

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 24 SEPTEMBER 2019

**MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND
WELLBEING BOARD HELD ON TUESDAY 24 SEPTEMBER 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 and
Chair of Birmingham Health and Wellbeing Board
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
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
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Sarah Sinclair, Interim Assistant Director, Children and Young People
Directorate
Dr Ian Sykes, Sandwell and West Birmingham CCG
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Suzanne Cleary (as substitute for Richard Kirby)
Carol McCauley, Commissioner 0 – 25 Children, Young People and Young
Adults Mental Health for Birmingham and Solihull CCG
Lesa Kingham, Birmingham and Solihull CCG
Harvir Lawrence, Director of Planning and Delivery, Birmingham and Solihull
CCG
Roger Varley (as substitute for Gaynor Smith)
Mike Walsh, Service Lead CCoE, Adults Social Care
Errol Wilson, Committee Services

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

NOTICE OF RECORDING/WEBCAST

- 412 The Chair advised, and the Committee 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.
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DECLARATIONS OF INTERESTS

- 413 The Chair reminded Members that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a disclosable 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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APOLOGIES

- 414 Apologies for absence were submitted on behalf of Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Chief Superintendent John Denley, West Midlands Police
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions
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EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

Members highlighted the following report and appendix which officers had identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report:

Item 19 – NHS Long Term Plan: Birmingham and Solihull CCG Response.

- 415 **RESOLVED –**

That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

MINUTES AND MATTERS ARISING

Minute No. 395 (page 7 of 322) – Dr Varney advised that the Action should state that mapping of the Active Travel work would come back to the Active City Forum which was one of the proposed structures that was agreed by the Birmingham Health and Wellbeing Board.

Board members were encouraged to use the Healthy City toolkit which was circulated to Board members.

416 **RESOLVED: -**

That the Minutes of the meeting held on 30 July 2019, having been previously circulated, were confirmed and signed by the Chair.

ACTION LOG

417 The following Action Log was submitted:-

(See document No. 1)

Dr Justin Varney, Director of Public Health introduced the item and drew the Board's attention to the section of the Action Log that did not have a Rag Rating and updated the Board on those. He advised that Maria Gavin was following up on the infrastructure work-stream around the Commonwealth Games, opportunity to integrate Changing Places into the infrastructure work. A letter will be sent by the Chair to West Midlands Transport particularly aligning the opportunity of the Transport Hub and the train station refurbishment potential to be Changing Places sites and correspondence had already being sent to the directorates and those were now actioned.

The final two actions around the STP items would come back to November's Board meeting.

CHAIR'S UPDATE

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

- Tri-City and
- The Third Sector

(See document No. 2)

PUBLIC QUESTIONS

419 The Chair informed the meeting that there were no public questions. She requested that Board members make enquires within their organisations to ascertain whether anyone wishes to raise a question with the HWB and for these to be sent to the Board for a response.

Councillor Bennett enquired what was being done to publicise the item and that he had previously asked what the Board would do not as individual members, but as an organisation to publicise this. He added that Healthwatch Birmingham would be an obvious place to actively ask as this would generate a lot of questions.

Dr Varney advised that this had been tweeted and that they were also actively advertising it with community organisations talking about it particularly as they go around to the Ward Forums feedback sessions around the Green Paper consultation they were also making the citizens aware. As people were learning what the HWB did it helps them to understand the question. He added that he was clear when speaking with the citizens that the HWB did not control the NHS although they had a good relationship which often challenges people immediate – questions that comes to mind was GPs etc. rather than necessary the core things of the Board. They needed to do more, but more for the citizens to understand the strategic role of the HWB. If they receive any questions that was more appropriate for the STP or the CCG they would pass these on.

Councillor Bennett commented that he had missed the last couple of meetings but that it was assumed that they had not received any questions since the introduction of the item. He stated that it did not seem adequate to him that they were not able to generate any questions. He added that the point was taken that they did not control the NHS, but there were senior people from organisations here with the opportunity. He further stated that he did not have the answer but this should be quite an easy sell and should be something the Board was better at to try and get some people to ask some questions. If they could not they needed to consider whether they should be having the item.

