Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

TUESDAY, 30 JUNE 2015 AT 15:00 HOURS
IN TROPHY SUITE, TALLY HO CONFERENCE AND BANQUETING CENTRE, PERSHORE ROAD, EDGBASTON, BIRMINGHAM B5 7RN, [VENUE ADDRESS]

A G E N D A

4 - 7

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

To note the re-appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as set out in the schedule.

2 **DECLARATIONS OF INTERESTS**

Members are 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.

3 **HEALTH AND WELLBEING BOARD SUPPORT**

Alan Lotinga - Service Director, Health and Wellbeing, BCC
Jenny Drew - Health and Wellbeing Programme Manager, BCC
Paul Holden - Committee Services, BCC

4 **APOLOGIES**

To receive any apologies.

5 **DATES OF MEETINGS**

To agree dates (venues - to be advised) for meetings of the Board commencing at 1500 hours:-

Tuesday 22 September 2015
Tuesday 24 November 2015

Tuesday 26 January 2016
Tuesday 29 March 2016

6 **CHAIR'S UPDATE**

To receive an update.

8 - 15

7 **REVIEW OF BIRMINGHAM DOMESTIC VIOLENCE STRATEGY**

To consider a report on engaging in the forthcoming review of the Birmingham Domestic Violence Strategy

16 - 22

8 **HEALTHWATCH BIRMINGHAM UPDATE REPORT**

To update the Board on the approach to and progress of developing a new strategic direction for Healthwatch
Birmingham

23 - 29

9 **BIRMINGHAM HEADSTART DEVELOPMENT**

To consider the Birmingham Headstart Update and how to support the partnership in achieving system change.

30 - 44

10 **PRIMARY CARE: (A) PRIMARY CARE STRATEGY AND COMMISSIONING OF PRIMARY CARE (B) THE ESTABLISHMENT OF PRIMARY CARE COMMITTEES**

To note an update on the commissioning of primary care and a report on the establishment of Primary Care Committees.

45 - 56

11 **PROPOSALS IN RESPONSE TO THE UNIVERSITY OF BIRMINGHAM'S HEALTH SERVICE MANGEMENT CENTRE'S (HSMC) REVIEW: (A) REVIEW OF THE HEALTH & WELLBEING BOARD - PROGRESS: (B) PROPOSED BOARD VALUES AND PRINCIPLES**

To receive an update on implementing the agreed recommendations associated with the review of the Health & Wellbeing Board and consider potential priorities for future development sessions: furthermore, to consider an accompanying report on the Board's proposed values and principles

57 - 62

12 **BETTER CARE FUND (BCF) UPDATE**

To receive a progress report on the implementation of Better Care Fund pooled budget arrangements

63 - 70

13 **MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting.

14 **OTHER URGENT BUSINESS**

NB: Only items of business by reason of special circumstances (which are to be specified) that in the opinion of the Chair of the meeting are matters of urgency may be considered.

P R I V A T E A G E N D A

APPOINTMENT OF HEALTH AND WELLBEING BOARD

FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP 2015/16 (as scheduled to be considered by Cabinet on 29 June 2015)

Functions

To discharge the functions of a Health and Wellbeing Board as set out in the Health and Social Care Act 2012, including the appointment of Board Members as set out in the schedule of required Board Members in the Act.

The Health and Wellbeing Board will:

a) promote the reduction in Health Inequalities across the City through the commissioning decisions of member organisations

b) report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards

c) be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)

d) deliver and implement the Joint Health and Wellbeing Strategy for Birmingham

e) participate in the annual assessment process to support Clinical Commissioning Group authorisation

f) identify opportunities for effective joint commissioning arrangements and pooled budget arrangements

g) provide a forum to promote greater service integration across health and social care.

Terms of Reference

Under the Health and Social Care Act 2012 the composition of Board must include:-

The Leader of the Council or their nominated representative to act as Chair of the Board
The Strategic Director of Adults and Communities Directorate / The Strategic Director of Children Young People and Families Directorate (now covered by Strategic Director for People)
Nominated Representatives of each Clinical Commissioning Group in Birmingham
The Joint Director of Public Health
Nominated Representative of Healthwatch Birmingham

Each Local Authority may appoint additional Board Members as agreed by the Leader of the Council or their nominated representative. If additional appointments are made these will be reported to Cabinet by the Chair of the Board.

For the Board to be quorate at least one third of Board Members and at least one Elected Member must be present.

Members of the Board will be able to send substitutes with prior agreement of the Chair. Each member is to provide the name of an alternative/substitute member.

Vice Chair for 2015/2016 to be a Clinical Commissioning Group (CCG) representative instead of the Cabinet Member for Children's Services - to reinforce the Board as a joint body rather than a solely LA committee.

Membership 2015/16

City Council Appointments to the Health and Wellbeing Board

Cabinet Member for Health and Social Care as Chair
Cabinet Member for Children's Services
Opposition Spokesperson on Health and Social Care
Strategic Director for People
Director of Public Health

External Appointments to the Health and Wellbeing Board

Representative of Healthwatch Birmingham
Representative of Birmingham Cross City Clinical Commissioning Group
Representative of Birmingham South Central Clinical Commissioning Group
Representative of Sandwell and West Birmingham Clinical Commissioning Group
Representative of Third Sector Assembly
Representative of NHS Commissioning Board Local Area Team
Chair of the Birmingham Community Safety Partnership
1 local NHS Provider representative

Elected Members

Cllr Paulette Hamilton (Chair)	Cabinet Member for Health and Social Care
Cllr Brigid Jones	Cabinet Member for Children's Services
Cllr Lyn Collin	Opposition Spokesperson on Health and Wellbeing

Clinical Commissioning Groups

Dr Gavin Ralston (Vice-Chair)	Birmingham CrossCity CCG
Dr Andrew Coward	Birmingham South Central CCG
Dr Nick Harding	Sandwell & West Birmingham CCG

Healthwatch/Third Sector Assembly/ Community Safety Partnership

Brian Carr	Healthwatch Birmingham
Ms Cath Gilliver	Third Sector Assembly
ACC Marcus Beale	Chair of Birmingham Community Safety Partnership

NHS and Birmingham City Council Officers

Andrew Reed	NHS England (Area Team)
TBC	1 local NHS Provider representative
Mr Peter Hay	BCC – Strategic Director for People
Dr Adrian Phillips	BCC – Director of Public Health

	Agenda Item: 7
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Review of Birmingham Domestic Violence Strategy**
Organisation	**Birmingham City Council**
Presenting Officer	**Paula Harding - Senior Service Manager Equalities, Community Safety and Cohesion, Birmingham City Council**

Report Type:	**Information**

1. Purpose:

This report seeks to alert the Health & Well Being Board to the forthcoming review of the domestic violence strategy, summarise the background to the review and seek engagement with the process.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3. Recommendation

The Health & Wellbeing Board is asked to note the report and to consider how members may be engaged in the review.

4. Background

4.1 Governance arrangements for domestic violence

In recent years, tackling domestic violence has been, and remains, a declared priority for each of the strategic and safeguarding boards in the city. During 2014, informal agreement was reached between the Safeguarding Boards and Birmingham Community Safety Police and Crime Board (BCSPCB) that BCSPCB should lead the strategic and operational response to domestic violence on their behalf. Within BCSPCB, the Violence Against Women and Children Steering Group (VAWCSG) has senior representation from a range of statutory and specialist voluntary sector service providers. Chairing of the group has recently been handed over from Councillor Jess Phillips (MP) to Councillor James McKay, Cabinet Member for Inclusion and Community Safety.

4.2 Domestic Violence Strategy and Delivery Planning

4.2.1 Birmingham's overarching strategic response to domestic violence is articulated by the Birmingham Community Safety Partnership, Violence Against Women Strategy 2013-15. The Strategy was endorsed by the Community Safety Partnership in 2013 and seeks to protect women and children from the harm of domestic violence by:

- Identifying domestic violence early and preventing its escalation.
- Increasing public awareness and reducing public acceptability of domestic violence
- Enabling women and children to access specialist domestic violence advice, advocacy, support and protection where services are commensurate with need
- Holding domestic violence perpetrators to account in such a way as reduces risk and which acts as a future deterrent for them and a deterrent to other potential abusers

4.2.2 The strategy is implemented through annual delivery plans reporting through the BCSPCB. As a dynamic document, the delivery plan also reflects the strategic actions arising from domestic homicide reviews and the domestic violence related actions required of Birmingham Victim Charter, although each of these has a separate delivery vehicle.

