BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 19 MARCH 2019 AT 15:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chairman to advise/meeting to note that this meeting will 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.

2 **DECLARATIONS OF INTERESTS**

Members are reminded 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.

3 **APOLOGIES**

4 **MINUTES AND MATTERS ARISING** **5 - 12**

To approve as a correct record the Minutes of the meeting held on the 19 February 2019.

5 **ACTION LOG (1505 - 1515)** **13 - 14**

To review the Actions arising from previous meetings

6 **HEALTH AND WELLBEING BOARD FORWARD PLAN (1515 - 1520)** **15 - 22**

An opportunity for Board Members to review and suggest items to go on the Forward Plan before approval at the Board April 2019 meeting

7 **CHAIR'S UPDATE (1520 - 1530)**

To receive an oral update

8 **PUBLIC QUESTIONS**

Members of the Board to consider questions submitted by members of the public.

The deadline for receipt of public questions is 3.00pm on Friday 15 March 2019. Questions should be sent to: errol.wilson@Birmingham.gov.uk
(No person may submit more than one question)

Questions will be addressed in correlation to the agenda items and within the timescales allocated. This will be included in the broadcast via the Council's Internet site (www.civico.net/birmingham).
NB: The questions and answers will not be reproduced in the minutes.

23 - 28 9 **HEALTH AND WELLBEING BOARD PRIORITIES: HEALTH INEQUALITIES (1530 - 1545)**

Dr Justin Varney, Director of Public Health will present the item

29 - 52 10 **JOINT SRATEGIC NEEDS ASSESSMENT UPDATE (1545 - 1600)**

Elizabeth Griffiths, Public Health Specialist Registrar will present the item.

53 - 68 11 **THE MENTAL HEALTH PARTNERSHIP AND PRIORITY PARTNERSHIPS FOR THE FUTURE (1600 - 1615)**

Charlotte Bailey, Birmingham and Solihull Mental Health Trust, Executive Director Strategic Partnerships, will present the item

69 - 138 12 **PUBLIC HEALTH GREEN PAPER CONSULTATION (1615 - 1630)**

Dr Justin Varney, Director of Public Health will present the item

139 - 150 13 **BIRMINGHAM HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY WAYS OF WORKING AGREEMENT**

For information

14 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

15 **DATE TIME AND VENUE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

To note that the next meeting of the Birmingham Health and Wellbeing

Board will be held on Tuesday, 30 April 2019 in Committee Rooms 3&4, Council House, Victoria Square, Birmingham B1 1BB.

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 19 FEBRUARY 2019

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 19 FEBRUARY 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 Kate Booth, Cabinet Member for Children's Wellbeing
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Andy Cave, Chief Executive, Healthwatch Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Nick Harding, Chair of Sandwell and West Birmingham CCG
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Dr Robin Miller, Health Services Management Centre, University of Birmingham
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Antonina Robinson, Think Family Lead Birmingham, Department for Work and Pensions
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Karl Beese, Commissioning Manager, Adults Social Care & Health
Fiona Grant, Children, Young People and Families Public Health Lead
Becky Pollard, Interim Deputy Director of Public Health
Sharon Scott, Education and Skills Directorate
David Smith, Committee Services
Max Vaughan, Behaviour Service Integration Manager, Adult Social Care & Health
Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health

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NOTICE OF RECORDING/WEBCAST

341 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.

APOLOGIES

342 Apologies for absence were submitted on behalf of Councillor Matt Bennett and Sarah Sinclair (but Sharon Scott as substitute).

DECLARATIONS OF INTERESTS

343 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.

MINUTES AND MATTERS ARISING

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

- Dr Miller referred to Minute No. 328 and asked when the JSNA engagement plan could be presented to the Board.
  Action: Dr Justin Varney to present the JSNA engagement plan to the next meeting of the Board.

- In relation to Minute No. 329, Andy Couldrick advised that, while the Children's Services had been assessed as "requiring improvement", they had not attained "good" as yet.

- With regard to Minute No. 332 c, Dr Miller asked when a standard email of expectations of Champions of Mental Health Employment would be available as a guide to Board members.
  Action: standard email of expectations to be circulated within the next week after the meeting in relation to actively promoting and supporting employment opportunities for people with SMI within members' organisations through the IPS programme.

The Chair thanked Dr Ingham for chairing the last meeting in her absence.

344 **RESOLVED: -**

That the Minutes of the meeting held on 29 January 2019, having been previously circulated, were confirmed.

CHAIR'S UPDATE

345 Councillor Hamilton welcomed Dr Justin Varney as the new Director of Public Health and expressed her sadness that Becky Pollard, Interim Director of Public Health, would be leaving.

The Chair advised that she had met with Matt Hancock, the Secretary of State for Health and Social Care, in the previous month. She had asked him about the long-term plan and had questioned the lack of input from Local Government. He had suggested that such input should be given through local Health and Wellbeing Boards.

Councillor Hamilton advised that she had taken on the role of Vice-Chair of the West Midlands Combined Authority Wellbeing Board recently and had been asked to take the lead on obesity work. There was an awareness of the considerable amount of work that was being undertaken in Birmingham to tackle obesity.

BIRMINGHAM HEALTH AND WELLBEING BOARD PRIORITIES: UPDATE ON CHILDHOOD OBESITY

The following report was submitted:-

(See document No. 1)

Fiona Grant, Children, Young People and Families Public Health Lead, and Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG, presented the report. Paul Jennings drew attention to the need to take a lot of actions simultaneously in order to make a real difference. He pointed out the effect of deprivation and the need to address it as much as possible.

A detailed discussion ensued, during which the following comments were made and responses were given to questions:-

a. Supermarkets should be encouraged to promote fruit, rather than sweets, and nurseries and schools should be encouraged to offer fruit and water, not fizzy drinks.

b. Awareness of Healthy Start Vouchers needed to be improved and they should be made available at food banks.

c. With regard to local communities and leadership groups, Fiona Grant confirmed that the work undertaken would draw on the actions and skills of communities and local groups.

d. In response to questions about the involvement in and success of the Daily Mile, Fiona Grant advised that 40 schools had taken part and the findings and outcomes were set to be released imminently.

e. Richard Kirby informed the Board that the Children and Families Team in the Birmingham Community Healthcare NHS Foundation Trust would be focusing on preventative work, linking of activities and advice.

f. It was felt that there was a significant opportunity in relation to the Commonwealth Games 2022 to promote a whole systems approach and increase knowledge regarding exercise. Professor Harding suggested child and inter-school activities at venues before the Games. Dr Varney referred to the legacy from the London Olympics 2012 and advised that

he had challenged his team to review examples of best practice that could be taken up in Birmingham.

g. **Action: a similar partnership approach to be considered to the 'sugar free' month promoted by Sandwell Council and partner organisations.**

346 **RESOLVED: -**

That the Board noted some of the interventions already underway to address childhood obesity in the City and supported future system-wide approaches under development.

CHILDREN AND YOUNG PEOPLE WITH SEND – JSNA UPDATE

347 The following report was submitted:-

(See document No. 2)

Fiona Grant, Children, Young People and Families Public Health Lead, gave a presentation on this item.

A detailed discussion ensued, during which the following comments were made and responses were given to questions:-

a. Work was being undertaken through the SEND Improvement Board, on which the Children's Trust and Children and Families Directorate were represented. The importance of joint Local Authority and NHS action was recognised.

b. There were overlaps with the written statement of action and activities were being dovetailed, but the work was ongoing.

c. There was concern that people were not aware of the availability of personal budgets and that they were not being taken up. It was felt that this should be a matter for Board consideration at a separate meeting.

d. It was felt that a message could be sent from the Board saying that it would like to see an improvement in the uptake of personal budgets.

e. Andy Couldrick emphasised that action to improve SEND was based on the action plan and the written statement of action for improvement and that care should be taken to ensure all activities were connected to them.

f. It was felt that the 'Voice of Children' should be highlighted through the SEND Improvement Board.

g. It was noted that services were being encouraged to work closely together, but that there were gaps in capacity that were causing delays and difficulties.

h. The Board was asked to support the findings in the Children with SEND JSNA and agree to forward the Children with SEND JSNA to the SEND Improvement Board to inform future strategies and commissioning plans in this area.

Action: Move the recommendations from the Report and send them to the SEND Improvement Board as a reference item.

BETTER CARE FUND (BCF) GOVERNANCE AND APPROVAL FOR SCHEME OF DELEGATIONS

The following report was submitted:-

(See document No. 3)

Michael Walsh, Service Lead – Commissioning, presented the report and advised that the first recommendation should be to approve the governance arrangements for the BCF programme.

A discussion ensued, during which the following comments were made:-

a. Attention was drawn to the responsibility to engage with people, giving them the opportunity to contribute and challenge actions. The roles of Healthwatch and the Birmingham Voluntary Services Council were highlighted.

b. It was agreed that engagement with people at all levels be included as a condition of approval of the governance arrangements.

348 **RESOLVED: -**

i.) That approval be given to the governance arrangements for the BCF programme, subject to including engagement with people at all levels;

ii.) That approval be given to the Health and Wellbeing Board – Better Care Fund terms of reference;

iii.) That approval be given to the scheme of delegations for the Birmingham Better Care Fund.

SUSTAINABLE TRANSFORMATIONAL PLAN UPDATE

349 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG, gave a verbal presentation on this item, making the following comments and responses to questions:-

a. The Briefing notes from the public event at Villa Park had been circulated to members since the last meeting. A request had been made for clear, 'Plain English' priorities to be put in place by the Portfolio Boards.

b. Work had transferred from the STP Board to Portfolio Boards. The STP Board would meet every other month, with Portfolio Boards in between.

c. The take up of points in the long-term plan was welcomed.

d. With regard to delays and the need for co-operative working, he acknowledged that there was a lack of synchronicity, but assured members that officers were reminded of that responsibility.

In the light of the change in emphasis to work by the Portfolio Boards, the Chair questioned future update reporting arrangements and it was agreed that Paul Jennings should submit bi-monthly update reports to the Board, with full details from the Portfolio Boards on the work that is being undertaken and how this will impact on citizens, as well as the organisations around this Board.

CQC LOCAL SYSTEM REVIEW ACTION PLAN: PROGRESS MONITORING BY CQC

The following report was submitted:-

(See document No. 4)

Professor Graeme Betts, Director of Adult Social Care, presented this report.

The Chair advised that she had been interviewed as part of the 'light touch' approach, but had felt that there had been quite strong questioning. Therefore, she was pleased that the Care Quality Commission (CQC) had stated its confidence in the leadership. She thanked Professor Betts for his work on older people's services.

350 **RESOLVED: -**

That the Board:

i.) Noted the CQC Birmingham Local System Review Progress Monitoring report at Appendix 1;

ii.) Agreed to future reporting of progress forming part of wider reporting on the Birmingham Older People Programme rather than as a separate report.

NHS LONG-TERM PLAN: A SUMMARY

The following report was submitted:-

(See document No. 5)

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG, introduced this report.

A discussion ensued, during which the following comments were made:-

a. The important role of primary care services was highlighted, but the high quality of work that was being undertaken could not be sustained by GPs and other primary care workers if part of the services was removed. The way forward, including future GP contracts, would be crucial.

b. Healthwatch funding, engagement with people and the contribution from Local Government were highlighted.

c. Action: It was agreed that, as the local 5-year plan was being drafted, consultation should take place with the Health and Wellbeing Board and key leaders in the City to enable them to give an input to the plan.

351 **RESOLVED: -**

That the report be received for information and assurance, subject to the Board being enabled to give input to the process for the 5-year plan.

ADULT SUBSTANCE MISUSE TREATMENT PROVISION

The following report was submitted:-

(See document No. 6)

Max Vaughan, Behaviour Service Integration Manager, Adult Social Care & Health, and Karl Beese, Commissioning Manager, Adult Social Care & Health, presented this report.

A detailed discussion ensued, during which the following comments were made and responses were given to questions:-

a. Concern was expressed regarding the effect on families, how substance misuse damaged childhood experiences and the impact of prison sentences. It was felt that those matters needed to be addressed 'at source'.

b. There was concern that investment was needed in services, rather than cuts in funding. Antonina Robinson advised that the Department of Work and Pensions had small pots of funding for local work and that offers of help could only be followed up if people were willing to engage with the service. She was concerned that people were resorting to begging and open substance dealing instead.

c. It was felt that recovery and prevention arrangements were out of step with the pace of change in other services, such as social care.

d. Board members were advised that the focus was on key outcomes, including employment and directing people to the right services. The contract was to be extended by 2 years, but would be put out to the market afterwards.

e. There was a parallel process of development with the wider system, but Max Vaughan accepted that the service needed to move forward quickly and work closely with other services.

f. It was noted that addressing substance abuse was important and that public health priorities needed to be matched with resources. That involved not just Public Health grants, but also the wider involvement of the Police, Community Care and joint commissioning.

g. Action: Consideration to be given to partners' involvement and public engagement in the future commissioning cycle, and to the funding position, taking on board comments made at the meeting.

352 **RESOLVED: -**

That the Board agreed:

i.) To maintain the current treatment system response which has an aim to address the harms caused by drug and alcohol misuse on affected individuals. There is Cabinet permission to award the current treatment provider a contract extension from 2020 to 2022. A review of their contract performance and the current service specification validates the decision to extend for this period. Any reduction in contract value as part of the Council's saving plan for the extension period will aim to be minimized;

ii.) That during the contract extension period a whole systems review of adult substance misuse prevention, treatment and recovery services is planned to be undertaken to maximise the outcomes of the current system and to develop the future commissioning approach and intentions for when the contract or service functions are re tendered in 2022;

iii.) That this review with health, criminal justice and social care partners will aim to develop more effective services pathways, collaborations and identify how resources can best be aligned. The Joint Commissioning Group for Substance Misuse will be reconvened to oversee this work with partners from the criminal justice, social care and health sectors.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

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

The meeting ended at 1700 hours.

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CHAIRPERSON

Item 5

BIRMINGHAM HEALTH & WELLBEING BOARD

Action Log 2019

Rag rating :
- Overdue
- In progress
- Complete

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date	Date Completed	Outcome/Output	Comments	RAG
	29.01.2019	IPS - Mental Health	To send a letter to all Board members to encourage them to actively promote and support employment opportunities for people with SMI within members' organisations through the IPS programme.	Board Admin		27.03.2019	The letter has been sent out to all Board Members on the 27.03.2019	Awaiting information from Dario Silvestro regarding the Support available for employers	
	29.01.2019	IPS - Mental Health	The Chair has requested that a member of HWBB volunteer to attend the IPS Employers Forum to support the development of IPS.	All Board	19.03.2019				
344	19.02.2019	JSNA Update	Public Health Division to present the JSNA development and engagement plan at the next meeting of the Board.	Justin Varney	19.03.2019			Item in Matters Arising in the minutes	
346	19.02.2019	Childhood Obesity	DPH was asked to reflect on potential for social marketing high profile campaign - similar to the partnership approach to 'sugar free' month promoted by Sandwell Council and partner organisations and 'Fizz Free Feb' led by Southwark Council.	Justin Varney	Development day 14.05.2019				
347	19.02.2019	JSNA SEND	Remove the recommendations from the report and send them to the SEND Improvement Board as a reference item.	Fiona Grant	19.03.2019				
349	19.02.2019	Sustainability Transformation Plan (STP)	To submit written bi-monthly update reports to the Board, with updates from the portfolio boards.	Paul Jennings	28.05.2019				
351	19.02.2019	NHS Long Term Plan	It was agreed that, as the local 5-year plan was being drafted, consultation should take place with the Health and Wellbeing Board and engagement with key leaders in the City to enable them to give an input to the plan.	Paul Jennings	19.03.2019				
352	19.02.2019	Substance Misuse	Consideration to be given to partners' involvement and public engagement in the future commissioning cycle, and to the funding position, taking on board comments made at the meeting.	Max Vaughan	Date to be confirmed				

Birmingham Health and Wellbeing Board

Draft Forward Work Programme

2019-2020

Board Chair: Councillor Paulette Hamilton

Vice Chair: Dr Peter Ingham

Board Members:

Andy Cave	Chief Executive of Healthwatch	Healthwatch Birmingham
Andy Couldrick	Chief Executive of Birmingham Children's Trust	Children's Trust
Antonina Robinson, MBE	Think Family Lead Birmingham	Department of Work and Pension
Commander Danny Long	Commander for Birmingham Central, South and West	West Midlands Police
Councillor Kate Booth	Cabinet Member for Children's Wellbeing	Birmingham City Council
Councillor Matt Bennett	Opposition Spokesperson on Health and Social Care	Birmingham City Council
Councillor Paulette Hamilton	Cabinet member for Adult Social Care and Health	Birmingham City Council
Dr Justin Varney	Director of Public Health	Birmingham City Council
Dr Peter Ingham	Clinical Chair	NHS Birmingham and Solihull CCG
Dr Robin Miller	Head of Department, Social Work & Social Care Co-Director, Centre for Health & Social Care Leadership	University of Birmingham Education Sector – Health Services Management Centre.

