BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 31 JULY 2018

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 31 JULY 2018 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Graeme Betts, Councillor Kate Booth, Dr Peter Ingham, Paul Jennings, Becky Pollard, Peter Richmond, Antonina Robinson and Sarah Sinclair

ALSO PRESENT:-

Suwinder Bains, Partnership Manager, Strategic Services, BCC
Patricia Daley, Learning and Development Manager, Adult Social Care and Health, BCC
Judith Davis, University Hospitals Birmingham
Dr Andrew Dayani, Medical Director, Birmingham Community Healthcare, NHS Foundation Trust
David Harris, Transportation Policy Manager, BCC
Sharon Liggins, Chief Officer for Commissioning, Sandwell and West Birmingham CCG
Group Commander Sean McGrath, Birmingham South, WMFS
Pauline Mugridge, Assistant Director, Adult Social Care and Health, BCC
Station Commander Sam Pink, Woodgate Valley and Bournbrook, WMFS
Danielle Oum, Healthwatch Birmingham
Errol Wilson, Committee Services, BCC

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NOTICE OF RECORDING

267 It was noted that the meeting was being 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 were confidential or exempt items.

APPOINTMENT OF HEALTH AND WELLBEING BOARD - FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP

The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 26 June 2018 was submitted:-

(See document No. 1)

The Chair advised that Dr Peter Ingham was appointed vice-Chair for the Birmingham Health and Wellbeing Board and that she was looking forward to working with him over the next year. She highlighted that Paul Jennings was appointed as the new Sustainability and Transformation Plan Lead for Birmingham and Solihull. The Chair expressed congratulations to Mr Jennings on behalf of the HWB, STP Group and Team.

Mr Jennings stated that he was happy to accept the role and would do the best that he could.

268 **RESOLVED:-**

That the re-appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as outlined in the schedule be noted.

DECLARATIONS OF INTERESTS

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

APOLOGIES

270 Apologies for absence were submitted on behalf of Councillor Matt Bennett, Richard Kirby (but Dr Andrew Dayani as substitute), Chief Superintendent Danny Long, Stephen Raybould, Andy Cave (but Danielle Oum as substitute, Professor Nick Harding (but Sharon Liggins as substitute) and Dame Julie Moore.

DATES OF MEETINGS

271 **RESOLVED: -**

That the Birmingham Health and Wellbeing Board noted the dates of formal meetings of the Board for 2018/2019 as follows:-

2018	**2019**
4 September	29 January
2 October*	19 February
30 October 2018	19 March
27 November 2018	30 April
18 December 2018	

All meetings will be held on Tuesdays commencing at 1500 hours.
* This will be a development session

CHANGE TO THE ORDER OF BUSINESS

272 The Chair advised that she would take agenda item 6 ahead of agenda item 7, followed by agenda item 12 ahead of the remaining items.

CHAIR'S UPDATE

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

(See document No. 2)

- LGA Development Session
- Consultations -
  - (a) Birmingham Community Cohesion Strategy Green Paper
  - (b) Clean Air Zone Consultation
- National Childhood Obesity Action Plan

The Chair commented that she had the pleasure of travelling to Pune, India and that the trip was used to highlight the similarities between Pune and Birmingham. The issue was that in Pune, a large proportion of children suffered from stunted growth due to a lack of nutrition which they were trying to address with supplements.

The Chair advised that there was a major issue developing around obesity in Birmingham which meant that many of our children and young people were overweight or obese due to the lack of good nutrition in their diet and that she would be speaking about these issues in the coming months. She expressed thanks to the Food Federation that took her to India and stated that she was looking forward to Birmingham working with India at an international level.

MINUTES

274 The Minutes of the Board meeting held on 19 June 2018 were confirmed and signed by the Chair.

CONSULTATIONS

275 Birmingham Community Cohesion Strategy Green Paper

Suwinder Bains, Partnership Manager, Strategic Services gave the following brief introductory background to the Birmingham Community Cohesion Strategy Green Paper: -

- This was part of the consultation and they were trying to get as many views/comments on the strategy to ensure that it represents Birmingham. They had been having discussions around the Community Cohesion over the last 12 – 18 months.