4.3 Responding to the Domestic Violence Needs Assessment (2013)

The last needs assessment identified that the commitment of organisations to tackle domestic violence, individually and in partnership in Birmingham was evident but much still needed to be done to promote access to services and ensure the most efficient use of resources. The following issues and gaps emerged from arrangements known at the time:

4.3.1 'Many victims do not know where to go for help. When victims do seek help, the pathways through services are complex and many points where victims gain access are not aware of the range of options available. The city lacks a sustainable specialist triage function to make sure that victims and children get the right services at the right time.'

Since this assessment, the VAWCSG has commissioned a domestic violence helpline for victims and professionals. The City Council has taken internal management of access to Supporting People funded provision, including refuge and domestic violence floating support through its Gateway. Analysis is needed of how these services integrate and dovetail with safeguarding children.

4.3.2 'Most victims are faced with a broad range of needs which need to be addressed for victims and families to be safe. There are particular gaps in pathways for victims with more complex needs, including mental health and substance misuse. A complex needs programme to address these gaps made good headway but was short-lived.'

Recent safeguarding and domestic violence reviews have provided further narrative of the vulnerability faced by victims with complex needs. Whilst VAWCSG has signed up to a national initiative with recommendations emerging, local analysis is needed of the impact of commissioning in substance misuse and mental health on addressing these overlapping issues, particularly as these factors contribute the greatest risk for children.

4.3.3 'The prospect of the criminal justice system holding perpetrators to account in less than 10 per cent of cases offers little protection to their victims whilst at the same time opportunities for managing offenders and strengthening the criminal and civil justice response are being missed.'

Since this assessment, West Midlands Police has restructured and introduced dedicated domestic violence offender managers across the force and is re-launching the Offender Management Board. The City Council is in negotiations over extending its use of civil orders and, through Public Health, considering commissioning domestic violence offender management programmes in partnership with the Police and Crime Commissioner.

4.3.4 'Service responses are often fragmented and un-coordinated despite the best efforts of individual agencies involved. The links between the operational partnerships of MARAC, Joint Screening, Domestic Violence Tasking, Multi-Agency Safeguarding Hub need to be strengthened as there is little cross-over between them.'

Since the assessment, the City Council has commissioned domestic violence workers into the Multi-Agency Safeguarding Hub and commissioned the only specialist domestic violence Think Family workers nationally.

4.3.5 Primary care is well placed to identify victims early but needs training and support to achieve this; recognising that the city has no viable domestic violence pathway from which to access services should early identification be promoted.

Since the assessment, domestic homicide reviews have amplified the potential for early identification and early help with domestic violence in primary care. Birmingham South Central CCG is now piloting the Identification and Referral to Improve Safety Programme (IRIS): a *general practice-based* domestic violence *and abuse training support and referral programme with 25 general practices.*

In the acute Trusts, Sandwell and West Birmingham CCG have invested in co-location of independent domestic violence advisors at Accident & Emergency Departments, including City Hospital. Heart of England Foundation Hospital Trust has sought funding through Solihull CCG to do the same but has been unsuccessful to date.

4.3.6 A growing demand for specialist domestic violence services arising, in part, from increased identification and referral from statutory services.

Since this assessment, Birmingham City Council , through its Supporting People programme, has both maintained and marginally increased its funding of refuge and outreach (floating support) provision, bucking the national trend. VAWCSG has increased the high risk provision;

invested in domestic violence group work and an LGBT independent domestic violence advisor responding to identified gaps in provision. Sexual health commissioning has recognised the overlap between sexual and domestic violence and is investing further in this area. Each of these have been seen as welcome developments but further analysis is required about the scale of the responses needed

4.4 Rapid SWOT Assessment

4.4.1 Strengths of the current arrangements

- **The Violence Against Women and Children Steering Group** has demonstrated political commitment and ownership and strengthened external partnership relationships, particularly with health and police. The City Council rightly identifies that it has a leadership role in domestic violence.

- **Evidence based commissioning**: Commissioners across the areas have demonstrated a determination to maintain the levels of existing support for domestic violence services for both adults and children.

4.4.2 Weaknesses of the Current Arrangements

- **Evolving Landscape:** In a rapidly changing landscape, few decisions made in the City which affect domestic violence victims and their children have been directed through the Violence Against Women and Children Steering Group for impact assessment, consultation or co-ordination. The Police have been the most engaged, sharing and consulting on their plans for their service transformation and business planning. However, despite political commitment and ownership, whilst commissioning responsibilities are disparate, reporting lines also vary resulting in lack of clarity over leadership of the agenda.

- **Investment by Government and Third Sector** is not always incorporated into commissioning plans across the city.[1]

- **Incoherent Pathways for Victims and Children:** victims and professionals continue to report not being able to understand how to access services. Pathways for victims with complex needs of mental health and substance misuse remain particularly underdeveloped. Significant investment has been made in multi-agency screening of children experiencing domestic violence, which has faced significant backlogs with little outcome based analysis or investment in managing the interventions needed to address the risks and needs identified.

- **Opportunities for early help are systematically missed** through health settings, universal and targeted children's services; as diversion from refuge and in criminal justice responses. Much now needs to be done to create coherent service pathways in both safeguarding and early help across children's services, criminal justice, health, housing and third sector pathways.

- **Culture of organisations:** domestic homicide reviews are now consistently showing that there are manifest shortcomings in our statutory agencies' understanding of domestic

[1] This misalignment of intentions with commissioning outcomes was also picked up in the Kerslake Review.

violence. Whilst a new cross-governmental definition of domestic violence and abuse signalled the need for agencies to appreciate the impact of coercion in abusive relationships, everyday practice remains focussed on an incident based approach which ultimately fails to identify the risks an abuser poses to victims and children and skews the responses that follow. Victims and children consequently make repeated demands of statutory services, often in an earlier point in the abuse: demands which are not addressed until crisis is reached.

- Recurrent themes in **domestic homicide reviews** have been: the failure to integrate risk assessment of adult and child victims of domestic violence and integrate the pathways which identify high risk; the failure to identify an abuser as the source of the risk and offender manage; an over-reliance upon victims to keep themselves and their children safe without agency intervention. There are both structural and workforce development and management requirements arising from these shortcomings to be addressed across our agencies.

- **Ambition:** The current strategy broadly articulates the city's approach, principles and priorities well but has had insufficient buy-in to realise the aims and deliver on its ambitions.

4.4.3 Threats

- Un-coordinated service development across the statutory sector: for example, domestic violence service transformation in the police led to better recording and resulted in 14,000 referrals for joint screening last year.

- Should funding cuts be made in an un-coordinated or piecemeal way, there is a threat to the infrastructure of the domestic violence sector and risk losing the advantage that social value and charitable funding into the city brings.

- The Kerslake, Le Grand and Warner reviews of the city each provide challenge to the way our services are governed and delivered.

- The impact of domestic homicide reviews on public confidence.

4.4.4 Opportunities

- Learning from domestic homicide reviews as a catalyst for change and raising the profile of domestic violence across the statutory sector

- The wider development of Early Help and Think Family programmes

- The implementation of the Multi-Agency Safeguarding Hub and the drive to integrate domestic violence joint screening and pathways thereafter

- The development of Commissioning Centres of Excellence within the City Council and the development of the Third Sector Commissioning Strategy

- Strengthened police responses arising from West Midlands Police service transformation of domestic violence response

- The development of a regional strategic approach through the Preventing Violence

Against Vulnerable People Board

- City Council Overview and Scrutiny inquiries into Preventing of Relationship Violence and Council Commissioning and Third Sector Organisations.

- Victims funding being devolved from government to the Police and Crime Commissioner

5. Terms of Reference for the Review

5.1 Aims

- To review the strategic, commissioning and operational arrangements for addressing domestic violence in the city.

- To provide recommendations for the City Council in providing, or enabling, a comprehensive and sustainable approach to keeping victims and children safe from domestic violence.

5.2 Scope

In respect of operational pathways, commissioning and strategic intentions, the review will consider:

- The contribution of each of the City Council's Directorates.