Paul Jennings	Chair Executive	NHS Birmingham and Solihull Clinical Commissioning Group
Peter Richmond	Chief Executive of Birmingham Housing Trust.	Birmingham Social Housing Partnership
Professor Graeme Betts	Corporate Director for Adult Social Care and Health Directorate	Birmingham City Council
Professor Nick Harding	Chair, Sandwell and West Birmingham CCG.	Sandwell and West Birmingham CCG.
Richard Kirby	Birmingham Community Healthcare NHS Foundation Trust	Birmingham Community Healthcare NHS Foundation Trust
Sarah Sinclair	Interim Assistant Director for Children and Young People Directorate	Birmingham City Council
Co – optees		
Carly Jones	Chief Executive of SIFA FIRESIDE.	SIFA FIRESIDE
Charlotte Bailey	Executive Director Strategic Partnership.	Birmingham and Solihull Mental Health Trust
Stephen Raybould	Programmes Director (Ageing Better)	Birmingham Voluntary Services Council

Board Support:

Committee Board Manager
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Business Support Manager for Governance & Compliance
Landline:0121 303 4843
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Schedule of Work: April 2019-March 2020

Board Meeting Date	Deadlines	Scheduled Agenda Items	Presenting Officers
Formal Meeting 30th April 2019 Venue : Committee Rooms 3 & 4, Council House, 3pm -5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: Agenda and Reports Dispatch Date:	**Presentation Items** Health Protection Update Feedback on Public Health Green Paper Consultation West Birmingham Plan Update **Information Items** Care Quality Commission Quarterly Update – Combined with Birmingham Older People Programme(BOPP) Sustainable Transformational Plan (STP) Bi – Monthly Update Section 75 Agreement	 TBC TBC TBC TBC TBC TBC
*** PLEASE NOTE – AT THE BEGINNING OF EACH MUNCIPAL YEAR THE NEW DATES OF THE BOARD MUST BE AGREED BY BOARD MEMBERS BFEORE PUBLICATION , SO THESE DATES ARE TENTATIVE UNTIL AGREED BY BOARD MEMEBERS AT MAY'S BOARD MEETING*****			
Board Development Day 14th May 2019, Venue: Committee Rooms 3 & 4, Council House.	Time : 1pm -5pm	**Workshop Group Discussion Items** **Health Inequalities** Health and Wellbeing Board Priorities indicators and work programme & new TOR **Childhood Obesity** Whole System Approach to tackling childhood obesity – developing a partnership action plan for the city	 TBC TBC
Informal Meeting **25th June 2019**	Draft Report Deadline for Pre-	***Themed : Making Every Adult Matter***	

Venue : Seeking to secure Sparkbrook Community Centre	agenda : TBC Final Report Deadline: 14th June 2019 Agenda and Reports Dispatch Date: 17th June 2019	**Discussion Items** Homelessness Prevention Plan (Rough Sleepers) Severe Enduring Mental Health Public Health Annual Report Substance Misuse Vulnerable individuals Offenders HealthWatch	 TBC TBC TBC TBC TBC TBC TBC
Formal Meeting 30th July 2019 Venue : Committee Rooms 3 & 4, Council House, 3pm – 5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 19th July 2019 Agenda and Reports Dispatch Date: 22nd July 2019	**Presentation Items** ***Standing Item*** JSNA (Joint Strategic Needs Assessment) Update Health and Wellbeing Board Priorities Update: Childhood Obesity Action Plan Clean Air / Air Quality **Information Items** Mental Health CCG Commissioning Strategy Sustainable Transformational Plan(STP) Bi – Monthly Update Suicide Prevention Strategy	 TBC TBC TBC TBC TBC TBC
August 2019 – NO BOARD MEETING – Half – Term			
Formal Meeting 17th September 2019 Venue: Committee Room 3&4, Council House, 3pm – 5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 6th September 2019 Agenda and Reports Dispatch	**Presentation Items** Care Quality Commission Quarterly Update – Combined with Birmingham Older People Programme(BOPP) Health and Wellbeing Board Priorities Update: Health Inequalities - JSNA Deep Dive	 TBC TBC TBC

	Date: 9th September 2019	DTOC Discussion **Information Items** Health and Wellbeing Board Priorities Update: *Childhood Obesity*	TBC TBC
Informal Meeting 29th October 2019 Venue : TBC **Health Walk - TBC**	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 18th October 2019 Agenda and Reports Dispatch Date: 21st October 2019	**Presentation Items** Sustainable Transformational Plan(STP) Bi – Monthly Update BAME Health Inequalities discussion item **Information Items** Homelessness Quarterly Update	TBC TBC TBC
Informal Meeting 26th November 2019 Venue: TBC	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 15th November 2019 Agenda and Reports Dispatch Date: 18th November 2019	**Presentation Items** Health and Wellbeing Board Priorities Update: *Childhood Obesity* **Information Items**	TBC
Formal Meeting December 2019, Date and Venue tbc, 3pm - 5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: TBC Agenda and Reports Dispatch Date: TBC	**Presentation Items** Sustainable Transformational Plan (STP) Bi – Monthly Update Disability Health Inequalities – discussion **Information Items** Health and Wellbeing Board Priorities Update: Health Inequalities – *Lifestyles* Care Quality Commission Quarterly Update – Combined	TBC TBC TBC TBC

		with Birmingham Older People Programme(BOPP)	
Formal Meeting 21th January 2020 Venue: Rooms 3 & 4, Council House, 3pm - 5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 10th January 2020 Agenda and Reports Dispatch Date: 13th January 2020	**Presentation Items** Health and Wellbeing Board Priorities Update: Health Inequalities - JSNA Update **Information Items** Homelessness Quarterly Update	 TBC TBC TBC
Informal Meeting 18th February 2020 Venue: TBC	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 7th February 2020 Agenda and Reports Dispatch Date: 10th February 2020	**Presentation Items** Sustainable Transformational Plan (STP) Bi – Monthly Update LGBT+ Health Inequalities discussion **Information Items**	TBC TBC
Formal Meeting 17th March 2020 Venue : Rooms 3 & 4, Council House – 3pm - 5pm	Draft Report Deadline for Pre-agenda : TBC Final Report Deadline: 6th March 2020 Agenda and Reports Dispatch Date: 9th March 2020	**Presentation Items** Care Quality Commission Quarterly Update – Combined with Birmingham Older People Programme(BOPP) Health and Wellbeing Board Priorities Update: Health Inequalities **Information Items** Health and Wellbeing Board Priorities Update: *Childhood Obesity* Gender based Health Inequalities discussion	TBC TBC TBC TBC
Development Day 28th April 2020 Venue: TBC	TBC	TBC	TBC

	Agenda Item: 9
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**19 March 2019**
TITLE:	**BIRMINGHAM HEALTH AND WELLBEING BOARD PRIORITIES: HEALTH INEQUALITIES**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney, Director of Public Health**

Report Type:	**Information Report**

1. Purpose:
This is an information report on the Birmingham Health and Wellbeing Board's strategic priority of health inequalities.

2. Implications:		
BHWB Strategy Priorities	Health Inequalities	✓
	Childhood Obesity	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		✓
Financial		
Patient and Public Involvement		
Early Intervention		✓
Prevention		✓

3.	Recommendations

3.1 It is recommended that the Birmingham Health and Wellbeing Board:

- AGREE health inequalities as one of the Board's strategic priorities;
- NOTE that one of the focuses for the April 2019 Board Away Day will be developing a shared action plan to support the inequalities dashboard.

4.	Background

4.1 Birmingham Health and Wellbeing Board has provisionally agreed two strategic priorities to focus on during 2019/20 through the Board development sessions in Autumn 2018, these are:

- Childhood Obesity
- Health Inequalities

4.2 Health inequalities are the unjust differences in people's health across the population and between specific population groups. Health inequalities are avoidable and are socially determined. We use data and intelligence to highlight where certain groups are disadvantaged in terms of their ability to live longer, healthier lives.

4.3 Under the Health and Social Care Act 2012, local authorities have the duty to reduce health inequalities and improve the health of their local population.

5.	Discussion

5.1 The population of Birmingham face significant health inequalities across a broad range of areas and issues; these vary across communities and different segments of the population. These include (but are not limited to):

- Life expectancy
    - Life expectancy at birth for men (77.6yrs) in Birmingham is 1.2yrs less than the West Midlands average and 2yrs lower than the England average. For women (82.0yrs) the gap is less, 0.7yrs lower than WM and 1.1yrs lower than England.

- Infant mortality
    - The rate of infant mortality in Birmingham is 7.8 per 1,000 live births, placing Birmingham as one of the worst in the country at double the England average rate (3.9 per 1,000 live births).
- Childhood obesity
    - 40.3% of children aged 10-11 in Birmingham are classified as being overweight or obese, this is 6% higher than the England average of 34.3% and 3% higher than the other core cities average at 37.1%.
- 16-17 year olds not in education, employment or training
    - 9.2% of Birmingham's 16-17 year olds are not in education, employment or training compared to 6.0% in England as a whole and 5.6% in the West Midlands.
- Employment rates
    - 64.4% people aged 16-64 in Birmingham are in employment which is over 10% lower than the England average of 75.2% and almost 5% lower than the West Midlands average of 69.1%
- Hip fractures in people aged over 65
    - The age standardised rate of emergency admissions for hip fractures in males aged 65 and over in Birmingham is 497.5 per 100,000, this is higher than both the England average (410.7 per 100,000) and West Midlands average (431.0 per 100,000)
- Cancer screening coverage
    - Bowel cancer screening coverage in Birmingham is 48.1% of those eligible, this is 11% lower than the England average (59.0%) and over 5% lower than the West Midland average (54.8%).

5.2 As health inequalities across the City encompass such a wide range of issues, the Board may wish to break down health inequalities into a number of different areas to enable an in-depth discussion of the latest inequalities data, suitable indicators, background information and expert opinion in order to effect change.

5.3 One way that the Board could consider splitting health inequalities is at the

following levels:

- Macro/City level
- Micro/Community level
- Special focus

5.4 Where macro issues are city wide where the inequality is between the population of the city and the rest of the region or country such as infant mortality or the percentage of people aged 16-64 in employment; micro issues are those regarding particular sub-groups of our population or specific geographic communities, such as in Shard End 43% of children aged 0-15 are living in poverty compared to 7.1% in Sutton New Hall. Special focus would allow for exploration of inequalities of special interest to the Board such as immunisations and screening, avoidable emergency admissions, domestic abuse, learning disabilities, social isolation, or the effects of having a number of known risk factors (adverse effects) in childhood (ACES).

5.5 It is proposed that at the Strategic Away Day the Board will be asked to prioritise the areas it wishes to focus on within these three levels where there are measurable indicators that can be tracked in a reasonable time frame to assess impact and progress of actions.

5.6 The ambition for the Board is that the indicators will be supported by SMART objectives with leadership distributed across the membership of the Board to reflect the partnership approach.

5.7 We hope that partners will rotate in leading presentations to the Board on the topic areas to further expand the discussion and action to effect change.

5.8 It is suggested that at its development day in April, the Board:

- consider and prioritise health inequality topics under the headings macro, micro and special focus;
- select specific measures for each topic to be included on a health inequalities dashboard so that progress can be assessed; and
- agree the Board partner lead for each measure and develop some initial thinking on specific SMART actions to effect change.

5.9 This work programme will inform the development of a Joint Health and Wellbeing Strategy and will help align partnership work on inequalities.

6.	Future development
6.1	A long-list of possible topics and potential indicators will be presented at the Board's development session in April 2019.

7.	Compliance Issues
7.1	***Strategy Implications***
	This paper is concerned with the Health and Wellbeing Board's monitoring of its strategic priority: health inequalities.
7.2	***Governance & Delivery***
	Monitoring of progress will be undertaken by the Board; planning of delivery of individual health inequality topic areas will be assigned to a named lead from across the Board's partner organisations.
7.3	***Management Responsibility***
	To be confirmed at the Board's development session in April 2019.
7.4	***Diversity & Inclusion***
	The nature of inequalities is that they are associated with minority communities and individuals and hence an enhanced focus on inequalities is likely to benefit diverse communities. However through the process of developing the action plan and indicator dashboard there will be explicit discussion of diversity and inclusion aspects to consider if the prioritisation has excluded or ignored any specific groups.

	Agenda Item: 10
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**19 March 2019**
TITLE:	**BIRMINGHAM JOINT STRATEGIC NEEDS ASSESSMENT: UPDATE**
Organisation	**Birmingham City Council**
Presenting Officer	**Elizabeth Griffiths, Acting Assistant Director of Public Health**

Report Type:	**Information Report**

1. Purpose:
To update the Board on plans to improve the Birmingham Joint Strategic Needs Assessment (JSNA).

2. Implications:		
BHWB Strategy Priorities	Health Inequalities	✓
	Childhood Obesity	✓
Joint Strategic Needs Assessment		✓
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		✓
Financial		✓
Patient and Public Involvement		✓
Early Intervention		✓
Prevention		✓

3.	Recommendations

It is recommended that the Health and Wellbeing Board note:

- short term plans to create a core dataset for the Birmingham Joint Strategic Needs Assessment (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;
- the proposed three year forward plan for deep-dive JSNA reviews; and
- long term plans to develop an integrated JSNA bringing together knowledge, data, intelligence and analysis from across the Council and its strategic partnerships.

4.	Background

4.1 The Joint Strategic Needs Assessment (JSNA) is an ongoing process to identify the current and future health and wellbeing needs of the local population and the services and assets available for meeting those needs.

4.2 Local Authorities and local NHS have a joint statutory duty to produce a JSNA via the Health and Wellbeing Board.

4.3 The 2018 CQC Birmingham Local System Review raised specific concerns over the capacity of the Birmingham JSNA to inform future commissioning decisions. To address these concerns a multi-agency steering group is now in place and a plan for development is set out below.

4.4 In addition, an internal audit has been commissioned to explore the extent the JSNA is being used to inform commissioning decisions; and, a member of Public Health staff is on a secondment to work with Public Health England to explore JSNA best practice.

5.	Discussion

5.1 It is recognised that the current Birmingham Joint Strategic Needs Assessment (JSNA) is not routinely being used to inform commissioning decisions.

5.2 The new Director of Public Health has a clear ambition that the Birmingham JSNA be the strategic framework for data and intelligence across Birmingham to inform commissioning priorities for the Council and its partners. A work

programme for developing the JSNA is detailed below.

5.3 Three parallel programmes are planned:

1. Improvements to the Core JSNA dataset to inform the autumn 2019 commissioning cycle.

2. A three year forward plan for deep dive JSNA reviews to inform commissioning rounds in 2020-22.

3. Integration of City wide partner data to move to a fully refreshed JSNA to inform the autumn 2020 commissioning cycle.

5.4 Core JSNA dataset

5.4.1 The core JSNA dataset will bring together data, intelligence and analysis of a number of key topics throughout the life course from pregnancy, birth and health protection for new babies through to frailty and physical disability in older people and end of life issues.

5.4.2 Building on the Southampton model, each core data topic will be structured as follows:

- Overview of the topic.
- Details of who is at risk and why.
- The level of population need.
- Current services to meet this need.
- Future projections for need.
- Stakeholder views.
- Evidence of what works.
- Recommendations.
- Links to data resources.

5.4.3 In each section we will highlight health inequalities and variations in outcomes at a city and population level.

5.4.4 Data has already been obtained from the Police via the Community Safety Partnership; this will be used to trial a core data topic on safer communities, and we hope on learning from Solihull and Sandwell to strengthen the NHS data content in the JSNA.

5.4.5 It is anticipated that a draft report of the core JSNA dataset (city level data), including the safer communities data, will be presented to the Board at its May meeting with completion by August 2019 to inform the autumn 2019 commissioning cycle.

5.4.6 This will sit alongside the recently published local area profiles.

5.5 3 year plan of deep dives

5.5.1 Deep dives will allow for in depth data analysis on key areas of need, for example homelessness, LGBT+, disabilities, veteran health or mental health. The new Director of Public Health has set out a vision for a rolling annual programme for deep dive JSNA reviews whereby 4 deep dives are completed a year (one to be reserved for a protected characteristic under the Equality Act 2010) using the following methodology:

- 1 month for scoping.
- 2 months for data/evidence collection and community engagement.
- 1 month for analysis and write up.

5.5.2 An engagement exercise is planned within the Council, with strategic partners and third sector organisations to develop a long-list of deep dive topics and prioritise these based upon City wide commissioning needs. It is anticipated that the engagement exercise will be launched at the Board's March 2019 meeting.

5.5.3 A three year deep dive forward plan will then be agreed via engagement with the Board and across the Council; mandatory deep dives such as the Pharmaceutical Needs Analysis (PNA) will be included in the forward plan.

5.6 Integration of data to full JSNA refresh

5.6.1 A longer term—18 month—programme to move towards a strategic central depositary of JSNA intelligence 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 is underway. This will complement the NHS and STP Population Health Management approach and will bring together knowledge and intelligence from across Birmingham's strategic partnerships.