- In December 2017, Councillor Tristan Chatfield, Cabinet Member for Social Inclusion, Community Safety and Equalities held a summit and brought together key partners from the voluntary community sector, the private sector and other public agency to kick-start the conversation on how they develop a strategy for Birmingham.
- It became apparent at the summit that they wanted a City strategy rather than a Council led strategy.
- The strategy sets out a vision that was developed with partners including community organisations. It sets out eight guiding principles and it was hoped that the partners, community organisations and public agencies adopt as a way of working and promoting community cohesion in Birmingham and how they took the strategy forward.
- An annual summit was proposed rather than having a Board and to have a session that was organic where they invite their partners and those from the community voluntary sector and individuals who were doing great stuff from across the city and share what they do well.
- A number of challenges had been identified by the community organisations that they needed to see resolved with other partners and public agencies.
- This was part of the bigger conversation that was leading to the final strategy which will be published in October. Members of the HWB were asked to give their feedback on a number of questions that were presented.

As the strategy was not circulated to the HWB, it was agreed that the strategy be circulated to the Board members in order that they could send their feedback to Ms Bains. Ms Bains undertook to circulate the link to the strategy to the Board. Professor Betts advised that Channa Payne-Williams and Jade Hussain would coordinate the responses and then send these to Ms Bains.

276 Clean Air Zone (CAZ)

David Harris, Transportation Policy Manager advised that the report on *Tackling Air Quality in Birmingham – Clean Air Zone Consultation* that was submitted to Cabinet on the 24 June 2018 could be circulated to the HWB. Mr Harris gave the following verbal presentation: -

- That the HWB may be aware that air quality was a key challenge for the city and across the UK as a whole and that they had been given some challenging requirements by the Government to achieve compliance with air quality limits in the shortest possible time.
- By way of context, the UK did not comply with the statutory legal limits for nitrogen dioxide and the UK government was asked by the European Union (EU) to bring forward methods that would achieve compliance.
- In addition to this, in 2015, the Environmental Lobbying Group Earth took the government to court over its inaction to meet these legal requirements.
- Out of that process the Government published a Clean Air Strategy in 2015 which sets out that in order for a number of areas including Birmingham to achieve compliance of these legal limits in the shortest time possible, CAZ would need to be implemented.
- On that basis work had been on-going to look at options for addressing air quality in Birmingham including implementing a CAZ.

- At the end of June 2018, a report was submitted to Cabinet setting out the proposals and options around choosing a CAZ in Birmingham that was felt was the most appropriate option to deliver compliance in the shortest possible time.
- This was a CAZ that would encompass the area inside Birmingham's Ring Road the A4540 and would essentially operate 24 hours per day every day. It would charge the most polluting vehicles which was essentially any vehicle.
- There were certain standards – Euro IV Petrol which was any vehicle purchase from mid-2006, Euro VI diesel which was any vehicle from 2015/2016. The government had set these as acceptable limits in terms of the standards.
- They had undertaken some local modelling and the government in their national work in air quality strategy, they undertook a local modelling and transport modelling to compare the situation. Their modelling showed a comparison with the government air quality modelling and forecasting.
- They had gone through a range of options including different types of clean air zone to look at what would be suitable in the shortest possible time and to consider what would be the most appropriate approach.
- A CAZ was not a congestion charge and was not targeted at all vehicles, but was around encouraging an improvement in the vehicle fleet. They were encouraging people to shift to cleaner modes of transport. It was not a congestion charge and it was not designed to generate income.
- Any money that was generated as surplus income curated by the scheme would be ring-fenced and reinvest into transport improvements or other measures to improve air quality. They were currently out for consultation and the timescales were tight.
- The consultation was open until the 17th August 2018 and they were planning on submitting a report to the Cabinet meeting on the 10th September 2018 that would set out the responses to the consultation and the next steps going forward in terms of their proposals.
- The consultation was critical as part of their work, alongside the modelling and trying to identify the options and to understand the impacts, both positive/negative in putting a scheme in.
- There were air quality benefits, but there could be dis-benefits in terms of economic impacts and they were working through this to identify where the dis-benefits would sit and then start to design the mitigations they could introduce.
- Some of these things could be discounts to businesses or groups; set periods where there were no vehicles on the market that would meet the standards and the time period they were speaking about. Other schemes to give people support to buy cleaner vehicles but also looking at things around public transport and people who might suffer accessibility issues – looking at mobility credit types of schemes.
- They were trying to shape a strong robust package of measures that would off-set the negative impacts of the CAZ that they had to put in.
- They were doing work around improving the transport network and had secured funding from the government to implement further measures to help them with a robust priority for the city centre and other traffic management measures to help reduce air quality in the worst location.
- There was work around introducing a hydrogen bus fleet in the region and city and they were in the process of introducing a charging network. They were about to start expanding their car clubs across the city.