- The contribution of statutory and non-statutory partner agencies, including the specialist domestic violence sector

- Specific initiatives which have developed since the Domestic Violence Needs Assessment (2013) was undertaken such as: Improving Children's Services, Early Help, Right Service Right Time and Think Family programmes; commissioning centres of excellence; devolved victim funding to the Police and Crime Commissioner; the Preventing Violence Against Vulnerable People Programme; learning from the domestic homicide reviews and the impact of West Midlands Police domestic violence service transformation.

- Broader inquiries, reviews and initiatives which may impact upon the operational services and pathways for domestic violence.

5.3 Key Lines of Enquiry

- What are the existing pathways to protect and support adult and child victims of domestic violence and how can these pathways be strengthened with particular reference to:

  - Safeguarding and protection (adults and children)
  - Early Identification and Early Help
  - Mental health, substance misuse and complex needs?

- How can the culture of organisations change and adapt to meet the recommendations from domestic homicide reviews? How can we develop a multi-agency workforce development strategy for domestic violence and abuse?

- How can we achieve a balance between prevention, early help and the management of risk and need?

- How can offender management be strengthened? Has the evidence base on non-mandatory approaches to offenders developed in recent times and could new approaches be trialled and tested safely?

- How can City Council commissioning of domestic violence services be integrated more robustly across Directorates, better involve the specialist sector in co-design and maximise the third sector contribution of charitable resources?

- How can leadership of the domestic violence agenda be strengthened to incorporate the domestic violence priority of each of the city's strategic boards?

5.4 Method

5.4.1 The review will be managed by the Violence Against Women and Children Steering Group, with officer support from the Equalities, Community Safety and Cohesion Service.

5.4.2 As part of the evidence gathering for the review, the Steering Group will engage a broad range of identified stakeholders and local and national expertise in a series of evidence hearings framed around the key lines of enquiry. Each evidence hearing will take presentations on current practice, emerging evidence, the learning from DHRs and seek collective views from key stakeholders on ways to overcome the challenges.

Themes for Evidence Hearings

- Strengthening domestic violence services and pathways for safeguarding children and their non-abusing parent.
- Strengthening domestic violence services and pathways for early identification and early help.
- Strengthening services and pathways for domestic violence victims with mental health, substance misuse and complex needs
- Offender management and perpetrator programmes: what does the evidence tell us now?
- Integrated commissioning and social value
- Strengthening governance

Timeframe

Jan 2015	Terms of reference agreed at Violence Against Women and Children Steering Group
March 2015	Terms of reference and timeframe agreed at Birmingham City Council EMT
April - May 2015	Desk top research: review of evidence base post-needs assessment; amalgamation of DHR learning; preparation for summits
June - September 2015	Evidence gathering: summits

October 2015	Draft recommendations agreed at Violence Against Women & Children Steering Group
November 2015	Recommendations considered/endorsed by Birmingham City Council (EMT)

Signatures	
Chair of Health & Wellbeing Board	
Date:	

The following people have been involved in the preparation of this board paper:

Paula Harding I Senior Service Manager
Equalities, Community Safety and Cohesion
Birmingham City Council

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	Agenda Item: 8
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Healthwatch Birmingham Update Report**
Organisation	**Healthwatch Birmingham**
Presenting Officer	**Candy Perry, Chief Officer (Interim).**

Report Type:	**For Information**

1. Purpose:
To update the Board on the approach to and progress of developing a new strategic direction for Healthwatch Birmingham.

2. Implications:		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		Y
Early Intervention		
Prevention		

3. Recommendation
The Health & Wellbeing Board is asked to note this update report.

4.	**Background**
4.1	Healthwatch Birmingham is commissioned by Birmingham City Council to provide the 6 statutory Local Healthwatch Functions (listed in paragraph 4.2 below). It is part of the regulatory and scrutiny function of health and social care and as such forms part of a national network of Local Healthwatch represented by Healthwatch England which sits as a committee of the CQC. All Healthwatch Birmingham reports are shared with Healthwatch England and are used by the CQC to inform their work in hospitals, Adult Social Care and Primary Care Services. Healthwatch Birmingham is a social enterprise by statute of the Health and Social Care Act 2012. As it enters its third year the need for a clear and focussed strategic approach and intention are deemed imperative by Healthwatch Birmingham's Board of Trustees, Birmingham City Council, and Healthwatch England. This paper recognises recent investigative and analytical work before outlining the emerging key themes of a new strategy.
4.2	Healthwatch statutory functions: Local Healthwatch were / are intended to hold both commissioners and providers of services to account through their role on health and wellbeing boards by delivering the 7 statutory functions: a. Gathering the views and understanding the experiences of patients and the public. b. Making people's views known. c. Promoting and supporting the involvement of people in the commissioning and provision of local health and social services and how they are scrutinised. d. Recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission. e. Providing advice and information (sign posting) about access to services and support for making informed choices. f. Making the views and experiences of people known to Healthwatch England and the Local Healthwatch network, and providing a steer to help it carry out its role as national champion. g. *N.B. A 7th function relates to commissioning of complaints advocacy which is not included in Healthwatch Birmingham's contract.*
4.3	That is, the 7 functions describe a coherent set of activities to help patients and the public speak up and help make sure people who plan and pay for services listen, in order to lever improvements in health and social care services. Healthwatch Birmingham's strategy development has been to consider what part or parts of the health and social care system it applies these functions to, and how, in order to drive patient and public lead service improvement. A key part of the investigative and analytical work has sought to answer the question, "if a Local Healthwatch is the solution, what was, or what is, the problem?"

5.	Compliance Issues
5.1	***Strategy Implications***
	This report is designed to update the HWBB on an emerging new strategic direction for Healthwatch Birmingham. As a Local Healthwatch, Healthwatch Birmingham is the patients and publics champion and a statutory member of the HWBB. The strategic approach employed by Healthwatch Birmingham in pursuit of being the consumer's champion as part of the regulatory and scrutiny system, is likely to be of interest to commissioning and provider partners throughout the local health and social care system.
5.2	***Governance & Delivery***
	This Update Report is for information. However the final strategy will propose and commit to annual outcomes measures which will have been developed and agreed with Birmingham City Council who commission Healthwatch Birmingham to provide statutory Local Healthwatch functions. If desired these outcomes measures could be shared with the HWBB if required and once agreed. The Board of Healthwatch Birmingham is responsible for ensuring the strategy is delivered through effective operational implementation delegated to the Chief Officer and their team. Regular progress meetings with members of Birmingham City Council ensure effective progress information, provide a means of escalating or seeking support as necessary, and permits flex as needed. The strategy is in development. However two strands are emerging which may be of particular interest to the HWBB and merit regular reports once underway. (1) Progress and impact of Healthwatch Birmingham's programme of publicly identified and prioritised themed reviews (2) Healthwatch Birmingham's investigative work into public and patient involvement at a systemic level across the City.
5.3	***Management Responsibility***
	Board: Healthwatch Birmingham Day-to-day: Healthwatch Birmingham CO

6.	Risk Analysis
	This update report is for information and does not therefore discuss risk.

Appendices
None

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Brian Carr,
Chair (Acting) - Healthwatch Birmingham

Candy Perry
Interim Director - Healthwatch Birmingham
Tel No: 0121 636 0990
Email: CandyP@healthwatchbirmingham.co.uk

Update Report on Healthwatch Birmingham Impact, Strategic Direction and Intention.

Healthwatch Birmingham's annual report of the year 2014/15 will show the organisation has met many of the targets it set itself in the annual business plan, and that it can demonstrate some evidence of the impact of these activities on the lives of those residing or working in the City. Specifically it has:

- Attended 155 community engagement events.
- Undertaken 17 Enter and View visits.
- Undertaken 6 pieces of research in and across 97 districts.
- That activity via and data arising from the Feedback Centre is growing and becoming more usable.
- That Officers or delegated, trained and supported Volunteers have been directly involved in consultations on HEFT Surgical Reconfiguration, LD Maternity Journey, Homelessness Enquiry, 0-25 consultation, NHS Complaints Advocacy, and Carers Strategy.
- Received and responded to 115 calls seeking information and advice.
- Published and distributed a well-reviewed care services Directory.