5.6.2 To test the integration of data a detailed dataset has been obtained from the Community Safety Partnership. Work is underway to explore, amongst other things, the opportunities to include Police data within the core JSNA dataset; to identify where there are gaps in data; and, to explore options to fill the gaps in data using data and intelligence from across the City agencies.

5.6.3 The PH Division are currently working to map the core dataset to Corporate, STP and Community Safety Partnership strategic measures.

5.7 JSNA Steering Group

5.7.1 The JSNA Steering Group, chaired by Public Health, will have a key role in the prioritisation and delivery of the JSNA components. To ensure that this Group can effectively support the longer-term aim to integrate data it is proposed that the membership of the Group be extended to include a

representative of the City's strategic partnerships including the Community Safety Partnership; and, the Assistant Director of Commissioning.

6.	**Future development**
6.1	The following short-term outputs have been agreed. • The engagement on prioritisation of deep dive topics will be launched at the Health and Wellbeing Board on 19 March. • Draft internal audit report on the JSNA's impact on commissioning by 31 March 2019. • Core 2019 JSNA workplan in place by 31st March 2019. • Development of 3 year forward plan of deep dives by JSNA Steering Group at its meeting in April 2019. • Draft core dataset, including safer communities data, available for consideration by the Health and Wellbeing Board end of May 2019. • Core JSNA dataset (city level) published August 2019.
6.2	Longer-term delivery • The time-scale for delivery of an integrated JSNA is August 2020.

7.	**Compliance Issues**
7.1	***Strategy Implications***
	This paper sets out the proposed method of delivery of the Health and Wellbeing Board's statutory duty to produce a Joint Strategic Needs Assessment.
7.2	***Governance & Delivery***
	Monitoring of progress will be undertaken by the Board; planning and delivery of the work programme and long-term delivery of an integrated JSNA will be managed by the JSNA Steering Group with deep dive topic areas being assigned named leads from across the Board's partner organisations.

7.3	*Management Responsibility*
	The JSNA process will be overseen by Elizabeth Griffiths, Acting Consultant in Public Health and the delivery led by the Public Health Knowledge Impact and Outcomes Leads in the PH Knowledge and Intelligence team. They are accountable to Dr Justin Varney, Director of Public Health, for delivery of the JSNA and its aligned products in line with the timeframes set out in this paper.

8.	**Appendices**

Joint Strategic Needs Assessment (JSNA)

Birmingham Health and Wellbeing Board

Briefing March 2019

Joint Strategic Needs Assessment (JSNA)

WHERE ARE WE?

Concerns raised over the JSNA

- 2018 CQC Birmingham Local System Review – concerns over the capacity of Birmingham's JSNA to inform future commissioning decisions.
- Feedback from Council and partners suggests Birmingham's JSNA was not intuitive and that it was hard to find relevant information.

Where are we?

- New Director of Public Health in post
- Council and partner commitment to improve JSNA – JSNA Steering Group created
- Internal Audit of JSNA use in commissioning decisions
- Public Health Officer on a secondment with Public Health England to research JSNA best practice

Birmingham Joint Strategic Needs Assessment (JSNA)

WHAT ARE OUR ASPIRATIONS?

Aspirations for the Birmingham JSNA

JSNA will be an integrated data set for strategic partnership data from across Birmingham which will fuel evidence based policy and evidence based commissioning in the City.

Birmingham Joint Strategic Needs Assessment (JSNA)

WHAT ARE WE DOING?

Key areas of action

Three key areas:

1. Improved core data set to inform Autumn 2019 commissioning round
2. JSNA Deep Dive three year annual programme
3. Integrated JSNA data bank

Core data set

Data, intelligence and analysis of a number of key topics throughout the life course. Each core data topic will be structured as follows:

- Topic overview.
- Details of who is at risk and why.
- The level of population need.
- Current services to meet this need.
- Future projections for need.
- Stakeholder views.
- Evidence of what works.
- Recommendations.
- Links to data resources.

In each section we will highlight health inequalities and variations in outcomes at a city and population level.

Deep Dives

Deep dives will allow for in depth data analysis on key areas of need. 4 deep dives to be completed each year, one to be reserved for a protected characteristic under the Equality Act 2010. Each deep dive will follow the following methodology:

- 1 month for scoping.
- 2 months for data/evidence collection and community engagement.
- 1 month for analysis and write up.

Deep Dive forward programme

2019 topics piloting the deep dive approach:

- Death and dying
- The health and wellbeing of Veterans
- The health and wellbeing of the public sector workforce
- Protected characteristic – for discussion and agreement by the Board

We plan to consult with the Board membership on a three year forward plan for the Deep Dive topics from 2019-2022 later in the year. This will include mandatory deep dives such as the Pharmaceutical Needs Analysis (PNA).

Engagement and Involvement

A framework for public and partner involvement in the core data set and the deep dives is currently in development. This will:

- Outline the expected standard for engaging with communities and partner agencies in the development of the JSNA.
- Allow for targeted involvement with key stakeholder groups defined by the topic area.

Integrated data bank

18 month programme – strategic central depositary of JSNA intelligence, bringing together knowledge and intelligence from across Birmingham's strategic partnerships

- Public health
- social care
- Housing
- Economic
- Performance
- Health data from the NHS
- Crime data from the Police and Community Safety Partnership

Birmingham Joint Strategic Needs Assessment (JSNA)

QUESTIONS FOR THE BOARD

Actions for the Board

- Agree a focus for the fourth deep dive in 2019 into a diversity and inclusion area such as ‘the health and wellbeing of African-Caribbean people living in Birmingham’ or ‘the health and wellbeing of people living in Birmingham with a sensory impairment/disability’.
- Agree to nominate a lead Board member to champion each of the 2019 deep dive reviews including death and dying; the health and wellbeing of Veterans; and the health and wellbeing of the public sector workforce.

Diversity Deep Dive options

- Protected characteristics under the Equality Act: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- Deep Dives can drill down into populations within the protected characteristics who experience health inequalities for example:
  - Young people transitioning from child to adult services
  - People aged 30-49 years
  - People living in Birmingham with a sensory impairment/disability
  - African-Caribbean people living in Birmingham

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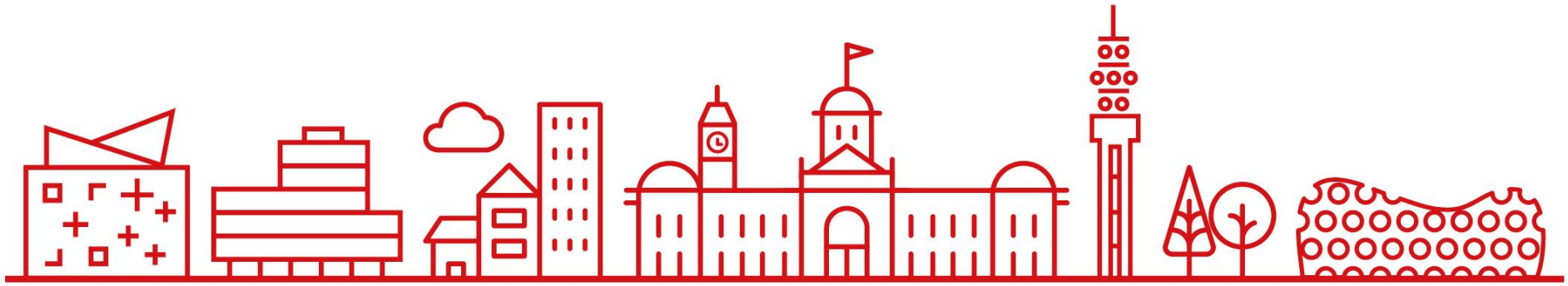

Birmingham Health and Wellbeing Board

	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**19th March 2019**
TITLE:	**THE MENTAL HEALTH PARTNERSHIP AND PRIORTY PARTERSHIPS FOR THE FUTURE**
Organisation	**BSMHFT**
Presenting Officer	**Charlotte Bailey – Executive Director of Strategic Partnerships**

Report Type:	**Presentation Report**

1. Purpose:
For discussion and partner action

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	Yes
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	Yes
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those	Yes

	with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	Yes
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		
Prevention		

3.	**Recommendations**
	• For Health and Wellbeing Board members to understand the Mental Health priorities, which are managed within the STP and the partnership projects. • Health and Wellbeing Board members to nominate representatives from each organisation to attend the MH Partnership meetings, which meets quarterly and take a proactive link in the partnership. (Nominations required by the end of March 2019) • Where purposeful, for the Health and Wellbeing Board to request the MH Partnership to undertake a piece of work for the Board

4.	**Background**
4.1	The STP has moved into a life course approach with three main portfolios: • **Childhood and adolescence:** giving children the best start in life; developing our local maternity system and improving the mental health of children and young people. • **Adulthood and work:** Promoting health and well-being and managing chronic disease including supporting our staff, the skills and prosperity of our

citizens and breaking the cycle of deprivation.

- **Ageing and later life:** supporting people to age well, improving the health and care services for older people and creating a better experience at the end of life

4.2 Mental Health is fully integrated into each of the portfolios and sits aside physical health

4.3 The current Mental Health Programme Delivery Board has become 'Business as Usual' and is accountable for the delivery of the current work programme, any new Mental Health projects under the STP will have a line of sight to this group.

4.4 The STP will disband the Mental Health System Strategy Board but launch an 'independent' Mental Health Partnership' that covers public, private and social sectors.

4.5 The role of the MH partnership will be to:

- Focus on the priority partnerships required for mental health over the forth coming years (as detailed in attached – appendix 1) Engage partners from across the public, social and private sector to play an even greater role in mental health
- Focus on 4 local priorities for mental health each year which wider sectors can make a contribution
- To ensure a flow down from the West Midlands Mental Health Commission into BSOL ensuring all innovations and projects are run well locally and that we optimise further opportunities for devolution or innovation funding in mental health
- To provide an annual 'check and challenge report' on the STP work programme to ensure that it is adequately addressing mental health aside physical health, is covering the right priorities and is having impact
- To provide thought leadership for mental health from across sectors, to provoke and challenge the system and support innovation; including the production of national thought pieces
- To link to the existing mental health advisory committees (clinical senate, MAC, PAC etc.) enabling effective subject matter expertise engagement into the system
- To support the co-production network to become a wider co-production partnership, providing a system approach to engaging those with mental

health problems and enabling effective co-production

- To undertake commissioned pieces of work from the HWBB, STP Board and MH Delivery Group as requested
- To ensure that any matters arising that require operationalising and project managing flow through to the Mental Health Programme Delivery Group

5.	**Future development**

March 2019 9.30am – 1pm

Suicide Prevention – A Joint Approach Including: Zero tolerance to suicide Safe environments Access to help and support

13 June 2019 9.30am – 1pm

Prevention of mental illness and crisis Including: Mental health in the workplace Sport and mental health Good practice in early support

19 September 2019 9.30am – 1pm

Supporting people's recovery from mental illness Including: Helping people back to work Supportive workplaces and communities

12 December 2019 9.30 – 1pm

The mental health workforce Including: New roles in mental health Working in partnership across sectors Apprenticeships

All Grant Thornton UK, The Colmore Building, 20, Colmore Circus, Birmingham, B4 6AT

6.	**Compliance Issues**
6.1	***Strategy Implications***
6.2	***Governance & Delivery***
6.3	***Management Responsibility***

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
#	#	#	#

Appendices
1. More detailed paper outlining the purpose of the MH partnership 2. Priority MH partnerships

NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

The 2030 vision for mental health and priority partnerships for the future

What's our vision for the future of mental health?

Both the West Midlands Combined Authority and the Birmingham and Solihull Sustainability and Transformation Partnership (STP) are taking us into a new era and will change how the local health economy works. Over the next 2-3 years we will become more integrated, collaborative and place based in our approach across health, social care and the wider public sector. We will take more control of national resources and have a new model of commissioning. We will focus less on individual organisations and more on outcomes for local people.

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) wants to be a system leader for mental health. This will mean we move beyond a leadership role for our organisation and into a space which develops, supports and enables other people from different organisations, agencies and sectors to have a role in mental health; leading us all to achieve a collective vision.

We have run vanguards and tested new ways of working in mental health for over two years now and we are convinced of the reforms we need to make. This is less about what the priorities are and more about how we need to work to deliver them. We believe that the future of mental health involves:

1. creating quality and efficiency by **delivering more together at a West Midlands level** and getting national resources devolved to the region
2. developing a new model of **integrated primary care for mental health** so that we maximise all the resources that could come together locally to prevent mental ill health, intervene early and aid recovery
3. creating new roles within the **workforce**, enhancing the use of **technology** to deliver services and continually developing new **innovations through research**
4. **changing how we commission** mental health services so financial resources are local, we are more strategic, use data and intelligence to plan and predict and we co-produce and collaborate.

Which partnerships are priorities to deliver our vision?

1. **Early intervention and recovery through place based, multi-agency partnerships:** Working with GPs, community services, local authorities, schools, housing providers, workplaces, job centres and the voluntary sector in an integrated way in local areas to provide joined up responses. Having a collective focus and role in promoting positive mental wellbeing, identifying and managing problems early, supporting people's recovery from mental ill health.

2. **Partnerships to help safely discharge service users from acute and urgent care:** These include alternative supported living solutions; rehabilitation; in-reach teams and managed discharge; with the purpose of partners working together to increase the choice in the market and the effectiveness of recovery following discharge from hospital, specialist services and acute care.

3. **West Midlands partnerships:** Partnerships based on population groups that can be run on a West Midlands footprint to improve quality and increase efficiency. Including bed management, perinatal services, specialist and forensic CAMHS, secure care, RAIDPlus etc.

4. **Partnerships to improve outcomes for children and young people:** Bringing together the different services that support children and young people to develop a single model of care, reduce transitions and improve outcomes. For example, Forward Thinking Birmingham (FTB), BSMHFT, schools and colleges, special schools, higher education establishments, children's social care and disability services and children's charities.

5. **Partnerships to develop integrated services across drug and alcohol, criminal justice, homelessness and mental health:** Working with people with multiple complex needs who have a number of co-existing challenges. This could include services such as the housing and homelessness services, drug and alcohol providers, police, probation, courts, community rehabilitation companies, youth offending, prisons, secure and forensic services for mental health.

6. **Partnerships that help integrate back office:** Bringing services together across providers, public sectors and/or commissioners with the purpose of enhancing productivity while reducing cost. For example, workforce development, estates, bidding, legal, communication, data and intelligence, HR, ICT etc. This could include mental health trusts for the West Midlands and/or working locally with the STP health partners.

7. **Technology, research and innovation partnerships:** Working across national, regional and local partners to enhance what we do in terms of mental health research, development and innovation; and using technology to enhance service delivery and patient care. Enhancing the National Centre for Mental Health we already have at the Barberry to improve links across bodies such as the West Midlands Academic Health Science Network (WM AHSN), Clinical Research Network, National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care (CLAHRC), Community Education Provider Network, Universities, Research, Innovation and Development teams within providers, Institute for Mental Health and Birmingham Health Partners.
8. **Commissioning partnerships:** Developing partnerships that allow us to act strategically and use data and intelligence to make informed decisions. This also includes drawing down national and regional commissioning funds so that we can commission for mental health locally. Developing partnerships across commissioners and providers to allow us to operate new models of commissioning that reduce bureaucracy, focus on outcomes and bring decision making closer to the service user.
9. **Partnerships with staff, service users, communities and stakeholders:** Maturing our models of engagement and co-production. This means that staff, service users and stakeholders are fully engaged in the design and delivery of mental health provision, and where appropriate can take full control of services. Enhancing the levels of matrix working within and across departments and across organisations developing more thematic work that brings different professionals together.
10. **Partnerships to address workforce challenges:** Partnerships with national and regional NHS bodies, universities, the wider public sector and training and recruitment agencies to develop new skills we may require for the future and address the local challenges we face around a sustainable workforce.
11. **Partnerships that deliver an economic contribution:** Working together within mental health to optimise what we can all do to contribute to the local economy. For example increasing apprenticeships and jobs for the most vulnerable, promoting a clean and green environment, increasing prosperity and financial inclusion. We should all be contributing social value through our organisations and encouraging others to do the same.

So what? What difference will working in partnership really make to people's lives?

- We will respond to people and communities rather than fit them into 'services', their care and support will be more personalised.
- We will save money by removing duplication and working more efficiently, which means we have more money to spend on our local people.
- When people need our help and support they will get it locally, as soon as it's required and receive help in a more joined up way.
- What we commission will be more relevant as individuals and communities will be more involved in the design and delivery of what we do.
- The way help and support is offered will be modernised, so that people can use technology should they choose to.
- We will start to manage demand, which means that people will get the right help and support from the right people first time.
- People have more choice and control over their care and have it delivered locally.
- Access to support and help should be quicker, communication improved and information shared.
- People's recovery and self-management of long term conditions will be even better.