Dr Varney stated that one of the areas they had been working on was how they could better talk to children and young people about what they were doing as this would give them an opportunity to. They had been working with the Children's Trust and the Director of Education and Skills to think through what does that look like and to make it meaningful as many of the meetings they had were during the day when young people were in school and educationally, they did not pull them out. The question was how to engage them, have a conversation and bring their questions back to the HWB as a meaningful way in helping to enable those questions to come forward. He stated that he had several twitter conversations with citizen who had engaged with the concept but that has not yet led to questions.

Mr Raybould commented that there were a number of citizens groups that BVSC was engaged with as an organisation around this and one of the challenges were that the level of participation that they now were used to was not necessarily sending question from a distance. It was more that they wanted to take part in a conversation. This was a formal meeting and one of the ways that was encouraged was to ask them to attend the sub-group structure which he felt someone was about to attend inequalities group. People had more than just a question to which they want a formal response to that would be helpful to have a citizen's forum, but could talk about the structure rather than having a question that people send in.

The Chair commented that going forward around Adult Social Care and Health; she struggled to understand why they were not getting the questions as there

were a number of groups that even if they started with focus groups, they should be able to ask them, there will be an HWB meeting where they will be discussing these items, would you like to ask a question on whatever subject. She added that there was also a citizen's engagement group operating on a monthly basis that was run by June Marshall. Presently, they did not seem to be using what they had internally. The Chair suggested that this be looked at carefully over the next month. The young people also had groups and networks that they could tap into to enquire what bothers them most. She stated that as a Council, they would be putting more emphasis on this issue over the next month.

Ms Jones commented that she was a bit amiss concerning the issue in terms of sharing it with their client groups. She added that she had made a note so that they get a question from their client forum which was taking place the next week. Ms Jones advised that there will be a question from Sifa Fireside coming for the next meeting.

The Chair informed the Board that the first Mental Health Forum will be held on the 17 October 2019 and it was hoped that there will be a question from that group for the next HWB meeting. She added that they will be trying new things and that she agreed with Councillor Bennett that where they were at this was not acceptable. A brief discussion concerning the issue then ensued.

SUICIDE PREVENTION STRATEGY

The following report was submitted:-

(See document No. 3)

Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and requested that the Board note the recommendation and that they also accept the Suicide Prevention Strategy (SPS) in its full form. He highlighted that this was a significant piece of work that had taken some time to reach fruition and that he was pleased that they now have a final SPS for Birmingham which was a partnership piece of work. The next steps will be taking this forward through the Suicide Prevention Working Group (SPWG) which will be reporting to the Creating a Mentally Healthy City Forum. They had significant scrutiny through the development of this strategy from NHS England/NHS Improvement to ensure they were aligned with national strategies and that this represents best in class based on the local experience. This built on the good practice like some of their neighbours like Solihull.

Dr Varney highlighted that they had one meeting of the SPWG since the strategy to develop the Action Plan as detailed in the annex to the report. They had identified a range of partner organisations as well as individuals within the Council to take forward the various work-streams. The next stage for the Action Plan was that those individuals were doing some mapping by engaging with other partners to work out what the specific actions were that they wanted to take forward over the next two years to see some transformational change in these areas. Dr Varney requested that the Board endorsed the strategy and assuming that the Board endorsed it they will take it through to full City Council who will pass a motion in relation to Birmingham not having a SPS and also an

update on Every Mind Matters. The national campaign will be launched in October and they will then report on the update on progress against the strategy through the update on Mentally Healthy City Forum as one of the Sub-Groups for the Birmingham Health and Wellbeing Board.

Dr Ingham commented that it was an excellent document and that he welcomed the fact that they were doing this and aspiring to a zero suicidal approach.

The Chair commented that this was good strategy and the fact that they were able to get some of the groups in that sometimes she felt that they had missed had highlighted how they were going to take this forward. She added that she welcomed the fact that it had put in the timeline that it would be submitted to Full City Council as it was known that there was a lot of Councillors that were not happy that Birmingham did not have a SPS in Birmingham.