Healthwatch Birmingham has recently undertaken a complete review of its goverance, services and operating practice. This has resulted in a refresh of the board of non-executive directors (with more NEDs due to be recruited in coming weeks). Brian Carr, the chief executive of BVSC - which is Healthwatch's sole member organisation - is currently acting as chair pending recruitment of a permanent chair, which will be carried out once the new strategy direction has been fully agreed. Candy Perry is in post as interim Director pending recruitment to the permanent chief officer post, which is currently underway.

Strategic work has focussed on understanding what it needs to change, what it needs to change to, and how it will cause the change to happen. The purpose of the review has been to establish how to more effectively use its statutory functions, including its seat on the Health and Wellbeing Board, to make sure patients and the public are at the heart of all changes to health or social care commissioning or provision which is made in the name of service improvement; and to provide patients and the public, directly or through voluntary sector organisations, with the means to raise the issues and concerns which matter most to them, and of holding 'the system' to account for taking action to address their issues – within and recognising resource constraints.

Findings of the review have been consistent with the recently published, DH commissioned, Kings Fund report of the status of Local Healthwatch nationally (*Local Healthwatch: progress and promise* Kings Fund, 2013) which concluded that the effectiveness and impact of Local Healthwatch organisations varies widely, identifying clear disparities about how they interpret their role, how this is understood in their local health and social care systems, and their effectiveness in carrying out their statutory activities.

A key stage has been developing an understanding of what the problem is (or was), if a Local Healthwatch was or is the solution. I.e. what the policy intentions were as Local Healthwatch emerged out of the Health and Social care Act 2012.

Strategic work has been undertaken using a whole systems approach to understand some of the human systems dynamics operating within Birmingham's system (as opposed to trying to map structural inter-relationships). This has enabled a clearer

plotting of many of the Local Healthwatch statutory functions within the wider system. Namely:

- Making sure all voices are listened to at every stage of decision making including:

- Making sure the public are involved in design and redesign of services. And…

- Making sure the public know and understand service changes and understand how to modify their consumption of services accordingly.

- Making sure their voice is heard, as it relates to taking action where required as a result of their reported experience of care.

As a result of its review Healthwatch Birmingham is developing a new strategy which aims to enable it to drive service improvements which mean the most to patients and the public across the region.

Healthwatch Birmingham is increasingly interested in the effectiveness of organisations operating within 'the system' at engaging patients and the public at every stage of decision making. I.e. How effective they are at getting patients and the public at the heart of health and social care, an aim supported by numerous current policy and legal guidance directed at providers and commissioners strategically and operationally.

Two strands of work are emerging:

1. Enabling, supporting and holding organisations in the system to account for the effectiveness of their Patient and Public Involvement. Working with local and national stakeholders within the system to better understand what is preventing – at a systems level – effective public and patient involvement, and developing solutions to relieve some of those barriers. An Away day is planned for the 18th June which is being carefully designed to unpick some of these issues. Members of the HWBB and its Operations Group, Better Care Fund Board, CCG and Trust Chairs and CEO, VSO CEOs, Healthwatch Birmingham Board, Staff and Volunteers have all been invited to this co-design event, along with relevant people from the CQC, NHS England and Healthwatch England. Some respondents are additionally bringing members of their patient experience groups.

2. Listening to and taking action on the issues which matter most to the public and patients as they experience care in the system.

   Whilst much of Healthwatch Birmingham's current work is already in this area, in future this will adopt a more systematic, research based approach. Current work, including work in hard to reach communities, is being adapted to identify topics for a series of thematic reviews and ways to prioritise and conduct these are being investigated. There will be opportunities for Commissioners and providers to suggest topics at the Away Day on the 18th. Topics identified through very recent work with the public include investigating incidence of pressure ulcers on admission and discharge; possession and understanding of personalised carer care plans, or personalised long term conditions care plans; communication during procedure delays and cancellations (verbal and written). Topics suggested by professionals working within the system include opportunistic use of complaints to identify need for systemic and isolated improvements; and routing

and resolution of safeguarding concerns reported by the public. Additional suggestions should be forwarded to the Chief Officer or Chair of Healthwatch Birmingham.

Healthwatch Birmingham is also expanding and investing in its ability to listen more effectively across the patch. This is likely to happen in two ways. (1) By expanding and linking its community engagement work more deeply into established voluntary sector services and (2) By strongly encouraging mainstream adoption of Healthwatch Birmingham's Patient Experience Platform (The Feedback Centre) by all Health and Social Care Commissioners and CQC-registered Providers across the City of Birmingham.

The Feedback Centre has many front-end similarities to Trip Advisor. It harnesses public desire to share their experiences and is accessible by mobile phone, PC and tablets and via the Healthwatch Birmingham website. It was designed by Healthwatch Birmingham to be part of a much larger data capture system which collects and triangulates data across social media platforms like Twitter and Facebook, and Public Observatory data. 22 Local Healthwatch are using the Feedback Centre to ground their own listening strategies.

The original idea was that this system would enable Healthwatch Birmingham to identify and report publicly felt consequences of service changes as well as identify and trigger a programme of investigative work.

Healthwatch Birmingham also developed a 'Widget' which can be easily added to any website providing organisations who do so with the immediate ability to collect and analyse their own service-specific patient experience data as well as contribute to a City of Birmingham dataset. Healthwatch Birmingham is building capability to roll out and support mainstream adoption of the widget which is being made available free of charge. Any support which helps rapid adoption would be welcomed by the Board.

	Agenda Item: 9
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Birmingham HeadStart Development**
Organisation	**The Children's Society**
Presenting Officer	**Anna Robinson**

Report Type:	**Endorsement /Information**

1. Purpose:

1.1 The Birmingham HeadStart partnership (led by The Children's Society) wants to update the board on developments in funding for HeadStart and the process of application for up to £10 million for Stage 3.

1.2 The Health and Wellbeing Board are specifically asked to consider how they can support the Birmingham HeadStart partnership to engage with and achieve the level of system change desired by the Lottery.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		Y
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3.	**Recommendations**
	The Health & Wellbeing Board is asked to; -
3.1	Note the contents of this report.
3.2	Continue to endorse HeadStart and support the strategic partnership to achieve system change.

4.	**Background**
4.1	Funded by the Big Lottery, HeadStart is a partnership programme running in 12 areas of the country with the aim of increasing mental health resilience for 10-14 year olds. There are currently 3 high level outcomes and 4 domains under which there are a number of workstreams:
4.2	The Headstart programme aims to achieve the *following three high level outcomes:* • To improve young people's resilience by giving them the support and skills to cope with adversity and do well in school and in life. • Building resilience helps to prevent the onset of common mental health problems. This should also show that investing in mental health promotion and prevention can bring savings for the public purse and society • Learning from different approaches contributes to an evidence base for service re-design and for investment in prevention
4.3	The above high level outcomes are currently implemented *across 4 Domains* under which are a number of workstreams**:** <u>Domains</u> • Time and experiences at school • Accessing community services • Home life and family relationships • Interaction with digital technology <u>Workstreams</u> • Universal - pilot of a year 7 PATHS® secondary curriculum m • Targeted – involving both assertive outreach to young people and FAST (Families and Schools Together), a school-based programme • Young People's Involvement – focusing on participation and co-production • Digital – undertaking research into the impact of digital media on young people's resilience • Community – building community support and resource for young people's resilience

- Learning Collaborative – to support evaluation and learning.

4.4 The Programme is currently in stage 2, a test and learn phase where interventions are being piloted. This was due to last from August 2014 - December 2015. We are currently in 3 areas of the city: Lozells, Washwood Heath and Castle Vale (and working at City of Birmingham PRU)

4.5 Update to funding and timescales since last Health and Wellbeing Report (Dec 14)

4.5.1 Stage 2 is now extended from December 2015 until July 31st 2016. Funding for this extension will be pro rata and we will be working with current delivery partners on re-profiling budgets and any changes to schedules.

4.5.2 Looking ahead to Stage 3, it has now become clear that the priority for the Lottery is the *strength of the strategic partnership and the level of system change that HeadStart funding can achieve.* These two are seen as fundamentally linked objectives and our ability as a partnership to prove how we are achieving this will be critical factors in our ability to leverage the stage 3 funding. Big Lottery will be much more closely involved with partnerships going forward and will attend all HeadStart Board meetings.