- There was a range of things that they were already doing on air quality to improve the situation. The consultation website address was birmingham.gov.uk/caz and they would urge people to respond to that.
- They were also doing a number of drop-in sessions across the city, details of which were on the website. They had some stakeholder events with businesses etc.
- Air quality was a key issue with up to 900 people dying early in the city each year and the impact it had on from cradle to grave and was impacting on the most deprived communities air pollution each year. He was happy to circulate further background information and urged the Board to respond to the consultation.

In response to questions, Mr Harris made the following statements: -

a. The timescale in terms of achieving compliance against the timescale to introduce larger scale introductory methods did not aligned against other things that were already in train such as the bus rapid transit routes, the sprint routes, the metro extensions and the new stations, example, Moseley, Kings Heath and Hazel well would not be delivered until 2021.
b. The key message was that they had a public transport network where the bus was a flexible transport system and they were working with Transport for West Midlands (TfWM) and the bus operators to look at how between now and 2020 to make the bus network more attractive.
c. There were mitigations and the questions were whether there were things they could do to subsidise or assist people who may feel that they could not afford public transport for them to shift to other modes.
d. The system would work on an Automatic Number Plate Recognition (ANPR) system. Any vehicles that passed the cordon would be recognised and it ties in with the DVLA database which would know whether a vehicle was compliant i.e. Euro IV; Euro VI or below and the system would work on the proposed daily charge for non-compliant vehicles. If this was not paid within a specified period then there would be a penalty notice.
e. They had been working with the previous Director of Public Health and were engaging with the Children's Hospital and other Trusts through this process. They had met with the Chamber of Commerce and there were stakeholders there from the service who was also feeding in. Through this network they needed as much feedback as possible.
f. The behaviour change element of this would be significant as it had to generate an element of behavioural change. Behavioural change was not the answer as they were doing this for a long period of time with Travel Plans etc., but unfortunately the CAZ had required them to drop that behaviour change quickly.
g. That element in terms of educating people regarding the issue of air quality and how it impacts them and children, how their behaviour had a natural impact. They had been working with public health colleagues in the schools on projects for them to understand the air quality issues which feed into the process.
h. Working with communities in terms of a shift in change was a multi-layered approach. This was a huge piece of work that needed action at many levels.

The Chair requested that the CCG's, Fire Service, Police, Healthwatch etc. put some submissions back. Professor Betts advised that Channa Payne-Williams and Jade Hussain would coordinate the responses.

The Chair thanked Suwinder Bains and David Harris for attending and presenting the information.

UPDATE ON THE EARLY INTERVENTION WORKSTREAM

The following report was submitted:-

(See document No. 3)

Judith Davis, University Hospitals Birmingham introduced the item and drew the Board's attention to the information contained in the report.

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

1) Ms Davis noted Ms Oum's enquiry concerning patient experience and advised that this was one of the questions they would ask.
2) That in the past they had a lot of information in the city that they gathered over the last five years through different historical work streams that had consistently stated the same thing.
3) The starting point was that CCG's had been having annual consultations where they discuss their commissioning intentions and they had been part of those consultations over recent years.
4) They could say with confidence that they know what citizens had stated and they were seeking to act upon that as it was important that they engage with citizens that were using the service so that they could contribute into more detailed redesign and also assess their outcomes and experiences as part of the process.
5) That Andy Cave was now a member of the Programme Board.