What are strategic partnerships and why do we need them to deliver the vision?

No one organisation holds all of the levers necessary to prevent, support or help people recover from mental ill health. It requires providers, commissioners, the private sector, local authorities and the third sector to work together. We cannot deliver the vision for mental health on our own.

- Mental health is everyone's business including employers, schools, families and communities and public services.
- Demand is increasing and demography is changing and we need to make the best use of all available resources.
- People want to live at home in their own communities supported locally by people they know and trust.
- Partnering is and will continue to be a central component of efforts to improve services for the foreseeable future locally and nationally.

Strategic partnerships can be described as:

- two or more agencies, organisations or sectors working on a common problem
- those who are affected by a complex problem and/or have a responsibility for developing solutions working in new ways
- changing how we do something to improve outcomes
- a formalised relationship that has purpose, a shared vision, strategy and plan
- joint responsibility with shared risk and gain
- collective leadership.

A strategic partnership is not day-to-day working with other agencies, a way of working that's based solely on personal relationships or a focus on one organisation's output. There are many types of strategic partnerships that exist and more and more examples across the UK.

How do we take this forward – the action plan

Priory Actions	Deliverables
1. To develop joint ownership of the vision for mental health and mature partnership working as a means of delivering it.	a. To develop the joint ownership of the vision for mental health. b. To develop and promote 'partnership working' across the mental health system. c. To develop the wider system leadership capacity for mental health. d. To support the development of care partnerships and place based delivery partnerships for mental health as a system approach in West Midlands and Birmingham and Solihull. e. To enhance mental health providers' role of corporate social responsibility (CSR) and encourage others to maximise CSR for mental health. f. To maximise inclusive growth and social value for mental health.
2. To develop partnership capabilities, behaviours, capacity, competencies and structures for partnership working.	a. To identify, develop and embed the required partnership values, skills and capabilities across the mental health system. b. To move from a culture of project management to one of change leadership. c. To develop a new model of working between commissioners and providers. d. To develop strategic commissioning capabilities across the system. e. To develop the capabilities of trusts taking on care partnership functions. f. To mature models of communication, engagement and strategic relationship management. g. To mature our model of co-design and co-production with staff and service users. h. To explore and develop new financial streams (e.g. social investment, joint bidding teams) broadening how we approach business opportunities. i. To align Thrive, the STP and provider strategies and action plans to make the best use of total resources for mental health. j. To develop the capacity and governance required to operate new models of care for mental health.
3. To create the mental health partnerships required for the future and to deliver against long standing system challenges.	a. To develop the key partnerships required for the future: ‣ Early intervention and recovery through place based, multi-agency partnerships. ‣ Partnerships to help safely discharge service users from acute and urgent care. ‣ West Midlands partnerships. ‣ Partnerships to improve outcomes for children and young people. ‣ Partnerships to develop integrated services across drug and alcohol, criminal justice, homelessness and mental health. ‣ Partnerships that help integrate back office. ‣ Technology, research and innovation partnerships. ‣ Commissioning partnerships. ‣ Partnerships with staff, service users and stakeholders. ‣ Partnerships to address workforce challenges. ‣ Partnerships that deliver an economic contribution. b. To act on and maximise relevant opportunities for partnership working.

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Enhancing partnership working across the private, social and public sectors to improve the mental health and well-being of our citizen's

Introduction

The Mental Health and well-being of our citizens remains a priority for us. Poor mental health and wellbeing is a significant problem for the West Midlands. It impacts on individuals and families, and more widely communities and the economy, costing our region over £12 billion per year. Moreover 1 in 4 of us will experience a mental health problem in our life time; and around 1 in 3 GP appointments involves a mental health component. The prevalence of mental health remains high and we need to do more.

The stigma around mental health continues and our ability to recognise and deal with our own and other peoples' mental health is low. We have a tendency to think it is the role of the professional bodies such as mental health trusts, charities and the local authority to deal with mental health – but it's not. Whether an employer, an educator, a friend or family member, or a public service – we all have a role to play.

In April 2018 the West Midlands Mayor, in conjunction with Grant Thornton and Birmingham and Solihull Mental Health Foundation Trust hosted a dinner debate on 'Mental Health – Everyone's Business'. The debate brought leaders from across Birmingham and Solihull together to discuss how they can make an even bigger impact on the mental well-being of our population. There was acknowledgement that by working together and having a small number of common goals they could make a bigger difference. There were six priority areas that leaders identified and believed they could and should do something about jointly:

1. Meeting young people needs
2. Creating a supportive workplace
3. Developing supportive communities
4. Getting services in the right places
5. Supporting funding streams
6. Maximising leadership

A national thought piece has been published as a result of the local debate: 'Better Mental Health in Birmingham and the West Midlands – Everyone's Business'. The timing of the publication is fortuitous as we have recently seen the release of the national NHS Long Term Plan. Our local report reinforces some of the themes within the plan including the focus on prevention, enhancing partnership working and working with communities to help them take a greater role in their own health care.

We have also recently published our joint Partnerships Strategy for Mental Health outlining what we consider to be the top areas we need to work together on over the forth coming years; the same priority areas are echoed in this strategy.

Developing a cross sector Mental Health Partnership for Birmingham and Solihull

We are now launching a Birmingham and Solihull Mental Health Partnership. The purpose of the partnership (detailed in appendix 1) will be to continue to engage local leaders from the private, social and public sectors in improving the mental well-being of our citizens. The

partnership is intended to provide thought leadership, enhance partnership working and promote innovation across sectors. It will focus on four priority areas that have been identified by the local STP, the Health and Well Being Boards and the Mental Health Clinical senate. These are:

- Suicide prevention
- Prevention of mental illness and crisis
- Supporting peoples recovery from mental illness; and
- The mental health workforce

The Birmingham and Solihull STP supports the launch of an independent Mental Health partnership and will commission it to undertake an independent annual review of their Mental Health work. It will therefore feature as part of the STP governance.

Birmingham Solihull Mental Health Foundation Trust in partnership with Grant Thornton will continue to sponsor and host the partnership. The partnership will come together four times a year; each session will be an interactive think-tank focusing on one of the 4 core topics. The workshops will have a national guest speaker, will be action orientated and look at good practice across different sectors. We hope that it will influence what each of the members of the partnership does as well as extend the role others play in mental health. We will look to continue to produce national thought pieces and promote sector wide practice in mental health.

The Partnership will consist of senior representative from different organisations from across the private, social and public sector. The membership at each session does not have to be the same person, it can be the most relevant person based on the topic, however we ask it is someone who is able to make decisions and influence action as a result of the session. The dates and venues of the events for 2019 are detailed in appendix 2.

For Further information

For further information on the Mental Health partnership or to register your interest in supporting and jointing the partnership please contact:

Charlotte Bailey
BIRMINGHAM AND SOLIHULL MENTAL HEALTH N...
Executive Director Strategic Partnerships
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07985882646 Mobile
charlotte.bailey6@nhs.net

Appendix 1: High Level Purpose of the Mental Health Partnership

- To engage partners from across the public, social and private sectors to play a role in delivering the mental health priorities of the STP
- To ensure a flow down from the West Midlands Mental Health Commission into Birmingham and Solihull ensuring all innovations and projects are run well locally and that we optimise further opportunities for devolution or innovation funding in mental health
- To provide an annual ‘check and challenge report’ on the STP Mental Health work programme to ensure that it is adequately addressing mental health aside physical health, is covering the right priorities and is having impact
- To provide thought leadership for mental health from across sectors
- To provoke and challenge the system and support innovation
- To link to the existing mental health advisory committees for Mental Health including the clinical senate, the nursing advisory committee, the psychological advisory committee and the medical advisory committee
- To effectively engage subject matter experts
- To enhance how we co-produce Mental Health work programmes and work with communities
- To undertake commissioned pieces of work from the Health and Well Being Boards, STP Board and Mental Health Delivery Board as requested
- To ensure that any matters arising that require operationalising and project managing flow through to the STP Mental Health Programme Delivery Group

Appendix 2: 2019 Dates, Times, Topics and Venues

Date	Topic	Guest Speaker	Venue
18th March 9.30am – 11.30am	Suicide Prevention – A Joint Approach Including: • Zero tolerance to suicide • Safe environments • Access to help and support	TBC	Grant Thornton UK, The Colmore Building, 20, Colmore Circus, Birmingham, B4 6AT
13th June 9.30am-11.30am	Prevention of mental illness and crisis Including: • Mental health in the workplace • Sport and mental health • Good practice in early support	TBC	Grant Thornton UK, The Colmore Building, 20, Colmore Circus, Birmingham, B4 6AT
19th September 9.30am – 11.30am	Supporting peoples recovery from mental illness Including: • Helping people back to work • Supportive workplaces and communities	TBC	Grant Thornton UK, The Colmore Building, 20, Colmore Circus, Birmingham, B4 6AT
12th December 9.30am-11.30am	The Mental Health workforce Including: • New roles in mental health • Working in partnership across sectors • Apprenticeships	TBC	Grant Thornton UK, The Colmore Building, 20, Colmore Circus, Birmingham, B4 6AT
** The annual review of the STP mental health work programme will feature at the end of each session for those interested in supporting it this will be from 11.30am – 1pm*			

Birmingham Health and Wellbeing Board

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**19 March 2019**
TITLE:	**BIRMINGHAM PUBLIC HEALTH GREEN PAPER – CONSULTATION UPDATE**
Organisation	**Birmingham City Council**
Presenting Officer	**Dr Justin Varney, Director of Public Health**

Report Type:	**Information report**

1. Purpose:
The purpose of this report is to inform the Board of the public consultation on the Public Health Green Paper. The Public Health Green Paper, Priorities on a Page and consultation questionnaire are attached for the Board's information.

2. Implications:		
BHWB Strategy Priorities	Health Inequalities	Yes
	Childhood Obesity	Yes
Joint Strategic Needs Assessment		Yes
Joint Commissioning and Service Integration		Yes
Maximising transfer of Public Health functions		Yes
Financial		Yes
Patient and Public Involvement		Yes
Early Intervention		Yes
Prevention		Yes

3.	Recommendations
3.1	The Health and Wellbeing Board is asked to note: • that the Birmingham Public Health Green Paper consultation runs from 18 March 2019-28 April 2019.

4.	Background
4.1	The Director of Public Health has launched a public consultation exercise to seek the views of the people of Birmingham, strategic partners and key agencies on the proposed public health priorities for the City, set out in the Public Health Green Paper.
4.2	The Green Paper outlines the proposed priorities to improve the health and wellbeing of Birmingham's population at every stage of life. These priorities have been informed by data and intelligence on the areas of need in our City. The Green Paper sets out the reasons each priority has been chosen and the actions that we and our partners would like to take to address each priority area.
4.3	The priorities have been designed to support the shared ambition across the Council and its partners in the NHS, Police, Fire Service, Voluntary and Community Sector to improve the health and wellbeing of local people and support them to achieve their potential in life.
4.4	The four priorities align with the Council vision of Birmingham as an aspirational city to grow up in, an entrepreneurial city to live, work and invest in, a fulfilling city to age well in and a great city to live in. We also recognise in the Green Paper the shared objective that Birmingham citizens gain the maximum benefit from hosting the Commonwealth Games.
4.5	The public consultation on the Green Paper runs from the 18 March – 28 April 2019; the ambition of this consultation is to engage citizens, organisations and stakeholders in recognising and responding to the priorities for the health of the City of Birmingham.
4.6	The objectives of the Green Paper public consultation are to: • Achieve a significant scale of constructive engagement responses in the consultation exercise • Use the consultation to strengthen partnership relationships with stakeholders and a positive conversation with citizens

- Use the consultation to increase the awareness and understanding of the public health challenges facing the City
- Highlight some of the current plans/frameworks and actions in train to address the City's health and wellbeing challenges
- Promote the HealthyBrum brand (used across Birmingham Public Health's social media) as the single point of trusted evidence based knowledge of the health of the city
- Identify engaged and constructive potential partners for the next stage of framework development

4.7 The Public Health division are developing a consultation and engagement plan which includes opportunities for presentations at key stakeholder and citizen forums including Ward Forums and 'World café' community events. The division is also looking at how to effectively use social media to strengthen the virtual engagement through things like 'twitter chats'. Alongside the core Green Paper documents the division is creating a suite of infographics and slide sets on individual priorities to provide deeper background and context in accessible formats and exploring the potential to develop Youtube content as well. We would welcome members of the Board highlighting any opportunities within their organisations for staff and community engagement events where the division can support further awareness and engagement in the consultation.

4.8 The Board is asked to note the Public Health Green Paper and to encourage the Board member's respective organisations and partnerships to formally respond to the consultation and actively promote engagement.

5.	**Future development**
	The consultation on the Public Health Strategy Green Paper in Spring 2019 will seek views on whether the proposed priorities are the right ones. The Public Health Strategy will be informed by the consultation findings; the final decision will be made via the Council's formal governance procedures.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	The Birmingham Public Health Strategy will set out the priority areas to improve the public health of Birmingham's population. Each of the

	Birmingham Health and Wellbeing Board's priorities are addressed either directly or indirectly in the proposed Public Health Strategy priority areas.
6.2	***Governance & Delivery***
	Governance and delivery of the Public Health Strategy will be via the Council's Corporate Management Team (CMT).
6.3	***Management Responsibility***
	Management responsibility for the Public Health Strategy will be with the Director of Public Health.

7.	**Risk Analysis**		
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
That changes to the funding of Birmingham Public Health lead to the benefits of the Public Health Strategy not being realised.	Low	High	Consultation on the Public Health Strategy Green Paper commenced following the confirmation of the 2019 budget.

Appendices
A Public Health Priorities on a Page B Public Health Green Paper C Public Health Green Paper consultation questionnaire

Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

Priority 1: Child health

- Reducing infant mortality
- Taking a whole systems approach to childhood obesity
- Supporting the mental and physical health of our most vulnerable children

Priority 2: Working age adults

- Supporting workplaces to improve their employee wellbeing offer
- Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity
- Supporting the mental and physical health of our most vulnerable adults

Priority 3: Ageing well

- Reducing social isolation
- Providing system wide information, advice and support to enable self-management
- Developing community assets
- Supporting the mental and physical health of our most vulnerable older people

Priority 4: Healthy environment

- Improving air quality
- Increasing the health gains of new developments and transport schemes
- Health protection assurance and response including screening, immunisation and communicable diseases

Maximising the public health gains from hosting the Commonwealth Games

Our vision:

To improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves

Our values:

- **Equity**
- **Prevention**
- **Evidence based practice**

Our approach:

- **Population based**
- **Proportionate universalism**
- **Intelligence led**
- **Strategic influence**
- **Communication**
- **Joint working**
- **Health in all policies**

Birmingham City Council

BIRMINGHAM PUBLIC HEALTH GREEN PAPER

Supporting information to inform the development of the Birmingham Public Health Strategy 2019-2023

Contents

Foreword

I am delighted to present the Birmingham Public Health Green paper.

This document provides supporting information for our public consultation – the responses we receive will inform the development of the Birmingham Public Health Strategy 2019-2023.

In this Green Paper you will find the proposed vision for Public Health in Birmingham and the areas we are proposing that the Council and partner agencies should focus our efforts and resources.

Our Public Health function can show us what is needed in our community based upon detailed analysis of our population; what we can do to support our community and where evidence tells us we should focus our efforts to achieve better outcomes for the people of Birmingham.

It is important for us to make a statement of our priority areas so that we can give a clear sense of direction, and focus our efforts over the next four years.

In this document we have given you some information on what exactly "Public Health" and a "Public Health approach" means and how we can utilise Public Health specialist knowledge and skills to reduce inequalities in health and wellbeing in our City.

Birmingham Public Health: Priorities on a Page

Addressing health inequalities because every child, citizen and place matters

Maximising the public health gains from hosting the Commonwealth Games

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- **Health in all policies**

The challenge

Birmingham continues to wrestle with some deep-seated challenges...

OBESITY

25%
of **10–11 year olds** are obese

20% National average

NOT SATISFIED

16%
of 15 year olds are not satisfied with life

1 IN 3 CHILDREN LIVE IN POVERTY

128,000
children **(0–15 yr olds)** live in the bottom decile households

10.8%
growth in number of children aged **5–15** over the next 20 years (2017–2037)

INFANT MORTALITY

7.9 Birmingham

3.9 National average

CYCLING

<1%

percentage of children who cycle to school

PHYSICAL ACTIVITY

(adults 19yrs+)

61.2%
Birmingham

64.9%
National

FUEL POVERTY

17TH
Out of 326 English local authorities, Birmingham ranks 17th for proportion of fuel poor households

LIFE EXPECTANCY

The difference between most affluent and most deprived areas

10.6yrs
less for men

8.2yrs
less for women

SOCIAL CONTACT

>50%

More than half of adult carers would like more social contact

Vision and values

1 Our vision

Here in Birmingham Public Health we have set an ambition to improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves.

2 Our values

We are driven by three values: equity, prevention and evidence based practice.