She felt that they could move forward with Solihull as partners to take this from strength to strength. The Chair expressed well done to all who were involved in the SPS and the excellent job they had done.

Councillor Bennett stated that on the draft Action Plan the right hand columns were blank and that presumably some details will be filled in soon and they have sight of that information.

Dr Varney advised that they had identified from the last working group, the lead who was tasked with putting some more 'meat on the bone'. He stated that his ambition was that by the time they get to Full City Council, there would be more detail in the Action Plan. He added that he was happy to circulate this to the HWB as it developed before Full City Council.

420

RESOLVED: -

The Board noted the update on the implementation of the Birmingham multi-agency Suicide Prevention Strategy and ratified the Strategy.

HWBB PRIORITIES UPDATE: HEALTH INEQUALITIES, FORWARD TRAJECTORY

The following report was submitted:-

(See document No. 4)

Dr Justin Varney, Director of Public Health introduced the item and reminded the Board that they had agreed the Dashboard of indicators for Health Inequalities. They had previously talked about this as a slightly abstract term and therefore by tying it to these nine indicators they could set clear trajectories. They agreed at the last Board meeting to bring back more details on these individual indicators and direction of travel so that they were all on the same page to see what good looks like that was attached to the document. The team had done a good job explaining the indicators and some of the limitations on where they would like to get to in terms of closing the various gaps.

Dr Varney drew the Board's attention to Table 3 on page 108 of 322 and highlighted that the proposal was the delegation in terms of addressing and leading actions as a partnership to address these indicators sat with the following three sub-forums of the HWB. The majority of these sat with the *Creating a City Without Inequality Forum* as that was the nature of the forum as it was designed to focus on Health Inequalities, but some because of the particular nature of their focus sat with others. The immunisation indicators will sit with the Health Protection Forum which reflects the constituent partners particularly from NHS England/NHS Improvement who were the commissioners of this childhood vaccination in the city were represented on that forum and then physical activity and inactivity through Creating an Active City Forum.

421

RESOLVED: -

That the Board: -

- 1) Noted the contents of the report; and
- 2) Agreed the delegated actions against each of the indicators to the Board's sub-forums as detailed in Table 3 of the report.

CAMHS ACCESS AND MENTAL HEALTH PATHWAY IMPROVEMENT

The following report was submitted:-

(See document No. 5)

Carol McCauley, Commissioner 0 – 25 Children, Young People and Young Adults Mental Health for Birmingham and Solihull Clinical Commissioning Group introduced the item. Ms McCauley stated that the paper sets out the Transformation of Plan for 2021 and the system wide challenges and the implementation of that Plan. The Transformation Plan was a system wide plan that was not owned by an NHS activity, but how they all came together as a whole system to deliver the needs for children and young people. As Birmingham has 0 – 25 model, they have a 0 – 25 Transformation Plan although the funding that they received for this Transformation Plan was technically 0 – 18, but they stretched it to reached the 0 – 25. The Plan sets out the priorities and the gaps that seen at a national level and then to set out what that looked like locally.

The five year investment plan was to look at capacity and capability across the system. They had worked with a range of stakeholders in education, children services and the voluntary sector to look at what that skills and competency gaps were and then to develop a range of approaches to up-skill and create more confidence within the wider system. This had been by skills development, but it was also by the lead provided Forward Thinking Birmingham (FTB) providing professional consultation, case formulation and supporting individual workers. This could be family support workers alongside Social Workers to develop those direct interventions and there was also a strong school facing programme.

Moving forward to their priorities for 2020/21, they were fortunate to get Mental Health Support Team Schools Funding and that will commence in January. What they had looked at on these high level priorities was about identifying the

on-going opportunity for help at the earliest point. What they had seen was the FTB model which was promoted as a *no wrong door*, which meant that any time a child was presenting with an emotional wellbeing need, all the referrals had come to FTB. Instead of working at the earliest point which may have been in the private care sector setting, education setting and everything came through to FTB. What they had seen was a provider who was then challenged with their ability to meet that demand.

