTIVITY.**

The following report was submitted:-

(See document No. 2)

Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health presented the report and drew the Board's attention to the information in the appendix to the report. Mr Walsh provided the Board with an update on progress and planned activities for each work-stream of the Birmingham Older Peoples Programme. He highlighted the work that was being done and the persons who were leading on the different work-streams.

Page two of the appendix refers to the principles set out in terms of the work programme and the standards they were working to. They were working jointly with the City Council and the CCGs commissioning care across the city in terms

of how they could better work together to pool their budget and pool resources. There was a big area of work-stream around district levels to act as lead providers to build support in Perry Barr and Selly Oak and will offer contracts in Yardley etc.

In response to questions and comments, Mr Walsh made the following statements: -

- a. A lot more programme managers were needed in terms of the intervention work. Community health providers were part of the ongoing support.
- b. In relation to *Citizen Engagement* (paragraph 3.2.3) more work needed to be done around this. Healthwatch Birmingham had been offered funding by Healthwatch England and Healthwatch Birmingham was happy to support.
- c. Richard Skelton was working on the engagement with portfolio. The comment was around early intervention programme and engagement – programme level and individual work-stream level.
- d. In terms of paragraph 3.2.1, the difference in network was the language used that causes the difficulties – personalised support was linguistic. This was in relation to how they coordinate across the work-stream and how they organised themselves at the neighbourhood level.
- e. This was a live issue and the only way was to test the situation on the ground.

At this juncture the Chair commented that the locality was formed within the CCG – 250,000 populations.

- f. General Practitioner Units were now starting to move into the network (almost unfortunately the issue that they spoke of) in relation to neighbourhoods in different ways.
- g. There was work through ongoing personalised support - 30,000 - 50,000. A lot of the community groups they were working with maybe 10,000, with people viewing their neighbourhoods as a different thing. Grouping of 30,000 to 50,000 was where it was at.
- h. As a Board this was something to be reviewed and challenged as the work-stream evolved.

Dr Miller stated that it was good to get an overview, that it was really cutting edge. Meetings taking place in small group was not particularly strong. This was a key milestone that should be met across the Board so that they could provide that challenge.

Becky Pollard stated that the long-term plan mirrors a lot of what was in the report. The question was whether there was anything that they needed to tweak in the programme to match the long-term plan.

- (i) That the Health and Wellbeing Board had a crucial role in ensuring delivery of programme. In particular the board was asked to:
  - Maintain oversight of the programme.
  - Provide support and challenge to the programme leads to ensure that work-streams were joined up and delivering against the integrated vision and a model of care which places the citizen at the centre.
  - Act as champions for the programme within the Health and Social Care system in Birmingham to ensure that all partners maintain a focus and commitment to delivering at pace.
- (ii) Specifically, at the current time, the Board was requested to note the work that was being progressed through the Ongoing Personalised Support work-stream to define and agreed a model and spatial delivery arrangements for providing integrated care and support to citizens with ongoing care needs. The Board was asked to support this approach to place-based care.

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**INCREASING EMPLOYMENT/MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT**

The following report was submitted:-

(See document No. 3)

Dario Silvestro, Joint Commissioning Manager, Mental Health Joint Commissioning Team introduced the item and advised that following the Birmingham Health and Wellbeing Board meeting in September they were asked to come back and give a further update. The support they would like from the Board was for the DWP representative on the HWB to commit to working with local providers to ensure the early identification of individuals who meet the criteria for Individual Placement and Support (IPS) (through Jobcentre Plus pathways).

Developing opportunities for people with severe mental illness (SMI) by promoting training and supporting employment opportunities within their organisations through the IPS programme. It was hoped that this would remain on the agenda. DWP work with local provider – spoke with the provider for a better pathway and DWP could provide an overview of the labour market so that they could be alerted to jobs. HWB was to be a member of group of organisation that was working together. There will be a meeting in October and the meetings were held on a quarterly basis. HWB members were asked to publicise the service on their websites etc. to raise the profile of service.

A bid was submitted to NHS England to expand the service into Solihull, extend the scope of the service so that they have Individual Placement and Support (IPS) workers embedded in the service and had applied for funding to develop this. They were working with existing Jobcentre Plus areas. Employment support allowance group established in Birmingham where the IPS work was involved.

They were getting more referrals than anticipated and the intention was to double the service and the number of people seen. If they did not get any

funding from NHS England they have been in touch with Social Finance Limited for impact bonds. Sustainability funding for 2019 – 2021 further two years of contract that they have at the moment.