2.1 *Equity*

Equity is about fairness. We recognise that different groups within Birmingham's population have different needs and may need additional help or support to achieve their full health potential.

2.2 *Prevention*

Focusing energy and resources on preventative interventions means that fewer people will go on to develop specialist health care needs. There are three levels of preventative activities; for each of these there is a different population of interest:

(a) Primary Prevention

Primary prevention means intervening at a population level before disease occurs. Primary prevention is any intervention that may prevent the onset of disease or illness in the future such as legislation and enforcement; immunisation programmes; and education about risky behaviours like poor eating habits, physical inactivity and substance abuse.

(b) Secondary Prevention

Secondary prevention is about reducing the impact of a disease or injury in its early stages. Targeted interventions to manage and/or reduce the risk of a known medical condition progressing or to identify a condition that is not yet symptomatic such as screening, cholesterol lowering medication or workplace adjustments.

(c) Tertiary Prevention

Tertiary prevention refers to the measures taken to manage long-term—often complex—health conditions, for example interventions to improve function, quality of life and life expectancy.

2.3 *Evidence based practice*

We have a responsibility to make the best use of our resources. Knowing what works ensures that the interventions we provide are clinically and cost effective. By drawing on the evidence-base we are able to make better, quicker, evidence based decisions; this helps us to maintain high standards of service and achieve the best outcomes for people.

3 Our Priorities

This document sets out the proposed Public Health priorities for the next four years. Our priorities have been informed by data and intelligence on the areas of need in our City. Within this Green Paper we have set out the reasons each priority has been chosen, and the actions that we and our partners would like to take to address these priority areas and, in turn, improve the health and wellbeing of Birmingham's population.

Public Health approach

"The art and science of preventing disease, prolonging life and promoting health" Acheson

4 What is Public Health?

Public health is about helping people to stay healthy, reducing the risk of getting diseases and injuries and protecting them from threats to their health and wellbeing.

Essentially we can approach public health practice in three ways: **protecting health** (such as minimising the spread of diseases like TB or measles); **improving health** (for example education programmes on healthy lifestyles); and by making sure we have the **right services** in place that are effective, efficient and equitable.

4.1 *What do Public Health specialists offer?*

Public Health is a multi-disciplinary specialist function that offers technical, professional expertise to the Council and NHS partners.

Public Health specialists are regulated by the General Medical Council and UK Public Health Register (UKPHR) and adhere to professional standards set by the Faculty of Public Health. Public Health specialists undergo rigorous post-graduate training which is assessed by professional examinations and competency based appraisal. Once qualified, Public Health professionals undergo an annual revalidation cycle.

We are health professionals and change agents bringing considerable experience, leadership and credibility. Our scientific knowledge takes into account a number of factors including:

- The epidemiology of diseases (how diseases are distributed across the population).
- The positive and negative factors that can cause and are associated with health and wellbeing.
- The evidence underpinning different ways to prevent poor health and wellbeing.
- The root causes of inequalities in health.
- The scientific evidence relating to human behaviour.
- The clinical evidence relating to the natural history of disease.
- The health economic evidence relating to the cost effectiveness of interventions.
- The theory behind cultural and organisational change.

4.2 *What are Health inequalities*

Health inequalities are the unjust differences in people's health across the population and between specific population groups. Health inequalities are avoidable and are socially determined. We use data and intelligence to highlight where certain groups are disadvantaged in terms of their ability to live longer, healthier lives.

4.3 *Wider determinants of health*

It is important to look at the root causes of health inequalities so that we can start tackling them. There are a wide range of socio-economic, cultural and environmental factors that have an impact on population health. We call these the "wider determinants of health" because these factors influence and determine the general health of the population.

Dahlgren and Whitehead conceptualised these wider determinants as rainbow-like layers of influence (see figure 1).

The rainbow starts with the genetic and demographic characteristics that influence an individual's health and that are largely fixed. Surrounding this is the individual's lifestyle factors, for example their behaviours and choices around smoking, exercise and diet. The second layer represents the individual's interaction with their families, peers and immediate community. The next layer represents the individual's living and working conditions and their access to goods and services. Finally there is a layer of social, economic, cultural and environmental conditions that prevail in the population.

These wider determinants can have positive, protective and/or negative influence on population health and wellbeing.

Many different interventions and approaches are required to address the root causes of population ill health.

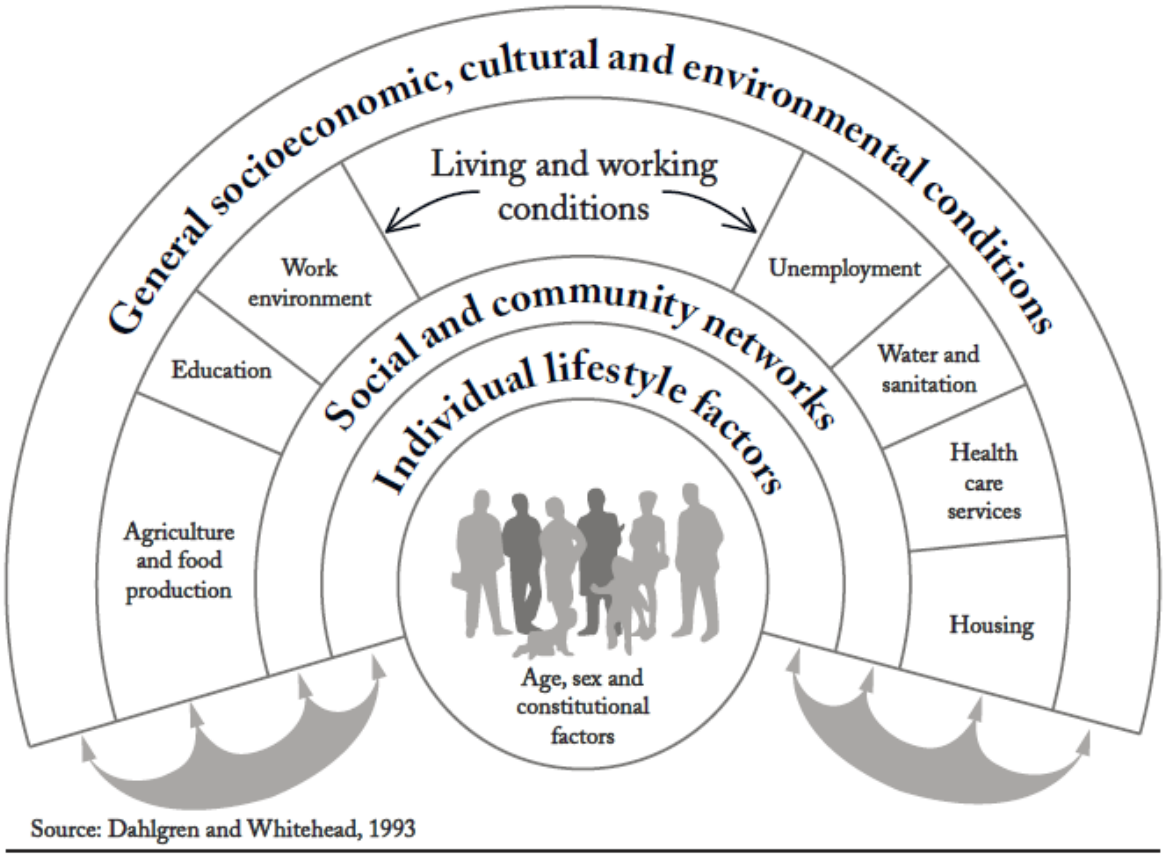

Fig 1: Wider determinants of health; Dahlgren and Whitehead Rainbow model

Source: Dahlgren/Whitehead: European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF)
http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf

5 How we operate

5.1 *Population based*

In Public Health instead of addressing the health needs of an individual person—like in other branches of medicine such as in primary and secondary care—we concentrate on the health needs of groups of people. These groups of interest can be categorised in many ways for example by geographical area, age, ethnicity, school, occupation. Taking a population approach allows us to look at health inequalities and relative needs, enabling us to target our resources accordingly.

5.2 *Proportionate universalism*

Proportionate universalism describes a Public Health approach to service delivery. Traditionally services are either universal (offered to all) or targeted (offered to those in the greatest need according to a specific characteristic or risk factor). Proportionate universalism recognises that "need" is a continuum and that if it is solely those at the greatest level of need that receive help, then those not quite meeting the threshold of greatest need may become more disadvantaged without access to the service. By taking a proportionate universalism approach, services are available to all with a scale and intensity according to the degree of need. This helps to flatten out health inequalities across the population.

5.3 *Intelligence led*

Data and intelligence allow us to monitor and gauge relative levels of need in our population.

We continually analyse national, regional and local statistics from a wide range of routine and specialist data sources to better understand our population, our population's health needs and the health and care services our population receives.

We produce regular reports on the Birmingham population to ensure that we in Public Health, the wider Council and our partner agencies can target our collective resources according to need.

5.4 *Strategic input*

With our in-depth understanding of population needs, evidence based practice and intelligence led services, we are able to offer strategic input across the Council and our partner agencies.

5.5 *Communication*

Communication is important to us; it enables us to raise awareness of health needs and the impact of health inequalities and helps to increase health literacy and understanding in the communities we serve. We will provide timely, honest and transparent information that is relevant to communities. We will continue to share our skills and expertise to promote a Public Health approach in public services.

5.6 *Joint working*

The determinants of health are wide reaching. To truly address complex Public Health issues we need to work jointly with our partners. Figure 2 below represents a whole system approach to obesity but similarly applies to other areas of Public Health. It shows the necessity of joint working to address the health inequalities in our area.

Figure 2: Public Health matters; Whole System Approach to obesity

Source: https://publichealthmatters.blog.gov.uk/2015/10/14/designing-a-whole-systems-approach-to-prevent-and-tackle-obesity/

5.7 *Mandated functions*

Like every other local authority Public Health team, there are a number of functions that we must provide. These include sexual health services (testing and treating of sexually transmitted infections, and contraception); weighing and measuring children in Reception and Year 6; NHS Health Checks; health protection (which is delegated to our Proper Officer in Public Health England); public health advice to NHS commissioners; and health visitor reviews of pregnant women and young children.

Central government is currently reviewing the mandated functions of local authority Public Health.

In addition to our mandated functions, we also have a responsibility to take steps to improve the health of the people who live in our City. This Green Paper sets out the areas we propose focusing on to improve the residents of Birmingham's health based upon evidenced need. The following chapters set out our proposed priorities.

Health inequalities

Birmingham is a place where the health and wellbeing of every child, citizen and place matters

6 What are health inequalities?

Health inequalities are the differences in health status or in the distribution of health determinants between different population groups, for example, differences in mortality rates between people from different social classes, or differences in life expectancy in different geographical areas, such as local authority wards. Figure 3 below shows the health inequalities in life expectancy for both males and females in Birmingham; males living in Sutton Four Oaks can expect to live on average ten years longer than those living in Shard End.

Figure 3: Birmingham life expectancy inequalities

In Birmingham we are striving to reduce inequalities in health and wellbeing. As one of our overarching themes we are proposing to reduce inequalities across the Public Health priority areas – reducing the gap between those with the highest and lowest health and wellbeing outcomes and improving the overall rates within our City.

7 Priority 1: Child health

7.1 *Infant Mortality*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Birmingham has one of the highest rates of deaths in infants aged under 1 year in England. Infant deaths are measured using an infant mortality rate (IMR); this is defined as the number of deaths under the age of one year, per 1,000 live births. It consists of two components: • the number of neonatal deaths (those occurring during the first 28 days of life) • the number of infants who die between 28 days and less than one year In 2014-16, the rate of deaths in infants aged under 1 year in Birmingham was 7.9 per 1,000 (95% confidence interval 7.1, 8.7); this is compared to a rate of 3.9 per 1,000 in England.	The majority of infant deaths are due to immaturity-related conditions and congenital anomalies. However, there are some factors increasing the risk of infant death that can be modified such as: • Smoking in pregnancy • Poor maternal and infant nutrition • Poor vaccination uptake • Limited access to antenatal care	We want to understand why Birmingham's infant mortality rates are amongst the worst in the country – we will be undertaking an in-depth data analysis. We will strengthen preventative services from preconception through to early years, particularly through our Early Help Partnership (to ensure that our prevention offer links with social care); and through the Local Maternity System. The Birmingham and Solihull United Maternity Partnership (BUMP) are rolling out community perinatal mental health support for mothers; and creating local Early Years hubs bringing together a number of health and care services for young families in the community. We want to reduce smoking rates in pregnant women by trialling a smoking cessation pilot delivered midwife support workers.	Reduce the rates of infant mortality in Birmingham. Reduce the gap in infant mortality rates across the City. Reducing smoking rates in pregnancy.

7.2 *Childhood Obesity*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
The National Child Measurement Programme (NCMP) provides us with a measure of obesity for all children in reception and in Year 6. Latest figures show us that 1 in 4 reception children in Birmingham are overweight or obese. In 2016/17, 24.7% of Birmingham's four year olds and 40.1% of 11 year olds were overweight or clinically obese compared to 22.6% and 34.2% in England. We know the risk of obesity is greatest in our most deprived communities and more importantly, this gap has been widening over time. This means that children from low income families face a much higher risk of developing obesity when compared to children from high income families.	In order to avoid future impacts of excess weight, addressing the issues of family nutrition and physical activity are important.	We want to develop a whole system approach to tackling childhood obesity building upon existing programmes and work across different agencies to tackle the numerous determinants of childhood obesity. We've asked our early years partnership to promote physical activity and healthy eating in the postnatal period, particularly for those who are overweight/obese. We want to increase uptake of Healthy Start Food Vouchers (available to families on income benefits). We will be working with fast food takeaways to provide a healthier offer and with supermarkets to make the healthier choice the easier choice. We will be supporting the Naturally Birmingham bid and emerging policy to utilise our green environment to improve physical activity and mental wellbeing.	Against the England benchmark of increasing rates, the target we propose would be to maintain or reduce the gap in childhood excess weight between Birmingham and England. We want to reduce the gap in childhood obesity rates across the City.

7.3 *Supporting the mental and physical health of our most vulnerable children*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is strong evidence linking poverty and socio-economic disadvantage with poor health outcomes. More than 1 in 4 children in Birmingham lives in poverty, significantly higher than in England as a whole (16.7%). In Birmingham 78,805 children under the age of 19 live in a low income family, higher than in any other local authority in England. In addition to poverty and socio-economic disadvantage, our most vulnerable children are those who are experiencing or have experienced: • Domestic Violence • Homelessness • Neglect • Parents with substance misuse • Serious Mental Health Conditions • Learning Disabilities Multiple adverse experiences in childhood can result in significant adverse impacts in later stages of the life course. Research shows that groups of children who have had more of these adverse experiences will suffer from worse health and wellbeing.	A Birmingham Health and Wellbeing Board Task and Finish group has explored opportunities to prevent the impact of adverse childhood experiences and developed a prevention framework prompting action in all three prevention domains: Primary prevention: improving opportunities for healthy living and addressing poverty. Secondary prevention: identifying early signs of developmental delay and/or behaviour changes; early identification of struggling families; family focussed specialist services. Tertiary prevention: enquiry into previous adverse experiences in adult and child substance misuse services.	We want to support early years providers to promote physical activity and healthy eating in our Startwell programme. They will also promote good oral hygiene and early nutritional habits to reduce the likelihood of dental caries in children. We want to increase the uptake of Healthy Start Vouchers in families on income benefits. We want to build an evidence base for a "Daily School Mile"; we will be supporting a randomised controlled trial in 40 Birmingham Primary Schools to understand the impacts. We want to understand the impact of adversity in childhood and ensure that our early years providers incorporate this across the system.	Health inequalities – reducing the gap. 90% of all babies and children receive universal checks. Increase in number of children ready to learn at age 2 (as measured via the 2/2.5 yrs. development check) Increase the proportion of children ready for school at the end of Foundation Stage.

8 Priority 2: Working age adults

8.1 *Supporting workplaces to improve their employee wellbeing offer*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is a mounting weight of evidence that investment in employee wellbeing can improve the productivity and cost-effectiveness of organisations and society at large. The benefits extend beyond the employee adding value to organisations by increasing productivity and profitability. Organisations which have more favourable indicators of staff wellbeing (e.g. in relation to bullying, harassment and stress) have lower staff turnover, less agency spend, higher patient satisfaction better attendance and better outcome measures. The National Institute for Health and Care Excellence (NICE) estimates that implementing interventions to promote staff wellbeing could save employers between £130 and £5,020 per participating employee by reducing absence or illness at work.	The West Midlands Combined Authority (WMCA) has developed a workplace commitment and toolkit to improve employee wellbeing in the Region; this commitment covers a wide range of areas such as health and safety, manager training, physical activity, active travel, healthy eating and drinking.	We will work together across the Sustainability and Transformation Partnership (STP) to improve the staff health and wellbeing offer to support each other's staff. We will adopt a common engagement standard to promote best practice in how we engage with staff and respond to their wishes and feedback. We will make mental health first aid widely available within workforce training and ensure our managers have the skills to support staff with mental health problems. We will work to ensure that canteens and food available to staff encourage healthy choices and cut down on high fat, sugar and salt content, and that we make available a range of structured exercise options for staff. We will support the WMCA Thrive at work agenda.	We want to achieve a reduction in staff absenteeism. We want to increase staff satisfaction and wellbeing.