4.5.3 There is no longer a competitive element to the Stage 3 application process. Big Lottery will establish a set of standards or 'foundations' on which the strength of our partnerships and proposals will be assessed. The five foundations will be around:

- Confidence in proposal/Theory of change – clear articulation of theory of change, clarity on target population and clarity on short, medium and long term outcomes.
- Leadership and Governance – Adequate and committed strategic governance, adequate day to day management
- Sustainability – robust process of how programme would be funded after 5 years
- Implementation – A clear and robust implementation plan for 1st 18 months (beginning August 2016)
- Co-production – with young people, parents and partners

Sustainability and Governance are key issues for Big Lottery along with engagement of schools.

4.5.4 Big Lottery is aware that partnerships will need additional capacity to achieve the strategic level of engagement being asked for. As partners, we will need to look at what offer and resource we can each bring to support building the vision and approach for Stage 3. The Children's Society as lead partner have been asked to submit a short proposal to Big Lottery around what we see as our needs to be able ensure we are meeting the standard set. This includes:

- Additional management capacity around stakeholder engagement and holding the application process
- Marcomms budget to support mobilisation of stakeholders

- Additional funding for young people to support a city-wide 'social movement' of young people

4.5.5 The development of a Stage 3 proposal is being seen by Big Lottery as a 12 month programme of work to develop stage 3 to be ready for implementation August 1st 2016. For Birmingham, the integration of HeadStart with Forward Thinking Birmingham is a key opportunity to influence system change and maximise impact for young people and we will be working to align our stage 3 proposal with FTB.

4.5.6 Our stage 3 proposal will need to continue to balance a universal and targeted approach to resilience.

4.6 Update on Delivery and Workstreams

4.6.1 We are proposing 2 away days on 29th June and 1st July. The 29th June will be an open meeting to bring a large group of interested people from many different organisations together to update on the work we have done in Stage 2, the 1st of July will then be a more detailed workshop for current delivery partners and board members to develop the vision for Stage 3.

4.6.2 FAST have recently had a graduation from 1 school with media coverage. 3 parent partners have gone into employment/training as a direct result of the scheme.

4.6.3 Assertive outreach has been able to take on young people who previously would have been on waiting lists for CAMHS or who would not reach the threshold for CAMHS but be of concern to schools. Evaluation is on-going to explore the impact of this on a wider scale as this has the potential to significantly reduce (inappropriate) CAMHS referrals.

4.6.4 We are exploring ways forward with Anna Bateman from the PATHS® team and in conjunction with Paths Education Worldwide and Manchester University to continue to build a curriculum-based model for which there is a real appetite in schools. Insight from young people shows that PATHS has been instrumental in supporting young people to understand and cope with their feelings and emotions. This is particularly evident where young people are experiencing cultural differences in relation to mental wellbeing in their home and school/community environments.

4.6.5 We are building on the work of PATHS by exploring what support could be provided for teachers and school staff to reinforce the learning from PATHS. This is initially taking place via information sessions at school teacher training days however conversations are ongoing with individual schools to ensure a best practice, tailored approach. Schools continue to be engaged and support the HeadStart programme however there is a need to continually review communication with schools and how that works best for each individual school. We also need to build on conversations with schools about what a whole school approach to resilience would look like for them.

4.6.6 Communications and marketing underway – website and literature.

4.6.7	The young people's workstream is gathering pace and we need to invest more in this for stage 3 developments for young people to take more control with peers and in shaping the future and the understanding of schools and commissioners hence our approach to Big Lottery for further funding for young people's work.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	HeadStart Birmingham is aligned to all three of the Health and Wellbeing Board's priorities. Working with 10-14 year olds, Birmingham HeadStart supports the building of mental health resilience for young people at a time when half of all life-long mental health issues begin to show signs of developing. Enabling young people and families to identify their emotions have trusted adults either within the family or community to whom they can turn in crisis and knowledge of a variety of resources to help them find alternative strategies will lead to an overall improvement in the wellbeing of young people. A successful bid for Stage 3 will firmly link HeadStart with objectives around system resilience.
5.2	***Governance & Delivery***
	HeadStart Birmingham continues to be overseen by a Partnership Board consisting of 12 members including Commissioners, Public Health, Police, BSMHFT and Warwick University. A Programme Manager working for the Lead Partner co-ordinates the delivery of the workstreams and a core group of the PM, delivery partners meet bi-weekly to continue to drive forward delivery and pull out learning. The Learning Collaborative is now led by The Children's society and meets monthly to make sense of and begin to disseminate learning from the Programme. Looking ahead to the development of stage 3, we anticipate an additional management post to support this supplemented by support from other partners.
5.3	***Management Responsibility***
	Board Member – Adrian Phillips Rob Willoughby – Area Director, The Children's Society Anna Robinson - Programme Manager, The Children's Society (Lead Partner for Birmingham HeadStart), responsible for day to day delivery.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Capacity moving ahead to stage 3	High	High	Negotiations under way with Big Lottery Fund to increase capacity. Discussions started with HeadStart Board members on potential capacity building from July 15 – August 16
PATHS post July 2015 – PATHS is our universal Curriculum-based programme	High	High	Currently working with PATHS team on how we can continue secondary PATHS model and this has included fruitful conversations with Manchester University around Evidence-based research. Will progress conversations with PATHS developers
Stakeholder engagement	Medium	High	Additional capacity needed in order to ensure maximum influence with stakeholders and being addressed as detailed above.
Focus on delivery has meant insufficient communication with wider stakeholders over past few months	Medium	High	New focus on marcomms which is also included in stage 3 development proposal to Big Lottery Away days to re-engage with stakeholders for stage 3 design

Appendices
None

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

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	Agenda Item: 10 (A)
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Primary Care Strategy and Commissioning of Primary Care**
Organisation	**NHS England (West Midlands)**
Presenting Officer	**Karen Helliwell, Director of Performance and Delivery**

Report Type:	**Information**

1. Purpose:

The purpose of this report is to update the Health and Wellbeing Board on the commissioning of primary care in Birmingham. The paper will cover the following areas:

- The changes in commissioning arrangements following the introduction of co-commissioning.
- New models of care and the introduction of Vanguard Pilot sites.
- Update on Prime Ministers Challenge Fund (PMCF) projects in Birmingham.
- Outcome of the national GP infrastructure bid to improve the quality of GP premises.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3.	Recommendation
	The Health & Wellbeing Board is asked to note the report.

4. Background

4.1 Co-commissioning of Primary Care

4.1.1 Primary Care co-commissioning is one of a series of changes set out in the NHS Five Year Forward View. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multi-specialty community providers.

4.1.2 The next steps towards Primary Care Co-commissioning document was published in November 2014. The document set out the steps towards implementing co-commissioning arrangements, including the approvals process for those wishing to commence from April 2015.

4.1.3 The current scope of primary care co-commissioning is general practice services. There are three models of co-commissioning CCGs could take forward.

- Model 1: Greater CCG involvement in NHS England decision making.
- Model 2: Joint decision making by NHS England and CCGs.
- Model 3: CCGs taking on delegating responsibilities from NHS England.

4.1.4 Individual performance management of GPs and their revalidation remains with NHS England.

4.1.5 The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework and as such is outside the scope for joint and delegated commissioning on 15/16. Within Birmingham all 3 CCGs have been successful in their proposals to undertake model 3 and the full delegated responsibilities from 1st April 2015.

4.1.6 The CCGs and NHS England have been working closely together during the transition phase in order to ensure a smooth handover. NHS England will ultimately retain accountability and therefore have more of an assurance role of CCGs.

4.2 New Models of Care and Vanguard Sites

4.2.1 The traditional divide between primary care, social care, community services, and hospitals has been a barrier to more personalised and co-ordinated health services.

4.2.2 The Five Year Forward View identified that the NHS will increasingly need to dissolve these traditional boundaries. Increasingly the future is to manage

networks of care and out of hospital care needs to become a much larger part of the NHS.

4.2.3 The 5 year view also suggested we should learn much faster from the best examples and when implemented there is a need to evaluate new care models to establish which produce the best experience for patients.