In response to questions and comments, Dario Silvestro made the following points: -

- ✓ Some background information was to be provided to the Board. The whole purpose of the IPS was jobs rather than apprenticeship and the actual measure was people in jobs.
- ✓ In terms of cohorts that may not make it into jobs, this was a valid point, but the service was funded to create jobs and they would need further funding to provide for apprenticeship.
- ✓ Measuring jobs outcomes, job starts, the IPS service had to be part of the fidelity set out by Mental Health. Partners with better pathways and integrated with Mental Health team and worker comes from the IPS to support them.
- ✓ The numbers were not as good as they would like and people around the table need to challenge themselves as to what they could do in their organisations.
- ✓ The Board agreed the recommendations, but recommendation 3.2.4 was to be taken outside of the meeting. Mr Silvestro undertook to circulation some further information to the Board.

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**RESOLVED: -**

- a. A paper was presented to the Board in September 2018, which provided an update on the Mental Health Recovery and Employment Service (MHRE), which provides Individual Placement and Support (IPS) for individuals aged over 18 who have a mental illness or recognised mental health issue. Following that meeting the Board requested a further update on the service and also to highlight any support required from the Board.
  - b. An outline of the support that would be welcomed from the Board is highlighted below:
  - c. Health and Wellbeing Board (HWB) members become champions of Mental Health Employment and demonstrate corporate commitment by actively promoting and supporting employment opportunities for people with SMI within their organisations through the IPS programme.
  - d. To ensure that IPS remains a priority for the HWB, the programme will provide updates twice a year.
  - e. HWB DWP representative commits to working with local provider to ensure the early identification of individuals who meet the criteria for IPS support (through Jobcentre Plus pathways).
  - f. To endorse the development of IPS provision a member of the HWB to attend the IPS Employers forum. This group meets on a quarterly basis.
  - g. HWB members work with their respective communication teams to actively promote and support IPS. Members of the Board to raise awareness of the Mental Health Recovery and Employment service by promoting the service on corporate websites and through social media.
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**THRIVE UPDATE**

333

Sean Russell, Director of implementation for Mental Health, Wellbeing and Radical Prevention introduced the item and gave the following verbal update: -

- i. There were four lots of Individual Placement and Support (IPS) targeting the market. Lots of academic evaluation. The programme was started in June 2018 with 120 people, but the intention was to get 75,000 people back into work.
- ii. They were struggling to get GPs to make referrals and had to be innovative in how they provide the discussions. It was difficult to evaluate thrive into work/thrive at work.
- iii. There was funding from the government to do this and they should be doing a collective piece of work. All employers they were working with had signed up to the Health and Wellbeing Pledge supported by Public Health.
- iv. The launch was in October/November and they already had 100,000 people signed up to the programme.
- v. Over 17,000 people were trained into Mental Health First Aid, but this was only one part of the journey. Health literacy was supported by the Mayor. The response to the justice space was abysmal as they were targeting the wrong people which no one had identified.
- vi. They had to do something different in terms of drug and alcohol as not enough was being done by the CCGs, Primary Care etc. Veteran – supporting Directors of Public Health across the region – behaviour changes were needed.
- vii. Digital Social Prescribing? Housing First – complex need and those needing support were not left out. A brief discussion ensued and a suggestion was that they could do something exciting around the Commonwealth Games.

In response to questions, Mr Russell stated that: -

- a. The programme for Housing First was a five year programme and they would link people into the programme when they were homeless. This was not something they would do to them but with them.
- b. Connected into that space in terms of the Commonwealth Games, the question was what provision was available for the homeless across the Primary Care health system.
- c. They were learning from the lessons that were happening elsewhere across the region. This was raised through the Mayor's objective and was pulling this together.

Becky Pollard advised that Public Health in Birmingham was working with Public Health around the Commonwealth Games and that it was hoped to bring a paper concerning this to February's Board meeting as it was felt that this was fragmented.

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**PLACE BASED DEVELOPMENT: INCLUDING WESTERN BIRMINGHAM**

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Andy Williams, Accountable Officer, Sandwell and West Birmingham gave the following verbal presentation on the item: -