They had set out as their priorities to continue that work, upskilling, providing more confidence at the earliest point, looking at how they use digital technology to manage that. Some of this was around one of the things that they did this year was to look at how they undertake autism assessment and using an on-line digital resource and then looking at how they continue to build the wider workforce as well. This was the priorities they were proposing to be included in the Plan.

The next steps for them was that they had the Children and Young People's Local Transformation Plan which had to be aligned with the Centre Plan and also the NHS Long Term Plan and the submission date for setting out their priorities was the 25 September 2019 at mid-day. Once this goes to NHS England (NHSE) for assurance and it comes back to them for publication on the 31 October 2019, then they will commence a programme of allocation around resources that they got to attach to this Plan. This will be aligned to the NHS Long Term Plan.

In response to questions, Ms McCauley made the following statements:-

1. In terms of the transformation of and meeting the scale, when they started setting out the paper and stated that this was a whole system plan, this had been a real challenge.
2. They had a Board that was chaired by Dr Angela Brady and they had senior representation from across the partnership on that Board.
3. When they were setting out the priorities they were looking at what it meant with each of those partners. They did it at the strategic level, but when they got to the detail of what was actually happening there were over 450 schools.
4. The money they had from the Mental Health Team was £360,000.00 for seven members of staff, four would be doing direct work in schools and the rest were hierarchy that the NHSE had set up. They would not design the model like that and it was important to note that this was a trailblazer that NHSE was setting out and they wanted to test this model as there were different models around the country.
5. This money comes into CCG based budget and from that opportunity; they will then look at that resource and determine how they want to spend it.
6. Regarding the £360,000.00 even though it was going to reach this high number of schools, the actual reach of population, the target was only 500 pupils/contacts and that could be with parents and carers. The model of what they wanted to do and what was set out was the direct work with children and was work supporting parents to support their children and learning how they better do that.
7. In relation to the issue concerning scale, in the long term plan this was a scale between a fifth and a quarter of schools that had a mental health

- support team. If this was scaled up the cost of that was to say where you want to make that investment in the process they had.
8. What they need to be looking at in the system (one thing that was noted in the report) was how funding had been reduced in the local authority over the last few years. The impact was on schools, voluntary sector organisations that no longer exist.
 9. What she would ask of the Board was that there was a coming together to say that in that deprived model that was presented that getting help should not be funded through the NHS. That should be what a citizen gets without a referral that somewhere they could go for information and advice around their emotional wellbeing coping with stress and anxiety.
 10. When they look at what those families and children were coming through for, the impact of poverty, lower education standards and housing all impacted on a child and family emotional wellbeing and they saw that played out in the school setting.
 11. The work they were doing now through the Special Educational Needs and Disability (SEND) agenda and priorities was really important in coming together as a system. The SEND written statement of action was looking at how it was developing, easier access to emotional wellbeing in a school setting.
 12. Ms McCauley stated that she was at a meeting yesterday where they were starting to plot out what that offer looked like. They were not waiting for children to need an EHCP Plan, but providing help at the earliest point. They were starting to link the SEND priorities to the work that they were doing in a school setting around workforce development.
 13. One of the clear messages that they have always heard was that there was only so much of the training that they could do with that workforce they needed more bodies. One of the issues they had in the NHS was that the number of clinicians did not exist to do this work. What they had was some great examples led by FTB around the STICK Project.
 14. The STICK Project recruited a range of different types of posts – youth workers family, support workers and train them to deliver those interventions. They had these clinical frameworks behind them if that child or family they require that higher level of needs.
 15. It was approaches like that where they were reaching into settings so STICK sat alongside Social Workers and it was those approaches that were how they build that capacity and meet that need at the earliest point. This was also how they changed the culture of the workforce.
 16. Some of the feedback they were getting led from the STICK Project which was school facing, it was by having those different roles that they then challenge the practice of those people that they work with. They had just had an NHS eyes in terms of the support team coming to look at the work they were doing with FTB around capacity and demand.
 17. One of the things that they stated that they found was that those youth work post, those different kinds of post, the peer educators and workers, were fundamentally changing the culture which was recognise as good practice for them.
 18. By having those teams co-located and working together when the referrals came in it does away with that data issue of not sharing information as they were working together to look at what the referrals states and what the presentation was.