4.2.4 NHS England will therefore support the creation of a number of major new care models across England.

- Multi-specialty Community Providers (MCPs). This focus on extended group of practices who will become a focal point for a far wider range of care needed by their registered patients. They could employ consultants and bring in senior nurses, social workers. They could shift OPDs and ambulatory care out of hospital settings.

- Primary and Acute Care Systems (PACS). This model focuses on "vertical" integration of primary and acute care systems. Hospitals will be permitted to opening their own GP surgeries with a registered list. They could overtime take over the running of community providers.

4.2.5 In January 2015 NHS invited individual organisations and partnerships to apply to become `vanguard` sites for the new care models programme, one of the first steps to delivering the Five Year Forward View.

4.2.6 Over 260 organisations expressed an interest and of the first 29 vanguard sites Vitality Group in Birmingham were successful in becoming an MCP. The vanguard is made up of a single GP partnership which operates from 15 practice sites across Birmingham and Sandwell and services a population of 70,000 patients. The vision is to develop a health and social care system accessible through GP practices, with a care co-ordinator to support patients on their journey. Since March 2015, NHS England has been working with the local vanguard sites to develop a dedicated support package to build capability to accelerate these changes.

4.3 Prime Ministers Challenge Fund

4.3.1 In 2013 the Prime Minister announced a new £50million challenge fund to help improve access to general practice and stimulate innovative ways of providing primary care services. In the first wave there were 20 pilot sites.

4.3.2 In Birmingham, Health United Birmingham (HUB) was successful. The pilot covered 3 practices covering 22,000 patients and would offer extended access during the day, including greater use of digital applications, video conferencing etc. In September 2014 the pilot launched a clinical contact centre in Handsworth providing patients access remotely through a web portal, smartphone app and call centre and new consulting rooms.

4.3.3 In addition the pilot has launched support for long term condition patients through the web and app access and video guides. The pilot is in its second year of operating with additional resilience funds being approved nationally.

4.3.4 The national scheme has now launched a second wave of pilots from April 2015 and of the 37 pilots My Healthcare (Birmingham South Central) was successful. The pilot covers a population of 123,000 and 64 practices. The due diligence exercise has just been completed to allow the funding to be released to commence the scheme.

4.4 GP infrastructure Funds

4.4.1 In January 2015 the government announced a £350m investment in GP premises every year for the next four years. The funds would enable the practices to access monies to increase capacity in primary care.

4.4. Across the 3 CCGs over 35 infrastructure bids were supported which are currently being worked up for delivery by the end of 15/16.

4.5 Summary

4.5.1 In summary Birmingham has seen a significant change in the commissioning of primary care since April 2015. Alongside these changes CCGs will be working through the start of some innovative development which will need to be embedded into each CCG Primary Care Strategy in the future.

4.5.2 It is proposed future reports are presented from the CCGs to inform the Board on how the strategies will support the strategic outcomes of the Health and Wellbeing Board.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	The primary care commissioning arrangements and future strategies will support the objectives of the Health and Wellbeing Board through improving the health and wellbeing of our most vulnerable adults and children. Provide integrated primary care service to increase the independence of older people and people with learning disabilities/ severe mental health problems. Primary care will also be active in the prevention agenda alongside improving the management of common and chronic conditions.
5.2	***Governance & Delivery***
	The Primary Care Commissioning agenda will be managed through the 3 CCGs across Birmingham who will provide regular reports to the Health and Wellbeing Board.
5.3	***Management Responsibility***
	Three Accountable Officers of CCGs

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Risk of lack of overall strategy for Birmingham	Low	Medium	Collaborative working across all stakeholders.

Appendices
None

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

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	Agenda Item: 10 (B)
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**The Establishment of Primary Care Committees**
Organisation	**Birmingham Cross-City CCG**
Presenting Officer	**Dr Gavin Ralston - Clinical Chair**

Report Type:	**Information**

1. Purpose:

This report provides Board members with a summary of the delegated powers received from NHS England, the requirements and functions of Primary Care Committees for the Birmingham Clinical Commissioning Groups.

2. Implications:

BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

The Board is asked to note the contents of this report.

4. Background

4.1 In 2014 NHS England invited Clinical Commissioning Groups (CCGs) to express an interest to take on an increased role in the commissioning of primary care service (general practice). The co-commissioning of primary care is seen as one of the key enablers in the NHS Five Year Forward Plan. This plan has a focus of increased provision of out of hospital services. CCGs had three primary care co-commissioning models to choose from:

1. Greater Involvement in primary care decision making
2. Joint commissioning arrangements
3. Delegated commissioning arrangements

4.2 The options basically meant:

Option 1: Greater involvement in primary care decision-making

For the Birmingham CCGs, this option represents no change as they already individually met with NHS England.

Option 2: Joint commissioning arrangements

Meant that the individual CCGs would need to establish a joint committee with NHS England with the ability to delegated agreed CCG and NHS England functions to the joint committee.

Option 3: Delegated commissioning arrangements

Meant the need to establish a primary care commissioning committee for the CCGs and establish a delegation agreement between NHS England and the individual CCG.

4.3 The three CCGs consulted/balloted their membership. The result of this meant that the CCGs in Birmingham applied for delegated commissioning arrangements in January 2015 and these arrangements went live 1st April 2015.

4.4 Co-commissioning provides an opportunity to develop a range of benefits for the public and patients, including:

1. Improved access to primary care and wider out of hospital services – services closer to home
2. Higher quality of out of hospital care
3. Improved health outcomes, equality of access, reduced inequalities
4. A better patient experience through more joined up services

4.5 In order to manage this arrangement CCGs have been required to set up **Primary Care Commissioning Committees**. These Committees were established as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The role of

the Committees will be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The CCGs will also carry out the following activities:

a) To make decisions on commissioning of primary care medical services in the CCG's geographical area;
b) To receive information on the quality of commissioned primary care medical services and identifying any actions needed to address concerns;
c) To plan, including needs assessment, primary care medical services in the CCG's geographical area;
d) To undertake reviews of primary medical care services in the CCG's geographical area;
e) To co-ordinate a common approach to the commissioning of primary care services generally;
f) To manage the budget for commissioning of primary medical care services in the CCG's geographical area, including in relation to IT services and premises.

4.6 These committees have been developed to manage 'conflicts of interest' and the development of local responses to local issues therefore attention has been paid to their membership and voting rights. Consequently an invitation to sit on these committees has been extended to the Birmingham Health and Wellbeing Board and Healthwatch.

4.7 Each of the committees has now met and in **Appendix 1** you can find their individual work programmes.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	N/A

5.2	***Governance & Delivery***
	There will be an identified member of the Board on each of the committees
5.3	***Management Responsibility***
	The Board is not responsible for the day to day management of this function

6.	**Risk Analysis**
	Risks attached to these committees will be managed within the individual CCGs Corporate Risk Registers

Appendices
Appendix 1 - Work Programmes for the Individual CCGs Primary Care Commissioning Committees

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

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NHS
Birmingham CrossCity
Clinical Commissioning Group

Forward Work Programme 2015/16 – Primary Care Committee

ITEM		MONTH								
	May 2015	June 2015	August 2015	Oct 2015	Dec 2015	Feb 2016	April 2016	June 2016	August 2016	Sept 2016
Primary Care Development										
ACE Foundation 2015/16 – Mid year and sign off of practice appraisals scope/content										
Optometrist LIS Contract – sign off new contract										
Primary Care Development Strategy/operational plan – for sign off in August										
ACE Pioneers Pilot Evaluation report										
ACE Foundation 2014/15 / Practice Appraisals Evaluation of 2014/15 scheme										
ACE Foundation 2015/16 – sign off new scheme requirements										
ACE Excellence – progress update										
ACE Plus – progress update in August and evaluation in June 2016										
New Models of General Practice – Evaluation report demonstrating impact of CCG investment										
GPSI Reviews – Evaluation of reviews										
Primary Care Contracting										
Practice Merger Decision – committee to consider application for merger between Dr Bajpai & Dr Shanker-Narayan										
Policy Briefing: Practice List Closures Applications Review of NHS E policy and development of local guidance/principles on list closures										