1. That there were two things to say to the HWB – Ladywood and Perry Barr was different to the rest of the city.
2. As a CCG they were actively engaged in the STP process and programme engagement was in place.
3. The things he wanted to draw out about Ladywood and Perry Barr and was keen to do citywide was how they could come closer together as commissioners in trying to identify outcomes and recognised that little part of the city was different in terms of communities and demographics etc. and that they work specifically with those communities citywide.
4. There was opportunity in Ladywood and Perry Barr to take this forward. They were working with Primary Care network as ... for Primary Care. This was a productive department for change one of which was to be clear what outcomes were in trying to change and improve.
5. The detail trajectory was that they were trying to home in on this as the outcome was important.
6. They were creating an envelope in which partners could work together which lends itself to a capitalised budget so that they could reach a transformational change i.e. employment opportunities etc.
7. It was important for this to be a broadly drawn characteristic. Time was also important to see movement. If they operate on a **stock** plan they will never see change.
8. They were trying hard to take this forward in Ladywood and Perry Barr if they could move partners to define outcomes and stick to this for a number of years whether this could bring about transformational change. They were keen to commit with partners.
9. The business of the HWB was to oversee this and it would be great to agree with partners through this forum to see what trajectory this works out to be.
10. They will begin a formal consultation process and the timeline for that draw looking at a process and HWB will be a contributor to this about March/April.
11. This did not prevent them from homing in on the particular challenges. It was hoped to be able to bring to a future HWB meeting an initial prototype.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that there was conversation around what a city plan would look like. They got the STP and a bit more complicated with the STP footprint in terms of the overlap and they had to produce a 2019/2020 Plan. This was really about trying to fix it i.e. some of the substantive issues in the NHS. They had to do this collectively as a system and write the five year plan and how they make all the changes happen. They will have to be collectively engaged as a STP.

The new hospital had to make it work and help to make it sustainable in terms of the system. The kind of changes they were making was driven by leadership. They needed to be alert to this and do what they could to support the development. On the edge of a massive change. The type of mechanism they will use around artificial intelligence. That they did not leave people behind and the mental health work and to support people into meaningful employment.

Professor Graeme Betts commented that it was right to mention Perry Barr and Ladywood as this was an important and significant shift. Getting everything



right for the citizens and will achieve this if using best practice. It was better to say what was working well and what was not as it was the citizens that suffer. Birmingham older peoples programme work was an example. This was the key for him and a great place to start. Birmingham older peoples programme applies in Perry Barr.

Mr Williams commented that it was great to do both and focus on having a great plan for both. The question was how do we do it rather than state that it was tricky. Danielle Oum stated that Healthwatch Birmingham was supporting involvement around long term plan. Mr Williams stated that they had to be developed and people told about it and that they needed to have something to work with.

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### **SUSTAINABILITY AND TRANSFORMATION PLAN – UPDATE**

335 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave the following verbal update: -

- The draft document which was a briefing note was to be circulated shortly. Good progress was made and the message had gotten across the Birmingham and Solihull was about doing things. It was not about reorganising the service or closing hospitals.
- The aim was to have a successful launch of workshop with citizens' agreement later this year.
- At the public event at Villa Park the STP Board was committed to using the existing programme to get the message out. The issue was what difference this would make to children etc. for people to see and measure.

Becky Pollard commented that the Public Health network would support the STP.

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### **CARE QUALITY COMMISSION**

336 Professor Graeme Betts, Corporate Director for Adult Social Care and Health Directorate advised that part of the national review CQC went back out to check where they were. He stated that this was a procedure report, but that he would bring this to the next Board meeting in terms of where they got to. The metrics were improving, but were challenged but they needed to put the older peoples programme into it.

Paul Jennings advised that there will be a meeting on Thursday at Chief Officer level.

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### **BIRMINGHAM CITY HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY: WAYS OF WORKING AGREEMENT**

337 The following report was submitted:-

(See document No. 4)

Becky Pollard, Interim Director of Public Health introduced the item and advised that this was a draft working agreement which was submitted to the Board for comment only, not to make a decision. It would then come back to the Board for it to be agreed. The report came about in relation to how Scrutiny was working and the role of Healthwatch Birmingham which was a statutory function. The report was really looking at HWB's role and Scrutiny and Healthwatch Birmingham to clarify responsibility. Page 6 of the document looked at referrals between Healthwatch Birmingham and Scrutiny. The report was for information only. Becky Pollard advised that any additional comments from the Board were to be sent to her.

Dr Robin Miller suggested that a similar thing could be done with HWB and STP in terms of partnership articulation.

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**MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN BIRMINGHAM CITY COUNCIL AND PUNE MUNICIPAL CORPORATION (INDIA) FOR A SMART CITY PARTNERSHIP ON FOOD**

338 The following report was submitted:-

(See document No. 5)

The Chair advised that the report was for information only.

Ralph Smith, Service Manager-Intelligence, Adults Social Care and Health advised that the document had been to several management boards and the next step was for the report to be signed off by Dawn Baxendale, Chief Executive, Birmingham City Council once it has been to the HWB. This was supported by Councillor Paulette Hamilton.

The HWB endorsed the contents of the MoU and requested future update reports as the work programme progressed.

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**OTHER URGENT BUSINESS**

339 None submitted

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**DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

340 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on 19 February 2019 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

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The meeting ended at 1655 hours.

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CHAIRPERSON