8.2 *Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
The top three causes of early death in Birmingham are Coronary heart Disease (CHD), lung cancer and alcoholic liver disease. The risk of getting and dying from these conditions can be reduced by stopping smoking, reducing alcohol intake and increasing physical activity. In Birmingham less than two thirds (62.4%) of adults (aged 19+) meet the recommended levels of physical activity (150+ moderate intensity equivalent minutes per week) (2016/17); (England average 66%).	Many Public Health challenges—including preventable diseases, smoking, and mental ill-health—are more often behavioural and sociological than medical in nature. The reason behind this is that they often arise from behaviours that are underpinned by social and structural determinants. In order to effectively prevent poor health, we need an approach that takes account of the whole person, social context and wider aspects such as education, employment, social norms and the built and online environment. This would be a comprehensive systems approach that draws on multiple behavioural and social sciences, including psychology, behavioural economics, sociology and anthropology.	There are a wide range of evidence based preventative interventions to promote behavioural change towards healthier lifestyles: • Brief advice on physical activity in clinical care (via Acute Trusts and Clinical Commissioning Groups) • Increase active travel; develop active travel plans • Evidence based exercise programmes • Campaigns such as Start4Life, Change4Life and One You • Evidence based weight management services In addition, we want to increase the number of behavioural change programmes and interventions that are underpinned by evidence and share this learning across the system.	Develop skills and competencies to commission and deliver behavioural change interventions and programmes underpinned by behavioural and social science theory and evidence.

8.3 *Supporting the mental and physical health of our most vulnerable adults*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
A nationwide mapping exercise undertaken by Lankelly Chase looked at individuals affected by Multiple and Complex Need – those individuals experiencing two or more of homelessness, substance misuse and offending behaviour simultaneously. Birmingham falls in the top 20 local authorities with the highest incidence of individuals with multiple and complex need at two to three times the national average. The estimated totals for Birmingham and Solihull are: 6,700 individuals experiencing two of homelessness, offending and substance misuse; 2,000 individuals experiencing all three of homelessness, offending and substance misuse; and 1,000 individuals experiencing all three as well as mental health problems.	We can offer targeted services, such as health checks and other preventative services to promote wellbeing and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities. We can reduce stigma around mental health and improve access through early intervention services.	The National Health Checks programme is a universal offer to over 50 year olds without a diagnosis of a vascular condition to assess their risk of developing the condition in the next 10 years. We will make sure that this service is targeted towards those communities at higher risk, for example through socio-economic disadvantage and mental health. We will be developing a Suicide Prevention Strategy with our partners to help deliver the West Midlands Combined Authority's "zero suicide" ambition. We will be developing an Autism Strategy for Birmingham.	Health inequalities – reducing the gap.

9 Priority 3: Ageing Well

9.1 *Reducing Social Isolation*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Birmingham is performing significantly worse than the England average, core cities and West Midlands Combined Authority average but is better than its statistical neighbours on the following indicators: % of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey (2016/17) Birmingham: 37.3 (32.8, 41.8); England: 45.4 % of adult carers who have as much social contact at they would like according to the Personal Social Services Carers survey (2016/17) Birmingham: 28.3 (23.8, 33.3); England: 35.5	Carers assessments are now undertaken by a voluntary organisation leading to improved outcomes. Further work could be done to have a specific focus on social isolation. Commissioners can include a reduction in social isolation as an outcome measure for strengthening community assets through the Neighbourhood networks.	Utilise social assets including green space. We can ensure that the process for carers to access support including for social isolation is made simple, quick and easy. Through the use of information, advice and guidance we can better signpost citizens to local opportunities for social contact Target those who suffer from social isolation who may experience fear of crime and are less active. This group create a greater demand for adult social care, mental health services and acute healthcare. Create opportunities for connecting people with similar needs - groups can offer simple, practical, local support and opportunities for isolated people to meet others in their local area.	Reducing social isolation in adult social care service users and adult carers. Empowering those with health issues to co- produce their own social prescription. If they play a part in the decision making process we hope the solution will be more sustainable and meet other needs such as social interaction. Engage with people who have social, emotional or practical needs to help them find and design their own personal solutions. Empowering individuals and connecting them with others who suffer similar issues should assist in achieving long term sustainable solutions.

9.2 *Proving system wide information, advice and support to enable self-management*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Providing system wide information, advice and support is a key requirement of the Care Act. Enabling self-management supports preventing, reducing and delaying dependency and maximising the resilience and independence of citizens; their families and the community.	We can influence the quality and accessibility of information and advice available.	We want to develop a comprehensive Information Advice and Guidance (IAG) offer with multiple methods of access (online, social media, paper based, face to face etc.). We want to develop a community directory and market place for information, advice and guidance. Where citizens are able to access information on local activities and community groups as well as identify and purchase products and services. We want to provide a single point of contact for people and agencies inside and outside the locality. We want to promote and increase the use of existing services in the voluntary and community sector.	Citizens are able to self-serve. Reduced levels of need due to being aware of how to access preventative support locally – achieved through better Information Advice and Guidance.

9.3 *Developing community assets*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
All communities have strengths or 'assets' that they can contribute to developing local health and wellbeing initiatives. Community assets include not only buildings and facilities but also people, with their skills, knowledge, social networks and relationships.	Local communities and commissioners can work together to recognise these assets, building an initiative from a positive basis rather than solely focusing on the problems and needs of communities, which may risk limiting the possibilities for change.	We can make sure that mechanisms are in place to enable members of the local community to get involved with identifying skills, knowledge, networks, relationships and facilities within the community. We will make sure that our Joint Strategic Needs Assessment includes an assets based assessment of need. Develop our social prescribing offer with partner agencies including strengthening links to green space. We want to echo the Social Care "three conversations" approach to community assets: 1. Understanding what resources and support help people live independently. 2. Understanding what assets are available to support intensive work in a crisis. 3. Understanding what resources, connections and support enable people to live their chosen life.	Community members are recognised as assets and feel valued by commissioners. Local communities and commissioners work together to recognise existing assets that health and wellbeing initiatives can be built on.

9.4 *Supporting the mental and physical health of our most vulnerable older adults*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
There is strong evidence linking poverty and socio-economic disadvantage with poor health outcomes.	We can offer targeted services, such as health checks and other preventative services, to promote wellbeing and early identification of symptoms for high risk groups, such as people with diabetes, mental illness or learning disabilities. We can reduce stigma around mental health and improve access through early intervention services.	We will be developing a tool to predict the future need for Adult Social Care. We want to introduce a holistic approach to managing mental and physical health.	Achieve an improvement in mortality rates of people with a mental health condition.

10 Priority 4: Healthy Environment

10.1 *Improving air quality*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
Children in high pollution areas are four times more likely to have reduced lung function when they become an adult. The fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter, PM2.5) is: Birmingham: 6.2% England: 5.3%	We can work with schools and communities to understand the impact of air quality on children's health. We can work with partners to enable cleaner ways to travel. We can champion the development of Green Travel Districts to improve air quality, transport safety and physical exercise. We can support flexible or home working and cycling to work, where practical, to prevent unnecessary journeys and emissions and to improve staff productivity and wellbeing.	We will work with partners to develop Air Quality Improvement plans and proposals in Birmingham. We will advocate for NOx tubes so that we can monitor air quality outside schools. We will embed air quality into the planning of the Commonwealth games. We will work with partners across the Sustainability and Transformation Partnership (STP) to improve air quality in our City. We will work in partnership to supporting the development of an evidence base around the impact of air quality on health and wellbeing outcomes.	We want to achieve a reduction in poor air quality exposure.

10.2 *Increasing the health gains of new developments and transport schemes*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
We have the opportunity to create health promoting places to live which promote social interaction; are inclusive; safe and accessible and support healthy lifestyles.	Planning policies and decisions should consider the social, economic and environmental benefits of estate regeneration. Access to a network of high quality open spaces and opportunities for sport and physical activity is important for the health and well-being of communities. We should also be considering sustainable transport and active travel at the earliest stages of new developments so that opportunities to promote walking, cycling and public transport use are identified and pursued and that the environmental impacts of traffic and transport infrastructure are minimised. We should be using the Local Authority's planning powers to help deliver estate regeneration to a high standard. We can encourage Health Impact Assessments for all new developments.	We have created Birmingham City Council's Developer's Toolkit to influence changes in the built environment to improve health. Support the development of the Birmingham Design Panel. Share learning from Birmingham Design Panel with other areas. We will embed active travel and air quality into the planning and delivery of the Commonwealth games. We will be supporting the use of Health Impact Assessments in new developments such as Langley and Peddimore.	Health promoting environments.

10.3 *Health protection assurance and response including screening, immunisation and communicable diseases*

Why is this a priority?	What can we influence?	What do we want to do about it?	What do we want to achieve?
National vaccination programmes are commissioned by NHS England – these include childhood vaccinations, annual influenza and the Human Papilloma Virus (HPV) programme. These vaccinations are mainly delivered in General Practice (GP) Surgeries in primary care and are overseen by Public Health England and NHS England. In Birmingham population vaccination coverage is significantly worse than the England average, other large cities and other West Midlands areas for shingles, flu, and childhood vaccines such as measles, mumps and rubella (MMR). MMR is a safe and effective combined vaccine; the national target for MMR vaccination coverage in the population is 95%. In Birmingham the average take up is 82.9% however this hides huge variation across GP practices where uptake ranges from 20-100%.	The Royal College of Paediatrics and Child Health's State of Child Health report suggests several actions to improve vaccination uptake: • Robust data collection and follow up. • Recognise social factors affecting vaccine uptake. • Further research into methods to improve vaccine uptake amongst families who make a conscious decision not to vaccinate their child. • All child health professionals to improve vaccination rates and if necessary to signpost families to register their children with a GP.	We will continue to monitor vaccination uptake via our Health Protection Forum - seeking assurances on delivery and holding the relevant organisations to account for delivery. We recognise that Practice based variation in uptake exists but we want to be able to understand the barriers to uptake across demographic groups.	Reduce variation and increase uptake in vaccination uptake across the City.

11 Maximising the public health gains from hosting the Commonwealth Games

Birmingham City Council has set out the vision that Birmingham should be a great city to grow up in, live in and grow old in, recognising health and wellbeing within this.

The Birmingham Commonwealth Games in 2022 gives a unique opportunity to make this vision real and use the games as a catalyst for a long term health legacy. This legacy has the potential to be far reaching including improving mental health and wellbeing, creating healthier environments that encourage physical activity, building skills and community cohesion, and forging new lasting partnerships and ways of working between the organisations responsible for delivering the games.

Public Health and partners are already working in areas that will contribute towards maximising the Public Health gains of hosting the Commonwealth Games, for example reconnecting communities with their environment and building in air quality and active travel into operational requirements for the Games.

We will seek opportunities for promoting the sustainability of the Games through better decision making and to reduce the impact on the environment in the long term.

The design of residential flats and houses in the Athlete's village and the transport schemes to move people around during the Games will have a long term impact on health. There is the opportunity for these developments to connect to the legacy of the Games, and as the schemes progress there will be many opportunities to show how they can be developed to best impact on health.

The Local Authority and partner agencies will minimise risks to population health by making sure there is an appropriate health protection response to communicable diseases and by improving accessibility of health services during the Games.

Construction of facilities can increase noise and air pollution as well as increase traffic injury risk or other occupational injuries. Some of these are managed by the construction companies but local communities can also be involved to work out the best ways to mitigate risks.

Birmingham Public Health

www.birmingham.gov.uk/publichealth

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Birmingham City Council

Birmingham Public Health Green Paper

To inform the development of the Birmingham Public Health Strategy 2019-2023

Public consultation: 18 March 2019 – 28 April 2019

Consultation Questionnaire

Questions we are asking about the Birmingham Public Health Green Paper

We are asking the people of Birmingham, strategic partners, and key agencies (including current service providers) to let us know your views on the public health priorities for the city set out in the Birmingham Public Health Green Paper.

This Green Paper sets out the proposed Public Health priorities for the next four years. Our priorities have been informed by data and intelligence on the areas of need in our City.

Within the Green Paper we have set out the reasons each priority has been chosen, and the actions that we and our partners would like to take to address these priority areas and, in turn, improve the health and wellbeing of Birmingham's population at every stage of life.

The priorities have been designed to support the shared ambition across the Council and its partners in the NHS, Police, Fire Service, Voluntary and Community Sector to improve the health and wellbeing of local people and support them to achieve their potential in life.

The four priorities align with the Council vision of Birmingham as an aspirational city to grow up in, an entrepreneurial city to live, work and invest in, a fulfilling city to age well in and a great city to live in. We also recognise in the Green Paper the shared objective that Birmingham citizens gain the maximum benefit from hosting the Commonwealth Games.

We want to hear from you to help us reflect on whether these are the right priorities and to help shape our thinking as we look to develop a framework for action for the future.

Section One: The Vision

Please see Section 1 of the Public Health Green Paper

1. Our vision is to improve and protect the health and wellbeing of Birmingham's population by reducing inequalities in health and enabling people to help themselves.

This is driven by three values: equity, prevention and evidence based practice.

a. To what extent do you agree or disagree with the vision and core values that we have set out for Public Health in Birmingham?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think this could be improved.

Section Two: The Four Priority Areas

Please see page 3 of the Public Health Green Paper

2. We have structured our priorities into four priority areas, three life stages from birth to death, and a fourth that reflects the important role of the environment around us on our health. These priority areas are:

- **Child health**
- **Working age adults**
- **Ageing well**
- **Healthy environment**

a. To what extent do you agree or disagree that the proposed priority areas are the right ones to deliver our vision?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Three: Overarching Themes

Please see Sections 6 and 11 of the Public Health Green Paper

3. We propose that as well as our four priority areas, there are two overarching themes that should be considered across our work, these are:

- **Addressing health inequalities because every child, citizen and place matters**
- **Maximising the public health gains from hosting the Commonwealth Games**

a. To what extent do you agree or disagree that the overarching themes should be considered across our work?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Four: Improving Children and Young People's Health and Wellbeing

Please see Section 7 of the Public Health Green Paper

4. In order to improve child health in Birmingham, we propose focusing on the following three priorities:

- **Reducing infant mortality**
- **Taking a whole systems approach to childhood obesity**
- **Supporting the mental and physical health of our most vulnerable children**

a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Five: Improving Adult Health and Wellbeing

Please see Section 8 of the Public Health Green Paper

5. In order to improve the health of working age adults in Birmingham, we propose focusing on the following three priorities:

- **Supporting workplaces to improve their employee wellbeing offer**
- **Addressing the cumulative impact of unhealthy behaviours such as tobacco control, substance misuse and physical inactivity**
- **Supporting the mental and physical health of our most vulnerable adults**

a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Six: Improving the Health and Wellbeing of Older Adults

Please see Section 9 of the Public Health Green Paper

6. In order to promote ageing well in Birmingham, we propose focusing on the following four priorities:

- **Reducing social isolation**
- **Providing system wide information, advice and support to enable self-management**
- **Developing community assets**
- **Supporting the mental and physical health of our most vulnerable older people**

a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Seven: Creating Environments That Improve Health and Wellbeing

Please see Section 10 of the Public Health Green Paper

7. In order to enable a healthy environment in Birmingham, we propose focusing on the following three priorities:

- **Improving air quality**
- **Increasing the health gains of new developments and transport schemes**
- **Health protection assurance and response including screening, immunisation and communicable diseases**

a. To what extent do you agree or disagree that the proposed priorities are the right ones to achieve success in this area?

(Please tick one box only)

Strongly agree	Agree	Don't know	Disagree	Strongly disagree
☐	☐	☐	☐	☐

b. If you disagree, please explain why and let us know how you think these could be improved.

Section Eight: Any Other Comments

8. Are there any other comments you would like to make about the proposed priorities and the content of the Green Paper?

If you have comments on a specific section of the document, please note the section along with your response.

About You

We would like you to tell us some things about you.

You do not have to tell us if you do not want to, but if you do, it will help us understand if we have failed to engage with specific parts of the community.

Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law.

You can see more information about data protection on our website at:

www.birmingham.gov.uk/privacy

9. Are you submitting this response on behalf of yourself or on behalf of an organisation?

Please tick one box only

On my own behalf ☐

On behalf of an organisation ☐

If on behalf of an organisation, please can you tell us which organisation the response is: ……..

10. Are you?

Please tick one box that best describes your interest in the consultation:

A member of the general public ☐

Health or Care professional ☐

Public health specialist ☐

An academic ☐

Other (*please state*)……

11. Do you live, work, study or socialise in Birmingham? (tick all that apply)

Live	☐
Work	☐
Study	☐
Socialise	☐
None of the above	☐

12. Please can you tell us the first section of the postcode of your home address? E.g. B1, B26, B5, B16, B64)

.....