Professor Betts made reference to a conversation that he had with a potential bidder who had worked in Birmingham previously and who had stated that it had been a number of years since they had been in a position where they had all the partners working together in this way and commented that this would be a success. He added that it was important to get that engagement through the organisation.

The Chair commented that she was impressed with the speed at which the programme was going and the progress that had been made. She further stated that she was in agreement with the way Ms Davis and Team was approaching this as without staffing engagement, this would fail if they were not on board with the programme. The Chair added that this item will be brought back on a regular basis to the Board meetings.

The Chair thanked Ms Davis for attending the meeting and presenting the item.

277 **RESOLVED:-**

That the Health and Wellbeing Board: -

(a) Noted the progress of the Early Intervention Work stream and

(b) Provided comments on the next steps of the Early Intervention Work stream.

HEALTH AND WELLBEING STRATEGY UPDATE – IMPROVING THE INDEPENDENCE OF ADULTS

The following report was submitted:-

(See document No. 4)

Paul Jennings CEO, NHS Birmingham and Solihull CCG and Pauline Mugridge, Assistant Director, Adult Social Care and Health, BCC presented the item and drew the attention of the Board to the information contained in the documents.

Personal Health Budget and End of Life Personal Budget

Mr Jennings stated that this was an update on progress made relating to individualised care and person health budgets. This was a key element of NHS England policy and a national policy around local government moving authority control into the hands of individuals and the kind of services they received. He added that they were slow in putting together the services, but they had now got in place all of the various structures in place that they need to make it work. They would focus on the following four areas in future in terms of delivering and making this possible: -

- Adult continuing health care delivery – the CCG had moved to a step in provider and services were now improving. They had managed to remove the fast track CHC times which were weeks to less than a week. The rates of assessment were more accurate and were happening more frequently. Associated with that they were looking to move all of their continuing health care packages to personal health budget if at all possible in the future.
- Children's continuing care - they had gotten to the point where they started negotiating this and they had a set of arrangements in place for people to review the possible alternatives they could use.
- Section 117 Mental Health – was the most immediately successful
- Wheelchairs provision – particularly for children was a service that had a long history of long waiting list with complications and difficulties which they have put together now a programme a number of providers they could engage with and a budget with suppliers of wheelchairs that should be progress in terms of access to this group.

Mr Jennings referred to the end of life document, but the Board did not formally agree a recommendation.

In response to questions, Mr Jennings made the following statements:-

1) They were putting together a register of providers, but before putting them on the register, they had to ascertain whether they were appropriate.

Individuals that had access to people who were using the personal health budget had access to that catalogue of providers and they come with a degree of ratification before they are put onto the system.

2) They had a more sophisticated way of giving people budgets in terms of virtual budgets they could use. They also had a system where if individuals needed to employ carers, they could employ them through an agency arrangement, not with an agency premium. It guarantees that individuals were appropriately checked and had the right skills before they were listed on the website.

3) In terms of how they capture information from the website, this needed to be checked. It was not necessarily that people were buying services from elsewhere, but this was mainly that it more suits their needs. They currently had a pilot programme around end of life care where they were offering personal health budgets to individuals who were known to be approaching the end of their lives, but so far very few of them had taken this up.

4) This may be because they were relatively content with what they had received to date and therefore they go with the flow on that. It was probably a bit more complicated than what they chose not to have. There were issues about giving people more choice earlier on in the end of life process so it becomes part of the care planning.

5) Giving people more opportunity to think through earlier in the process before they get to the personal health budget. As this was relatively new, it tended to catch people unware, as it was not a common way of doing things.

6) Once somebody had a recognised solution, it was difficult to wean them off it. People with CAPD had been brought to believe that if they had an exacerbation they had to go to hospital and would insist on going to hospital. People who had been brought up to be managed at home would be happy to be managed at home.