ITEM		MONTH								
	May 2015	June 2015	August 2015	Oct 2015	Dec 2015	Feb 2016	April 2016	June 2016	August 2016	Sept 2016
2015/16 Enhanced Services – sign off of proposed monitoring and verification processes for 15/16										
Out of Area Registrations scheme – decision required on future contracting arrangements										
Kingstanding Community Practice – progress report on dispersal process										
PMS/APMS reviews – sign off the proposed process for reviews in August and decisions in Dec 2015										
2015/16 QOF - sign off of proposed monitoring and verification processes for 15/16										
Primary Care Quality										
Primary Care Quality Dashboard/reporting – scoping discussion in May followed by regular reporting										
Primary Care Education Programme – sign off business case										
Workforce Development Plan – sign off plan										
Other										
Ad hoc practice specific issues requiring a decision from the committee										

Primary Care Committee - Birmingham South Central CCG Draft Work Programme April 2015 to March 2016

Issue	Work required to be done	Outcome	Timescale		
			Start	Complete	
Contracting					
Transition of contracting arrangements	Handover of contracts by NHSE to CCG to undertake day to day management. Committee will be dealing with all issues relating to contracts in future.	CCG undertake day to day oversight and management of all GP contracts to required standards.	Apr-15	Oct-15	
PMS Reviews	Undertaking PMS reviews of 15 practices within the CCG. Committee to agree and oversee process.	PMS reviews completed in a fair and transparent way.	Apr-15	Mar-16	
Contractual changes and variations including issuing of remedial/breach notices as required	Consideration and approval/rejection by the committee of any contract changes requested by GP practices.	Standard processes in place to deal with contract variation requests in a fair and transparent manner.	Apr-15	Oct-15	
Scrutiny and approval of DES, LIS or other incentive schemes	Consideration, amendment & approval/rejection by the committee of any enhanced service or incentive scheme	Implementation of schemes leading to improvements in patient outcomes.	Apr-15	Mar-16	
Agreeing standards, regularity and format for contract visits	Development of standards, process and programme for visits ensuring involvement of GP member practices in their development.	Development of standards, process and programme for visits ensuring involvement of GP member practices in their development.	Apr-15	Oct-15	
Agreeing level of scrutiny for Quality and Outcome Framework payments	Development of standards, process and programme for oversight of QOF ensuring involvement of GP member practices in their development.	Development and implementation of process for QOF payments ensuring involvement of GP member practices in their development.	Apr-15	Mar-16	
Primary Care Estates strategy	Development of estates strategy to fit with CCG plans and address estate issues.	Improvement in Primary Care estate	On-going	On-going	

Issue	Work required to be done	Outcome	Timescale		
			Start	Complete	
Consideration of Quality and Performance issues identified relating to CCG practices.	Committee to consider quality and performance issues and develop an action plan to address issues identified.	Improvement in quality and performance of CCG practices	On-going	On-going	
Consideration of issues identifed by other bodies (CQC, NHSE, LA etc.)	Consideration of issues, plan of action developed to address issue raised.	Identifed issue addressed leading to improvement in delivery of service.	On-going	On-going	
Commissioning					

Tendering of a GP contract (The Hill GP and UCC)	Development of specification for contract, oversight of full procurement process. Consideration of the Urgent Care requirement currently within the contract as to whether or not this is still required/desired.	Successful awarding of contract to best provider identifed during procurement process.	Apr-15	Mar-16	
Investment of PMS review funding	Consideration of how to invest PMS review funding	Re-investment of PMS premiuim monies leading to improvements in health outcomes for patients	On-going	On-going	
Strategy					
Improving quality and performance and reducing inequalities and unwarranted variation in primary care	Measuring and monitoring quality through development of local quality dashboard, peer support, local learning networks and the role of the Primary Care Development Group	Demonstrable improvement in quality, reductions in health inequalities and variation in quality of primary care.	On-going	On-going	
Improving access to primary care and managing workload	Review capacity and access, Collaboration across networks to work towards 7 day working, Development of a core standards for access, quality GP services that will be provided or can be expected by all BSC patients	Improved patient access, practice collaboration to deliver 7 day working. Measurable improvements in the quality of GP services.	On-going	On-going	
Development of the workforce and meeting the educational and premises needs of our practices	Committee oversight of Primary Care education, clinical leadership development and innovation in skill mix & training of professionals.	Development of workforce, improved use of current workforce, improved training and retention of staff	On-going	On-going	
Issue	**Work required to be done**	**Outcome**	**Timescale**		
			Start	**Complete**	
Member practice engagement and citizen participation	Improving patient experience of Primary Care. Macmillan values in primary care. Strengthen our approach to using citizen and patient voice to drive improvements, particularly through the development of the Stakeholder Council Education – Influencing public perceptions of primary care, enabling self care and prevention Member council development and Member engagement	Improved patient experience, improved engagement with members and citizens to develop and implement imroved health services. Improved outcomes for patients due to education, prevention and self care in relation to LTCs.	On-going	On-going	

Developing a locality based service with closer integration of services provided out of hospital in the community	GP practices working collaboratively to provide more specialised services Pilot integration with other agencies including community hubs with GPs as coordinators Health and wellbeing hub Primary care demand management Prescribing development scheme	Locality based services integrated with other agencies. Closer integration of services provided out of hospital in the community. Health and wellbeing hubs in place.	On-going	On-going	Public

Work Programme for Sandwell and West Birmingham Clinical Commissioning Group	
1	Development of monitoring and review contract framework
2	Development and commissioning of the Primary Care Offer (including the Local Incentive Schemes)
3	Reviewing all policies and procedures relating to Primary Care commissioning
3	13 Personal Medical Service contract Reviews
4	Review of all time limited contracts with procurements
5	Monitoring and analysing trends in relation to concerns and complaints
6	Supporting practices to federate/developing new models of care
7	Workforce review covering the whole of Primary Care for future planning and commissioning of Primary Care
8	Engaging with local communities as part of a listening exercise for Primary Care
9	Developing a Communications and Engagement Strategy with local practices
10	Scoping the skills gaps in Primary Care for future workforce planning

	Agenda Item: 11 (A)
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Review of the Health and Wellbeing Board - Progress**
Organisation	**Birmingham Health and Wellbeing Board**
Presenting Officer	**Alan Lotinga**

Report Type:	**Endorsement/Information**

1. Purpose:	
1.1	To update the Health and Wellbeing Board on progress in implementing recommendations from the University of Birmingham's Health Services Management Centre's brief review of the Board and associated recommendations from discussion at Agenda Item 9 of the Board's meeting on 24th March 2015 (**see Appendix 1**).
1.2	To obtain further strategic direction from the Board in continuing to progress recommendations particularly for the Board's Operations Group.

2. Implications:		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		N
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3.	**Recommendation**
	That the Board indicates initial potential priorities for future development sessions to be held in 2015 and 2016. These can then be considered alongside options which emerge from feedback from the Operations Group's work on reviewing the Board's current priorities summarised within the "plan on a page" at the Board's autumn meeting.

4.	**Background**
4.1	The Health and Wellbeing Board agreed a number of recommendations at its meeting on 24th March 2015 which responded to findings from the brief review of the Board the University of Birmingham's Health Service's Management Centre (HSMC) completed at the end of February 2015. These recommendations were designed to enable the Board's succeed in three aims, on which there was consensus, identified in the HSMC report: a) Becoming a genuinely joint and representative Board – rather than a Local Authority committee. b) Being primarily an influencing body – which brings together key partners to articulate key values, set the tone and encourage behaviours that are consistent with this. c) Increasing engagement with its breadth of stakeholders – to support different and at times 'difficult' conversations.
4.2	Recommendations are detailed and progress against them is summarised in **Appendix 1** of this report.
4.3	A proposal for Board values and principles forms Agenda Item x, in response to recommendation 8 in **Appendix 1**.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	[TO BE ADDED]
5.2	***Governance & Delivery***
	[TO BE ADDED]
5.3	***Management Responsibility***
	Board: Chair and Vice-Chair Day-to-day: Alan Lotinga and Jenny Drew

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Stakeholders not fully engaged in implementing recommendations and associated next steps	M	H	Board reflection on how members can progress identified Executive Champion roles Continuing Board attention to stakeholder engagement

Appendices
Appendix 1 – Review of the Health and Wellbeing Board – summary of progress against recommendations agreed

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Alan Lotinga – Service Director, Health and Wellbeing
Jenny Drew- Health and Wellbeing Programme Manager