13. Which age group applies to you? (*Please tick one box only*)

Under 16	☐	40 – 44	☐	70 – 74	☐
16 - 19	☐	45 – 49	☐	75 - 79	☐
20 – 24	☐	50 – 54	☐	80 – 84	☐
25 – 29	☐	55 – 59	☐	85+	☐
30 – 34	☐	60 – 64	☐	Prefer not to say	☐
35 – 39	☐	65 – 69	☐		

14. What best describes your gender? (*Please tick one box only)*

Male	☐
Female	☐
Other	☐
Prefer not to say	☐

15. Do you have any physical or mental health conditions or illnesses lasting, or expected to last, for 12 months or more? *(Please tick one box only)*

Yes	☐
No	☐
Prefer not to say	☐

16. If yes, do any of these conditions or illnesses affect you in any of the following areas? *(Please tick all that apply)*

Vision (e.g. blindness or partial sight) ☐

Hearing (e.g. deafness or partial hearing) ☐

Mobility (e.g. walking short distances or climbing stairs) ☐

Dexterity (e.g. lifting and carrying objects, using a keyboard) ☐

Learning or understanding or concentrating ☐

Memory ☐

Mental Health ☐

Stamina or breathing or fatigue ☐

Socially or behaviourally (e.g. associated with ☐

Autism, attention deficit disorder or Asperger's Syndrome)

Other (*please state*)……..

17. What is your ethnic group? (*Please tick one box only)*

<u>White</u>

English/ Welsh/ Scottish/ Northern Irish/ British ☐

Irish ☐

Gypsy or Irish Traveller ☐

Polish ☐

Baltic States ☐

Jewish ☐

Other white European (including mixed European) ☐

Any other White background (*please state*)……

<u>Mixed/ multiple ethnic groups</u>

White and Black Caribbean/African ☐

White and Asian ☐

Any other Mixed background (*please state*)……

Asian/ Asian British

Afghani ☐

Bangladeshi ☐

British Asian ☐

Chinese ☐

Filipino ☐

Indian Sikh ☐

Indian Other ☐

Kashmiri ☐

Pakistani ☐

Sri Lankan ☐

Vietnamese ☐

Any other Asian background (*please state*)……

Black African/ Caribbean/ Black British

African ☐

Black British ☐

Caribbean ☐

Somali ☐

Any other Black/African/Caribbean background (*please state*)……

Other ethnic group ☐

Arab ☐

Iranian ☐

Kurdish ☐

Yemeni ☐

Any other ethnic group (*please state*)……..

Prefer not to say ☐

18. What is your sexual orientation *(Please tick one box only)*

Bisexual ☐

Gay ☐

Lesbian ☐

Heterosexual or Straight ☐

Other ☐

(*please state*)……

Prefer not to say ☐

19. What is your religion or belief? (*Please tick one box only)*

No religion ☐

Christian (including Church of England, Catholic, Protestant and all other Christian denominations) ☐

Buddhist ☐

Hindu ☐

Jewish ☐

Muslim ☐

Sikh ☐

Any other religion (*please state*)……

Prefer not to say ☐

Please return this questionnaire to the FREE postal address below – you do not need to use a stamp.

If you have any further comments or views on the Public Health Green Paper, please contact:

Website: www.birminghambeheard.org.uk

Twitter: @healthybrum

Email:

Write to:

Please note that you do not need to use a stamp.

Public Health Priorities Green Paper Consultation

Health and Wellbeing Board

March 2019

Public Health Green Paper Consultation

WHAT IS THE PUBLIC HEALTH GREEN PAPER?

The Public Health Priorities Green Paper

The Green Paper sets out the proposed priority areas to improve the health and wellbeing of Birmingham's population at every stage of life. These priority areas:

- Are informed by data and intelligence on the areas of need in our City.
- Align with the Council's vision for Birmingham.
- Support the shared ambition across the Council and its partners in the NHS, Police, Fire Service, Voluntary and Community Sector to improve the health and wellbeing of local people and support them to achieve their potential in life.

Public Health Green Paper Consultation

WHAT IS OUR AMBITION FOR THE CONSULTATION?

Consultation ambition

Our ambition for the consultation is to:

- Engage citizens, organisations and stakeholders in recognising and responding to the priorities for the health of the City of Birmingham.

Consultation objectives

- Constructive engagement responses
- Strengthen partnership relationships
- Positive conversations with citizens
- Increase the awareness and understanding of Birmingham's public health challenges
- Highlight some of the current plans/frameworks and actions in train to address the City's health and wellbeing challenges
- Promote the HealthyBrum brand as the single point of trusted evidence based knowledge of the health of the city
- Identify engaged and constructive potential partners for the next stage of framework development

Consultation timeline

- Consultation was agreed by Cabinet on 5th March
- Launch at the Health and Wellbeing Board on 19th March
- Due to run for 8 weeks
- This timeline will allow the strategy and priorities to go back to Cabinet in July and Full council by the end of September.

Public Health Green Paper Consultation

WHAT ARE OUR ENGAGEMENT PLANS?

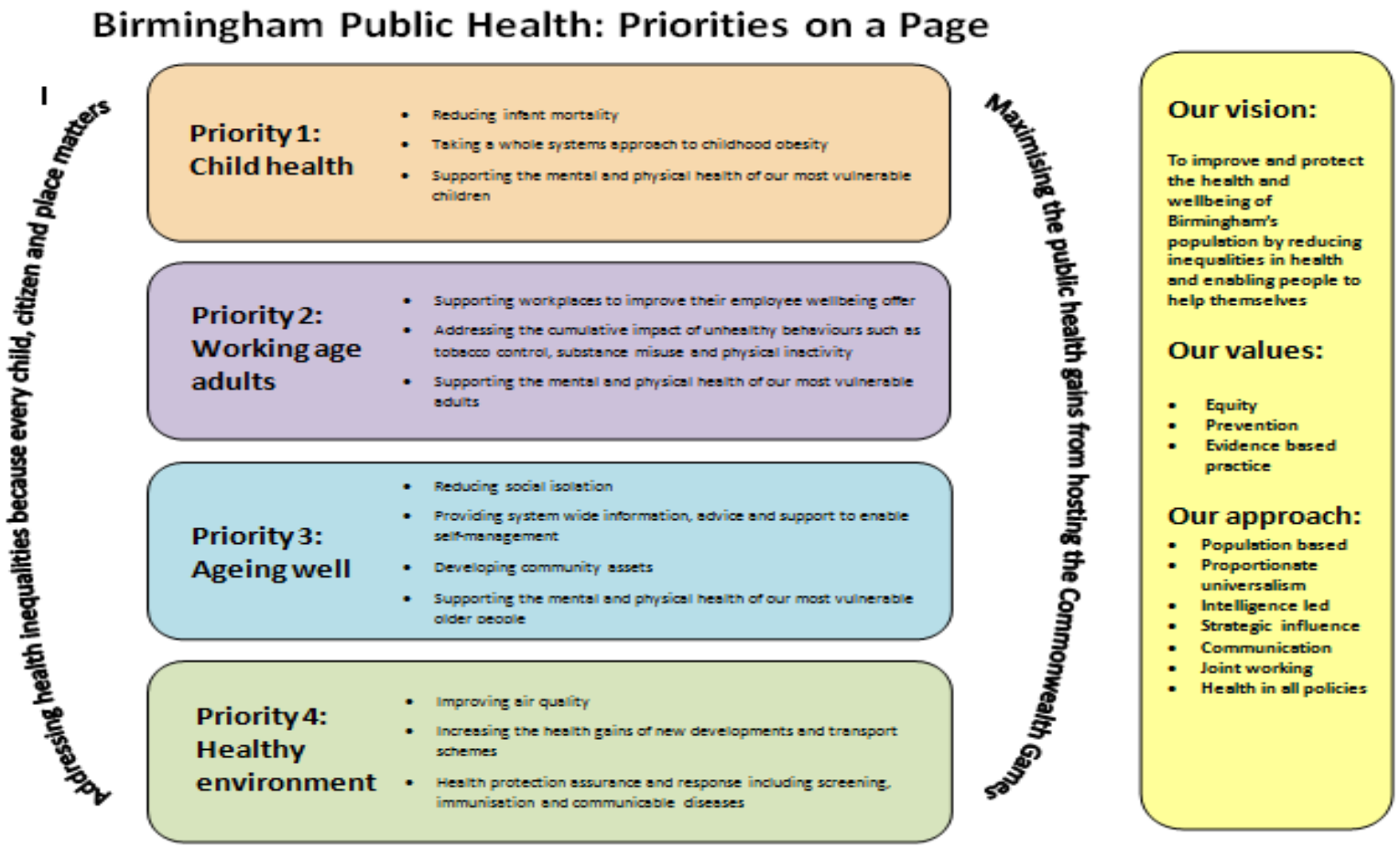
Consultation activities

- Formal boards (HWB, Scrutiny, STP…)
- Elected members
- Key stakeholder and citizen forums including Ward Forums
- Targeted engagement at different sectors or groups of people
- Themed ‘World café’ community events.
- Social media virtual engagement – ‘twitter chats’

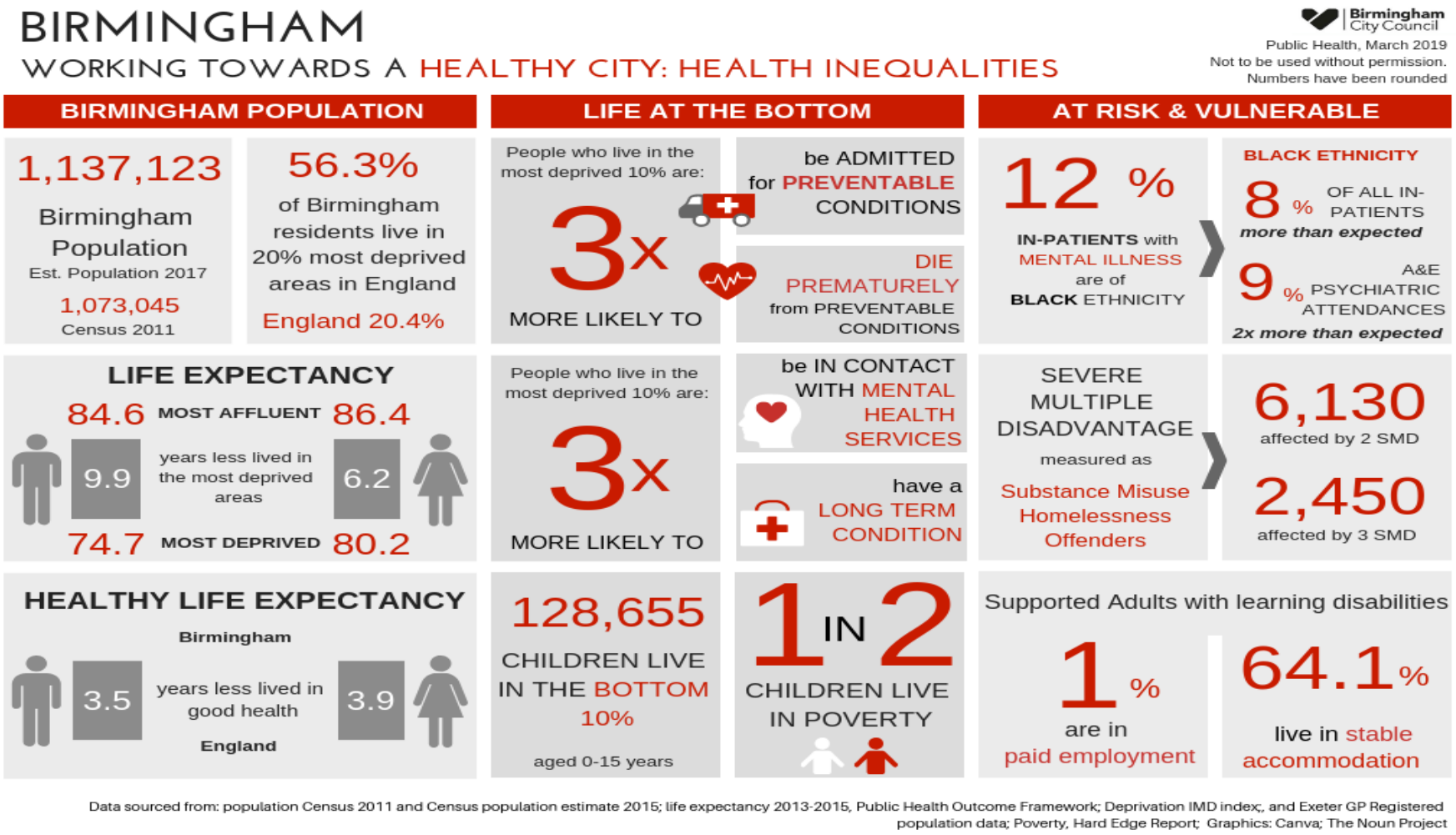
Consultation materials

- Public Health Priorities on a page
- Public Health Green Paper
- Green Paper consultation questionnaire (Be Heard website)
- Suite of infographics for each priority area
- Detailed slide set for each priority area

Public Health Priorities on a Page

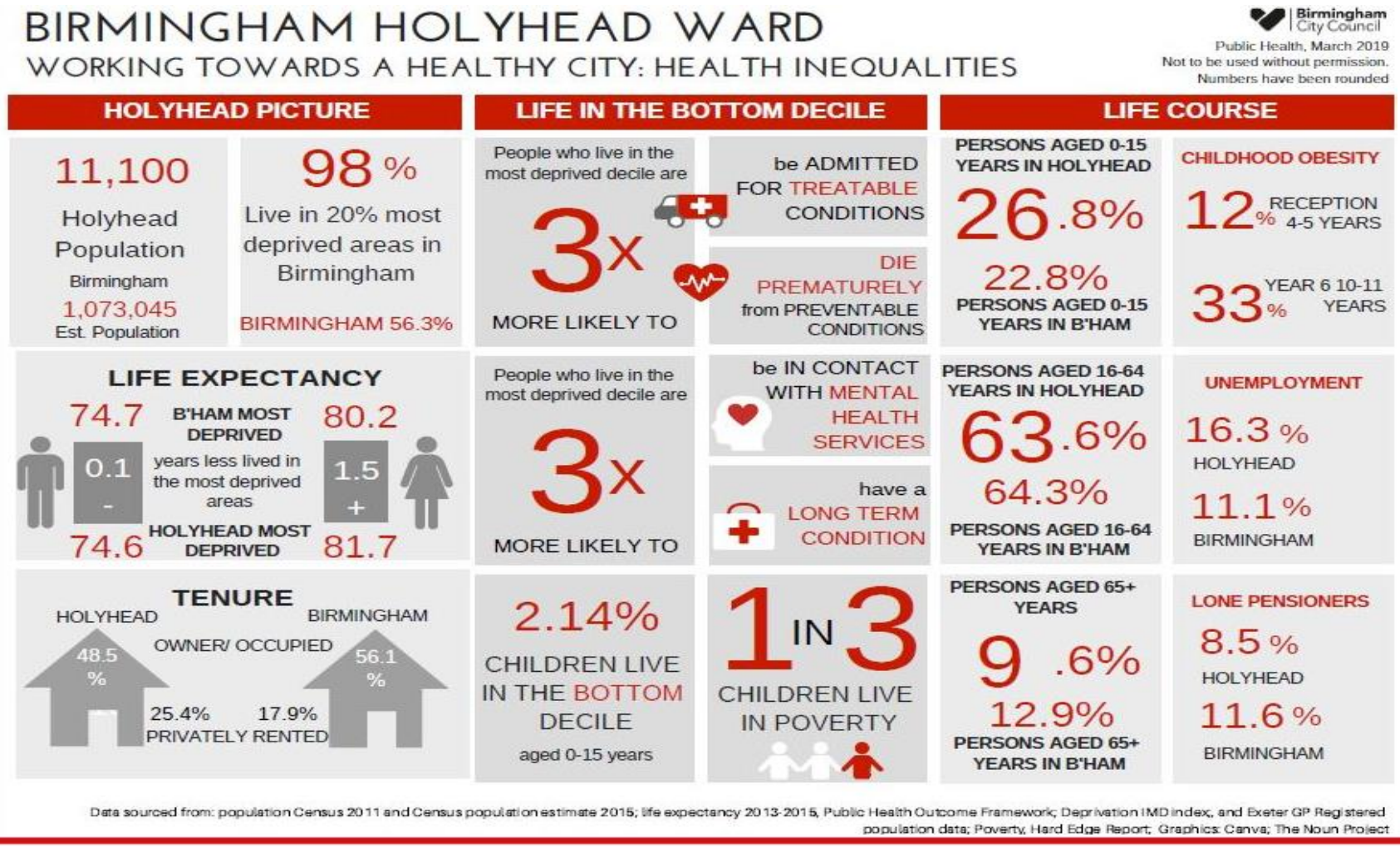


Infographics: high level sheets (eg)