7) It would take time for that change to happen as individuals would need to be given the opportunity at the beginning of that service journey. The further they were into the service journey, the more difficult it was to persuade them to change. The earlier people were offered this in their journey, the more likely they were to take advantage of it.

8) In terms of children and young people, they were some of their main priorities in terms of the work and continuing care for children which were an important issue, wheelchairs for children. They were conscious about trying to start that work with families and their children and hopefully when children become adults they get more control themselves.

9) It will take time for people to understand that there were alternative services to do these things. They were beginning to see the groups and practices working together to deliver extended access, working with the community services. They were beginning to see a slightly different approach which was partly built around geography.

10) The important work that the Council was doing around asset based approach to service delivery was linked to this kind of care. If they were having the asset based conversation using the three conversation social

work model, as a way of interrogating, it would start to get people thinking in a different way about what they might need.

Professor Betts commented that personal budgets and direct payments were transformational in Adult Social Care both for citizens and also for staff. However, for staff to do this there was a huge cultural shift which was the most difficult thing as some people were very committed and did it well, but others were not grasping it which was a challenge. In general it helped them to move away from that approach where the professional knows best as it was giving control back to the individuals which were an important shift to make, but a difficult one for professionals.

Integrated personal Commissioning – Direct Payments

Pauline Mugridge, Interim Service Director for Community Services, Adult Social Care and Health, BCC and Patricia Daley, Learning and Development Manager, Adult Social Care and Health, BCC presented the report and drew the Boards attention to the information in the report.

Ms Mugridge advised that a lot of work was being done around direct payments and there was connection between personal health budget and direct payments. The Direct Payment Board within Adult Social Care had invited a representative from the CCG onto the Board, vice versa so that they could get that learning across. The Board in Adult Social Care was to look at the learning in developing direct payments, but it was also to help them meet the target of the 30% take up of direct payments by eligible clients within this financial year. They were doing this in a number of ways: -

- Through conversations by looking at the person as an individual and having a conversation with the person to find out what was really important to them.
- They had recently moved to 5 innovation sites and now had 17 teams that had started to work within the three conversations which would have an impact on direct payments.
- The purpose of the three conversations was to give people back control of their lives. Individual team targets were targets for direct payments and they were monitored on that as it was important to give ownership.
- The recipients of direct payments were ensured about how to do it, what to do and people were concerned about it from that angle, but equally, Personal Assistance (PA) were concerned and its support.
- There was a lot of work with the CCGs etc. to look at the support service so that that service would support PA if they wanted it but equally it would support direct payment recipients.
- The other piece of work was about matching PA to direct payment recipients. This work was on-going with health and they were looking at a number of vehicles to ascertain whether they could match the PAs as this could be difficult.
- Managers within the constituencies with the community model was working with providers to look at the best way of providing care, particularly around Day Centres and Day Opportunities to talk with providers about looking at people that had direct payments rather than the traditional service.
- This work was also going on with home support providers. They were benchmarking across the whole of the local authority to look at and share good practice. They were considering introducing employee of

the month recognition in terms of the most direct payments that month and individual team targets, but this was a work in progress.

- Going forward, there were areas that they still needed to look at. Direct payments through PA could be complicated, if someone was admitted to hospital and their needs change. They were looking at how they could streamline that system to make it beneficial for citizens.
- In terms of performance of the directorate, they had a steady rise of direct payments and as of this morning they had 26.2% take up of direct payments for July 2018. This meant that they were steadily increasing, but they needed to speed this up. The three conversation role had helped with the speed up.