19. They had FTB workers going out with Social Workers doing those assessments and joint case formulations. This was how they model the difference and how they started to change the culture.
20. There was a lot of fear around mental health, so rather than managing risk and managing anxieties and the normal stresses if people were living in poor housing and had a lot of debts it would be normal for them to be stressed, but it did not mean that they should be referred to mental health service, but it meant that they should be provided with opportunities to resolve some of those other issues that were causing stresses on the family.
21. They were also trying to work alongside schools, where schools had resources and they wanted to make an investment. They wanted to ensure that the investment was into quality services, but it was interconnected into a robust framework of quality assurance and that they were supported to understand that they were purchasing from a school support perspective rather than seeing people coming forward as school counsellors.
22. In terms of schools improvement, these were the Ofsted grading around schools improvement. They had to ensure that there were many factors that led to school improvement.
23. One of the things they were doing in schools, (but this was a scale issue), they had funded through a transformation a whole school approach to aid schools i.e. about behaviour policies, wellbeing of their staff, how they dealt with children's behaviour challenges, inclusion and exclusion.
24. The whole school approach was about changing the school's response to a child whose behaviour was acting out and presenting. If the school understood that behaviour in the child's whole context, its family situation, what they wanted was for schools to respond differently which was not just about excluding which ties right back to the work with the SEND agenda.

At this juncture, the Chair invited Sarah Sinclair to comment on the SEND work. Ms Sinclair advised that her colleague Nicola Jones was better placed to speak on the subject as she was working with partners and families concerning the issue.

Ms Sinclair noted the Chair's query as to whether they were using the Third Sector and advised that the agenda was massive and that it was massive for the city and was bigger than that of the children and parents. She stated that the benefits for Birmingham being large posed a huge challenge as there were so many schools and partners to work with. Their recent improved work together with partnership had proven that they needed to get the basics right first and ensure that their assessment of children's needs was right first time with a strong and clear voice in those plans and also that their partners and colleagues working in schools, primary care and GP and health services were clear what their roles were. They did not have this kind of system previously, but what they had heard today was some good concrete steps.

Ms Sinclair added that whilst they could not do it all over night, what they were hearing so far was that schools were feeling that things were getting clearer as a clearer offer was made available. How they could work better to engage with working with schools ... they also maintained their mainstream schools so that

there was a clearer schools offer, health service/health visiting service going forward. She emphasised the need for good preventative mental health as presently they were collectively organised in terms of doing what they needed to do for mental health support.

Ms McCauley continued:-

- i. This was very much a part of the involvement in working with children and families as their whole system approach to addressing the needs of children, young people and families.
- ii. Some of the work they have been doing through primary care liaison project was when a GP identified a child or adult as it was an all age model that they were testing.
- iii. Instead of making that referral into a mental health service, they would refer it to a team that was located in GP practices so that clinical experts would then have the time to understand those needs if it was housing debts and other factors that impacted on the person's wellbeing and emotional health.
- iv. They had VCS partners picking up that piece of work, but if they did have mental health issues they would be directed to the right service. They would have much clearer understanding.
- v. They were also working with the VCS around an urgent care package so that when a child or adult started to present a crisis there was a first point through a crisis cap instead of them going direct to A&E.
- vi. The child or adult would then know they could go to somewhere they feel isolated or becoming worried or anxious and they feel a mental health crisis coming on, they could go to a crisis CAMHS.
- vii. They had PAUSE which was a drop-in centre in Digbeth, Birmingham which was led by the Children's Society and also one at the University of Birmingham to work with that population.
- viii. With regard to prevention, through their perinatal mental health strategy, some of that work with parents pre-birth and up to two years where parents may be starting to demonstrate some concerns around their emotional wellbeing and mental health.
- ix. They knew by doing that work in those early years around attachment and helping parents cope with the pregnancy and birth period was the best thing they could do around that cohort.
- x. They work jointly with BCHC around the work that they were doing concerning forward together. It was part of the work that they do and they did that through capacity building by reaching into those little workforces.