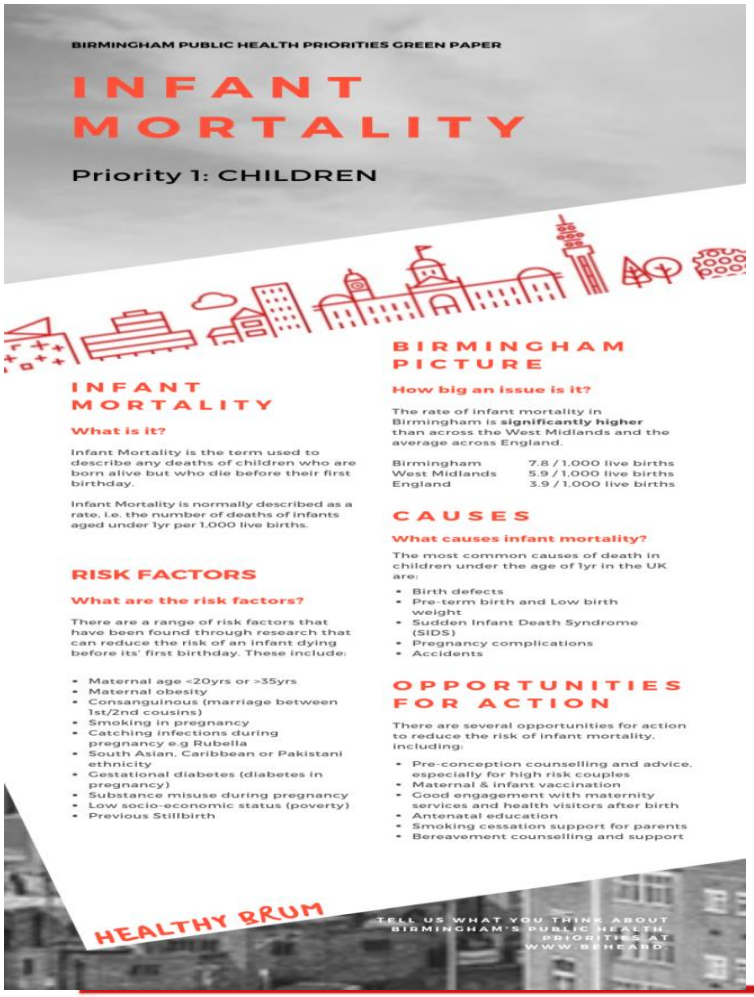


Data sourced from: population Census 2011 and Census population estimate 2015; life expectancy 2013-2015, Public Health Outcome Framework; Deprivation IMD index;, and Exeter GP Registered population data; Poverty, Hard Edge Report; Graphics: Canva; The Noun Project

Infographics – Ward Profile



Summary Detailed Sheet and Banners for each of the Priorities



BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

INFANT MORTALITY

Priority 1: CHILDREN

INFANT MORTALITY

What is it?

Infant Mortality is the term used to describe any deaths of children who are born alive but who die before their first birthday.

Infant Mortality is normally described as a rate, i.e. the number of deaths of infants aged under 1yr per 1,000 live births.

RISK FACTORS

What are the risk factors?

There are a range of risk factors that have been found through research that can reduce the risk of an infant dying before its' first birthday. These include:

- Maternal age <20yrs or >35yrs
- Maternal obesity
- Consanguinous (marriage between 1st/2nd cousins)
- Smoking in pregnancy
- Catching infections during pregnancy e.g Rubella
- South Asian, Caribbean or Pakistani ethnicity
- Gestational diabetes (diabetes in pregnancy)
- Substance misuse during pregnancy
- Low socio-economic status (poverty)
- Previous Stillbirth

BIRMINGHAM PICTURE

How big an issue is it?

The rate of infant mortality in Birmingham is **significantly higher** than across the West Midlands and the average across England.

Birmingham	7.8 / 1,000 live births
West Midlands	5.9 / 1,000 live births
England	3.9 / 1,000 live births

CAUSES

What causes infant mortality?

The most common causes of death in children under the age of 1yr in the UK are:

- Birth defects
- Pre-term birth and Low birth weight
- Sudden Infant Death Syndrome (SIDS)
- Pregnancy complications
- Accidents

OPPORTUNITIES FOR ACTION

There are several opportunities for action to reduce the risk of infant mortality, including:

- Pre-conception counselling and advice, especially for high risk couples
- Maternal & infant vaccination
- Good engagement with maternity services and health visitors after birth
- Antenatal education
- Smoking cessation support for parents
- Bereavement counselling and support

HEALTHY BRUM

TELL US WHAT YOU THINK ABOUT BIRMINGHAM'S PUBLIC HEALTH PRIORITIES AT WWW.BEHEARD

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

CHILDHOOD OBESITY

Priority 1: CHILDREN

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

VULNERABLE ADULTS' HEALTH & WELLBEING

Priority 2: ADULTS

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

IMPROVING AIR QUALITY

Priority 4: HEALTHY ENVIRONMENTS

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

VULNERABLE CHILDRENS' HEALTH & WELLBEING

Priority 1: CHILDREN

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SELF MANAGEMENT

Priority 3: OLDER ADULTS

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

REALISING HEALTH GAINS FROM THE BUILT ENVIRONMENT

Priority 4: HEALTHY ENVIRONMENTS

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

WORKPLACE HEALTH & WELLBEING

Priority 2: ADULTS

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DEVELOPING COMMUNITY ASSETS

Priority 3: OLDER ADULTS

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HEALTH PROTECTION

Priority 4: HEALTHY ENVIRONMENTS

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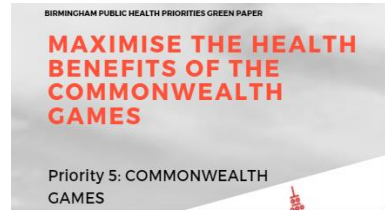
UNHEALTHY BEHAVIOURS

Priority 2: ADULTS

BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

SUPPORTING VULNERABLE OLDER ADULTS

Priority 3: OLDER ADULTS



BIRMINGHAM PUBLIC HEALTH PRIORITIES GREEN PAPER

MAXIMISE THE HEALTH BENEFITS OF THE COMMONWEALTH GAMES

Priority 5: COMMONWEALTH GAMES

Public Health Green Paper Consultation

WHAT ARE OUR NEXT STEPS?

Post-consultation

- Consultation findings report – produced by early June.
- Birmingham health inequalities framework
  - Birmingham health inequalities priority areas
  - Show where work to improve these areas aligns with other strategies in the City
  - Embed actions from framework into core and partner strategies and action plans

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Birmingham Health and Wellbeing Board

	Agenda Item: 13
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**19th March 2019**
TITLE:	**BIRMINGHAM HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY WAYS OF WORKING AGREEMENT**
Organisation	**Birmingham Health and Wellbeing Board**
Presenting Officer	**Becky Pollard – Interim Deputy Director of Public Health**

Report Type:	**Decision**

1. Purpose:

To consider and agree the tripartite ways of working agreement between:

- Birmingham Health and Wellbeing Board
- Birmingham Healthwatch
- Birmingham City Council's Health Overview & Scrutiny function

2. Implications:

BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	X
	All children in permanent housing	X
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	X
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	X
	Improving stable and independent accommodation for those learning	X

	disability	
	Improve the wellbeing of those with multiple complex needs	X
	Improve air quality	X
	Increased mental wellbeing in the workplace	X
Joint Strategic Needs Assessment		X
Joint Commissioning and Service Integration		X
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		X
Early Intervention		X
Prevention		X

3. Recommendations

3.1 It is recommended that the Board:

- Agree—subject to any suggested amendments at today's meeting, the content of the draft Ways of Working agreement; and
- Adopt and implement the final version of the agreement in the new municipal year.

4. Background

4.1 The Ways of Working agreement sets out the relationship between Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's health scrutiny function.

4.2 Whilst these bodies have specific functions (as detailed in the Health and Social Care Act 20120 there is potential for overlap in work areas, and opportunities for complementary, yet independent, working arrangements.

4.3	The agreement clarifies the key roles of the three bodies, their legal obligations and how they can work together to improve health and social care services for the citizens of Birmingham.
4.4	This agreement has been based upon the Nottingham City Council Ways of Working Agreement and has been adapted to reflect local issues relating to the health and wellbeing of the population of Birmingham (Ref: Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Ways of Working Agreement. Agreed 2014. Updated August 2017).

5.	**Future development**
	It is suggested that this agreement be reviewed by all parties after a period of six months post implementation.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	Not applicable.
6.2	***Governance & Delivery***
	This agreement outlines ways of working between Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's Health Overview & Scrutiny function.
6.3	***Management Responsibility***
	Not applicable.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
That this ways of working agreement is not followed by all parties.	Low	Medium	Review for effectiveness after a period of six months post implementation.

Appendices
Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Health Scrutiny Ways of Working agreement.

BIRMINGHAM HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY

WAYS OF WORKING AGREEMENT

1. Purpose of the Agreement

This Ways of Working Agreement sets out the relationship between the Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's Health Scrutiny function.

Health and Wellbeing Boards and Local Healthwatch were formed as a result of the Health and Social Care Act 2012, which also expanded the role of Health Scrutiny. Whilst these bodies have specific functions, there is a potential for overlap in their work and opportunities for them to work in a complementary fashion whilst maintaining their independence.

The Agreement clarifies the key roles of the three bodies, their legal obligations to each other and how they will work together to improve the health and social care services for the citizens of Birmingham.

It is also recognised that there are other issues that relate to the health and wellbeing of the population of Birmingham which fall within the remit of the Local Authority but outside of this Agreement.

2. Role of Birmingham Health and Wellbeing Board

The Birmingham City Health and Wellbeing Board is the city's lead multiagency partnership for improving health and wellbeing and reducing health inequalities of the citizens of Birmingham. The Health and Wellbeing Board will:

- Promote the reduction in health inequalities across the City through the commissioning decisions of member organisations
- Report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
- Be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)
- Deliver and implement the Joint Health and Wellbeing Strategy for Birmingham
- Participate in the annual assessment process to support Clinical Commissioning Group authorisation

- Identify opportunities for effective joint commissioning arrangements and pooled budget arrangements

- Provide a forum to promote greater service integration across health and social care.

3. Role of Healthwatch Birmingham

Healthwatch Birmingham will:

- Use its seat on the Health and Wellbeing board to ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment.

- Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.

- Give authoritative, evidence-based feedback in relation to the commissioning and delivery of local health and social care services.

- Help and support the Health and Wellbeing Board and Birmingham Health Scrutiny to make sure that services really are designed to meet citizens' need.

- Be inclusive and reflect the diversity of the community it serves.

4. Role of Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the City Council and other organisations operating in Birmingham to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. Scrutiny can make reports and recommendations to NHS bodies and providers of NHS funded services. When a substantial change to a local health service is proposed, Health Scrutiny should be consulted and has a statutory role to ensure that the public interest has been taken into account and the proposed change is in the best interests of local health services.

<u>Joint Health Committees</u>

The 2012 Act regulations require the appointment of a joint scrutiny where a health service commissioner or provider e.g. Clinical Commissioning Groups, Provider Trusts etc. consults more than one local authority's health scrutiny function on substantial reconfiguration proposals.

Only the joint scrutiny committee may make comments on the proposal consulted on or require the health service commissioner or provider which has the proposal under consideration to provide information to them, or require a member or employee of that body or provider to attend before them to answer questions.

Currently, Birmingham has Joint HOSCs with Sandwell and Solihull.

The work of the Joint Health Scrutiny Committees lies outside of the remit of this Agreement.

5. Legal Obligations between the Three Bodies

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to involve Healthwatch Birmingham in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Birmingham.
- Healthwatch Birmingham must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Birmingham must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Birmingham and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Birmingham.

6. Local Commitments between the Three Bodies

The Health and Wellbeing Board, Healthwatch Birmingham and Health Scrutiny will:-

a. Have a shared understanding of each other's roles, responsibilities and priorities

b. Work in an open and constructive way

c. Work in a climate of mutual respect and courtesy

d. Respect each other's independence and autonomy

e. Make a commitment to ensuring improvement in health and wellbeing in Birmingham by effectively monitoring progress against local authority/NHS improvement plans and priorities.

Each body will produce and maintain an up-to-date work programme that is shared with each other to enable issues of mutual concern to be identified at an early stage and dealt with in a way that makes best use of respective roles, responsibilities and resources and avoids duplication. On major pieces of work requiring engagement, involvement or consultation of service users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities. Where appropriate, the three bodies will seek to agree joint responses to consultations.

In working together recognition will be given to Healthwatch Birmingham's position as a member of the Health and Wellbeing Board; and the impact that this might have on its contribution to the work of Health Scrutiny, when that work relates to the Health and Wellbeing board and its decisions and activities.

The successful application of the principles and commitments set out in this Agreement will depend on effective communication between the three bodies. Every effort will be made to ensure ongoing open communication and Scrutiny Officers will arrange regular informal meetings to facilitate this.

The Health and Wellbeing Board will:

- Share the Board work plan with Health Scrutiny and Healthwatch Birmingham.
- Update Health Scrutiny on its progress with the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Take account of and respond to the opinions of Healthwatch Birmingham.
- Be subject to scrutiny by the Council's Health Scrutiny Committee and provide information[1] and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit. (Health Scrutiny may choose not to do so).

[1] The Board and its partners will not be required to provide:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure.
- Any information, the disclosure of which is prohibited by or under any enactment.
- Any information, the disclosure of which would breach commercial confidentiality.

- Request (subject to available resource) Healthwatch Birmingham to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. Healthwatch Birmingham is an independent organisation, which is publically-led, and reserves the right to choose work priorities.

Meetings of the Health and Wellbeing board, which includes Healthwatch Birmingham, are held in public and representatives of the Health Scrutiny Committee will be welcome to attend.

Healthwatch Birmingham will:

- Share its work programme with the Health and Wellbeing board and Health Scrutiny.
- Provide relevant public opinions/experiences about services to support the development of the JSNA.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals in line with the process set out in Section 7 of this agreement.
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny to consider whether a formal referral to the Secretary of State for Health is required.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services (subject to available resource).
- Acknowledge and respond to referrals from Health Scrutiny in line with the process set out in Section 7 of this agreement.

Health Scrutiny will:

- Share the Health Scrutiny Committee work programme with Healthwatch Birmingham and the Health and Wellbeing Board.
- Seeks views of Healthwatch Birmingham and the Health and Wellbeing Board when formulating the Health Scrutiny work programme.
- Hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Birmingham and to reduce health inequalities, including its responsibilities in relation to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

- Make reports and recommendations to the Health and Wellbeing Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.

- Request Healthwatch Birmingham (subject to available resource) to submit relevant intelligence and information to support scrutiny work.

- Invite representatives of Healthwatch Birmingham to attend, and at the Chair's discretion, speak at Health Scrutiny meetings.

- Request Healthwatch Birmingham (subject to available resource) to undertake a particular piece of work in order to inform Health Scrutiny activity. In exceptional circumstances, this may include requesting that Healthwatch Birmingham use its 'Enter and View' powers where there is an issue of particular concern. Healthwatch Birmingham is an independent organisation, which is publically-led, and reserves the right to choose work priorities.

- Take account of and respond to the views and recommendations of Healthwatch Birmingham and the Health and Wellbeing Board.

- Acknowledge and respond to referrals from Healthwatch Birmingham in line with the process set out in Section 7 of this agreement.

- Refer relevant issues to Healthwatch Birmingham in line with the process set out in Section 7 of this agreement.

- Consider Healthwatch Birmingham's annual report.

Meetings of the Health Scrutiny Committee are held in public and representatives of Healthwatch Birmingham and the Health and Wellbeing Board will be welcome to attend.

7. Referrals between Healthwatch Birmingham and Health Scrutiny

As Healthwatch Birmingham is a member of the Health and Wellbeing Board, this section of the Agreement applies to referrals specifically between Healthwatch Birmingham and Health Scrutiny.

Referrals from Healthwatch Birmingham to Health Scrutiny

If, during the course of its work, Healthwatch Birmingham identifies an issue that it feels warrants exploration by Health Scrutiny it can make a referral. Referrals should be made in writing to the lead Health Scrutiny councillor via the Council's Overview and Scrutiny Team. Referrals should set out:

- The nature of the referral.
- The reason why the referral is being made.
- Any evidence about the issue.
- What action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. Healthwatch Birmingham will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Health Scrutiny decides not to act on a referral it will provide reasons for not doing so.

Referrals from Health Scrutiny to Healthwatch Birmingham

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Birmingham it can make a referral. Referrals should be made in writing to the Healthwatch Birmingham Chief Executive. Referrals should set out:

- The nature of the referral.
- The reason why the referral is being made.
- Any evidence about the issue.
- What action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Birmingham decides not to act on a referral it will provide reasons for not doing so.