In response to questions Ms Daley made the following statements: -

a. They had to bring people along with them in the same way that they brought the staff along. They had to bring the direct employers along in this instance and they had over 2000 people in receipt of direct payments and they wanted to set up a peer support service for those groups of people.
b. There will be forums in local areas. If they build those local networks, they would be able to get direct feedback from the citizens themselves and they would help to build and shape the service they need. They already had support groups and working groups that they could involve citizens at different levels in relation to training and development they support in terms of the planning and delivery of those programmes.
c. They had done this in partnership with colleagues across the NHS and there were opportunities that were coming up where they could work more collaboratively in relation to staff who work in mental health services.
d. They had already started and there was community networking opportunities which had brought together people from the voluntary sector, the social work teams that worked in the localities. They would be including partner providers from health in those meetings and to make this richer, the direct employers and PAs from that local area all coming together to identify what local issues were for that area and to work up those solutions and partnership together. This work had started to see how this could be developed and enhanced moving forward.

The Chair thanked Paul Jennings, Pauline Mugridge and Patricia Daley for presenting the information. It was

278 **RESOLVED:-**

I. To continue the work to increase the take up of direct payments; and
II. To work with partners to strengthen the relationship around the development of personal health budgets and direct payments.

CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW ACTION PLAN

The following report was submitted:-

(See document No. 5)

Professor Graeme Betts, Corporate Director, Adult Health and Social Care introduced the information contained in the report and advised that the system was reviewed in December 2017 and January 2018. He highlighted that in May 2018 the findings were looked at and from this, the Action Plan was put together in response to the CQC review. He stated that the Plan was submitted to the CQC and was well received; the Department of Health, with their representative stating that it was very good and a feedback from the Social Care Institute who felt that it was a comprehensive Action Plan. Professor Betts advised that he would continue to be in touch with the Department of Health and to feedback/update on anything that would come back to the system. Updates will be brought to the HWB in due course.

279 **RESOLVED:-**

That the Health and Wellbeing Board ratify the CQC Local System Review Action Plan and agree to receive quarterly updates for the duration of the Plan.

NATIONAL CHILD OBESITY PLAN

280 Becky Pollard, Interim Director of Public Health introduced the item and advised that this was a verbal report. She stated that it was a great opportunity to raise a really important issue and a national plan that was published in June 2018, by the government focussing on the whole issue of childhood obesity. A quarter of five years old was considered overweight or obese and children become obese earlier these days and remain obese for longer, so considerable health issues associated with obesity – diabetes, heart disease, cancers, mental wellbeing. It was a really important thing for the HWB to consider.

To address this in Birmingham, it needed to be given some focus, effort and energy. Ms Pollard suggested that the HWB consider the national plan looking at five key areas, but recognised that if they were going to address this, they had to address it at all levels – what they could do as individuals, as families, society, communities and nationally in terms of government policy. The national plan looked at what national policy was being developed – looking at the issue of sugar reduction, energy drinks do they brought in the tax now on high energy drinks which provides the framework but they needed to think about what did that meant for them and what could they do locally.

A key issue was around calorie reduction - the amount and type of calories looking at healthy diets. The national plan looked at advertising and promotions and the government was keen on restricting advertising aimed at young children before the watershed, looking at promotion the two-for-one and try to control that. There was a section in the plan on what local areas could do with case studies in Derbyshire and another area. This was looking at a whole range of things in terms of how they work with their work place, schools with early years setting, teens, businesses as well as food manufacturers and retailers to make healthier choices easier.

Ms Pollard proposed to come back to the Board with a specific proposal and action plan based on the national plan looking at those areas. She stated that this fits with what the JSNA were telling them as they do have higher rates of childhood obesity in Birmingham, between different communities and poverty, where they saw higher rates. It was an opportunity to take the learning from that and built that into a childhood obesity plan. This would require commitment from the Board and beyond and then come back with some specific action going forward.

The Chair thanked Becky Pollard and commented that this was something they should build into their work plan. She added that whatever work goes on behaving the scene, that Planning and Licensing be involved. She further stated that she would like to see Birmingham take a position that they could work towards making a difference.

OTHER URGENT BUSINESS

281 No items of urgent business were raised.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

282 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 4 September 2018, at 1500 hours at the West Midlands Fire Service Headquarters, 99 Vauxhall Road, Birmingham B7 4HW.

The meeting ended at 1620 hours.

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CHAIRPERSON