At this juncture, the Chair invited Suzanne Cleary, to comment on the issue. Ms Cleary stated that they welcomed this from the Community Trust view point and that they were doing a lot of work with the CCG in terms of developing this as part of the work in the STP. They were partners with Birmingham Forward Steps and were something they were looking at as to how they support young families and young children with all of their physical and emotional needs. They welcomed what was in the report and were working closely with developing it as it was looking at the right kind of areas. The NHS alone could not solve this issue as it was about working closely with the voluntary sector and with other organisations and this was what they were trying to do with Birmingham Forward Steps model.

422 **RESOLVED: -**

The Board noted the presentation of the report.

JSNA DEEP DIVE REVIEW FORWARD PLAN

423 The following report was submitted for information:-

(See document No. 6)

The Chair advised that this was an information item, but that she would ask Dr Justin Varney, Director of Public Health, Birmingham City Council to give a brief update on the item.

Dr Varney reminded the Board that they had been through the Delphi process to prioritise the deep dive topics with partners and expressed thanks to colleagues for contributing in which they had prioritised from a long list down to choosing the focus for the diversity and inclusion deep dive topic areas. He added that prior to that they had already done significant consultation with members of the Board around the other topic areas. He drew the Board's attention to Table 1 on page 153 of 322 which sets out the Forward Plan for the deep dive for the next four years starting with this year. He further reminded the Board that they had agreed that they would do four deep dives from within the capacity of the public health team and the top row reflected the prioritisation process on the diversity and inclusion. This would be aligned around the commissioning cycle and agenda.

Dr Varney advised that he had left the *to be confirmed slot in 2022/23* so that at some point they could revisit this to take it forward.

PUBLIC HEALTH PRIORITIES GREEN PAPER RESPONSE

424 The following report was submitted for information:-

(See document No. 7)

BETTER CARE FUND GOVERNANCE AGREEMENT REPORT

The following report was submitted for a decision:-

(See document No. 8)

Mike Walsh, Service Lead CCoE, Adults Social Care introduced the item and advised that this was bringing back the governance arrangement for the Better Care Fund (BCF). He added that it came to the Board in February and that there were two issues that were raised at that point. One was around engagement with the voluntary sector and as a result of that BCF officers met with Stephen Raybould to talk about those arrangements.

They concluded that they felt that the engagement at the project level was the most appropriate mechanism that affected it in the terms of reference. The

other change was just a clarification in terms of where the decision making around the Council and the CCG's contribution agreement was signed off and the decision regarding the clarification was that it was the Cabinet that signed off that contribution and for the CCG their governing body signs it off.

425

RESOLVED: -

The Board approved the revised Better Care Fund governance arrangements document (version 1.6) attached as Appendix 1 to the report.

FORWARD PLAN REVIEW

426

The following report was submitted for information:-

(See document No. 9)

Dr Varney presented the item and advised that this was to make colleagues aware of the Forward Plan (FP) that was attached with the papers. He added that if colleagues had any further item(s) they would like to add to the FP they could contact him or the team as they were happy to take additional items. He advised that they had integrated the new forums as substract to the HWB to bring those back on a regular basis to report to the Board which was a significant change from last time.

FINALISE AGENDA FOR THE NEXT MEETING

427

Dr Varney advised that the papers had not been tabled as yet, but that these will be circulated shortly. He added that the focus for the November meeting was as detailed in the Forward Plan.

OTHER URGENT BUSINESS

428

None submitted.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

429

It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 26 November 2019 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

The Chair advised that they have now moved to bi-monthly meetings as of the 1 September 2019 and that each Board member had been allocated to one of the 5 forums. She added that it was hoped that the new method of working will be enjoyed by all and that members could feedback at January's meeting to see how this was going.

EXCLUSION OF THE PUBLIC

- 430 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 Paragraph 4