Birmingham Health and Wellbeing Board

Appendix 1 – Review of the Health and Wellbeing Board – summary of progress against recommendations agreed

Recommendations Agreed	Progress	Responsibility
In ensuring a genuinely joint and representative Board		
1. Revisit arrangements for Chair/Vice-Chair roles annually so that both are not Councillors with the Vice-Chair to be a CCG representative for the first year	Written request made to CCG representatives for them to collectively agree HWB Vice-Chair nomination and Vice-Chair for 2015-16 agreed June 2015.	Cllr Hamilton
2. Rotate the location of meetings between the Council House, partner agencies and beyond with every other meeting being held outside of the Council House	Agreed - Tues 30th June 2015 – Trophy Suite, Tally Ho confirmed Tues 13th October 2015 – to be held at the Council House Tuesday 26th January 2016 – to be held at another partner venue e.g. health/voluntary and community sector linked to HWB work programme Tuesday 29th March 2016 – to be held at the Council House	Paul Holden and Jenny Drew. Paul Holden Paul Holden and Jenny Drew Paul Holden
3. Ask NHS provider organisations again to nominate a representative and alternate to the Board and Operations Group on the basis of their role in addressing health inequalities rather than particular service issues	Request to NHS Providers for them to collectively agree 1 or 2 representatives made.	Alan Lotinga/Adrian Phillips with Cllr Hamilton

Recommendations Agreed	Progress	Responsibility
4. Agree a formally nominated alternate for each member to increase Board diversity and expertise while maintaining a Board of a suitable size for decision-making	The majority of Board members have confirmed their alternates and those who have not have confirmed their nominations are dependent on internal decision-making processes yet to take place.	Jenny Drew on behalf of Cllr Hamilton.
In focusing on being an influencing body		
5. Strengthen the role of the Operations Group in order to create and safeguard the space for the Board to function in this new way including Board members formally nominating designated Group members and alternates to identify key priorities and actions for the Board and to shape the Board's work programme and agenda accordingly	Operations Group dates now aligned with proposed Board dates up to the end of 2015 and meeting format revised to allow the Group to both feed into the Board's work programme and respond to Board discussion and recommendations. Board's previous work programme reviewed. The majority of Board members have confirmed their nominations for Operations Group members and alternates and those who have not have confirmed they will do shortly. Recognising ongoing staffing changes, regular review of Operations Group membership is likely to be needed. HWB Proposed Values from the Operations Group circulated to the Health and Wellbeing Board for its 30th June meeting Option for consideration - Operations Group workshop with support from UoB's Health Services Management Centre or internally supported on future working including wider support beyond the core group.	Jenny Drew Jenny Drew Alan Lotinga with Values Group (Emma Barnett, Carol Herity, Jenny Drew and Jill Crowe) Alan Lotinga and Jenny Drew

Recommendations Agreed	**Progress**	**Responsibility**
6. Review the "plan on a page" so that it sets out more fully a small number of shared priorities and clarifies links to other partnerships in tracking progress against these	Feedback from Operations Group members on organisation contributions to current Plan On a Page priorities and future priorities will be considered at the next Operations Group meeting on 8th July with a report to the autumn meeting of the Health and Wellbeing Board. Report on future Board relationships, informed in part by the planned District development workshop, to be presented to the autumn meeting of the Health and Wellbeing Board	Jenny Drew and Jill Crow with Outcomes Group (Wayne Harrison, Kevin Hubery and Kirsten Moon/Simon Doble) Adrian Phillips and Jenny Drew
7. Combine themed development sessions, including new initiatives in the city and elsewhere, with Board meetings where appropriate	Two initial sessions proposed for 2015: • Working locally (to clarify the two-way relationship between interested place—based structures for Health and the Health and Wellbeing Board) – Thursday 16th July - pm • Opportunities for working with Extra Care Villages – ½ day September 2015 date tbc A further session is proposed for November/December 2015 relating to mental health	Adrian Phillips, Jenny Drew and Jill Crowe Alan Lotinga, Jenny Drew and Jill Crow Tbc
In increasing engagement with its breadth of stakeholders		

8. Develop a more formal approach to engagement, based on a clear statement of values, to enable us to plan ahead for participation before, during and after Board discussions including links with emerging District Health and Wellbeing structures	In development – linked to developing Board values and agreement of priorities and work programme Councillor development brief session introducing the Health and Wellbeing Board scheduled for 7th July.	Jenny Drew and Geoff Coleman and CCG Comms colleagues
9. Hold at least one meeting and/or development session a year in a relevant setting on a 'difficult' area to engage differently	To be identified - pending Operations Group work on reviewing 'plan on a page' priorities and Board direction.	
10. Further develop the Board's website to support a more coherent story about our work and enable those interested to find out more about it.	Proposal from Geoff Coleman pending	Geoff Coleman and Jenny Drew

	Agenda Item: 11 (B)
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Proposed Board Values and Principles**
Organisation	**Health and Wellbeing Board Operations Group**
Presenting Officer	**Alan Lotinga**

Report Type:	**Decision / Endorsement**

1.	**Purpose:**
	To agree recommendations set out in section 3 of this report setting out suggested Health and Wellbeing Board values and principles for its work. This follows the Board's agreement at its meeting on 24th March 2015 to take a values-based approach to its engagement.

2.	**Implications:**	
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		N
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3.	**Recommendation**
	The Healthy & Wellbeing Board is asked to:
3.1	Agree the suggested values and principles for the Board's work set out in paragraph 4.5 along with any amendments identified during discussion
3.2	Commit to adopting these in all work.

4. Background

4.1 In discussion of recommendations arising from the University of Birmingham's Health Services Management Centre's (HSMC) brief review of the Health and Wellbeing Board at their meeting on 24th March 2015, the Board agreed to base its approach to engagement on a clear statement of values. It follows that these will apply to all Board work and that of its supporting structures including the Health and Wellbeing Board's Operations Group.

4.2 We define values here as a set of standards of what is desirable (and so also what is undesirable) that will guide the Board throughout its work and support its decision-making particularly in areas where there may not be consensus. Values are often reinforced by a set of accompanying principle. These can be described as rules which are accepted as governing behaviour and interaction between people within a system.

4.3 In order to make recommendations to the Health and Wellbeing Board, the Operations Group discussed what these values and principles might include at its meeting on 14th May 2015. This discussion was informed by:

- Findings from the University of Birmingham Health Services Management Centre Review of the Health and Wellbeing Board and associated discussion
- Current Health and Wellbeing Board purpose, vision, aims and priorities (summarised in **Appendix 1** for reference)
- Findings from the LGA's Health and Wellbeing Board Improvement Programme on the attributes of a Board performing well
- The values and principles of member organisations of the Health and Wellbeing Board
- The values and principles of the Health and Wellbeing Boards of Core Cities (for comparison).

4.4 Key points from discussion included:

- A recognition that each partner organisation brings its own set of values to any Health and Wellbeing Board work alongside agreed shared values
- The need to link the Board's role in addressing health inequalities to values and principles
- Support for West Midlands Police's values notably "We are one team together"
- Suggested questions for Board members to reflect on in their

discussion of the values and principles put forward in this paper "How do we behave? How will we know we're working differently? How will we be holding each other to account?"

4.5 Suggested Values and Principles

4.5.1 Following on from this discussion, suggested values for the Board to consider are:

a. Be one team working together with integrity.
b. Learn from evidence.
c. Put the public first in everything we do.
d. Be open and transparent.

4.5.2 Suggested accompanying principles for the Board to consider are:

e. A whole household approach to our work that focuses on our citizens, the place where they live and the social and economic factors that influence their wellbeing and the contribution that these factors make to health inequalities
f. Acknowledge that, alongside adopting shared values and principles, each partner approaches Board work with their own set of organisational values and will collaborate and work towards Board vision, aims and priorities on that basis.
g. Share data in a safe and purposeful way to achieve a robust evidence base.
h. Be creative in engagement to recognise the value of all stakeholders' input and to support different and at times difficult conversations with the public and other stakeholders in the interests of better decision making.
i. Decisions are clear and organisations are accountable with a clearly identified lead Board member or members to oversee action and reporting.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	The report is aligned to the objectives of the Health and Wellbeing Board and makes recommendations for future delivery.
6.2	***Governance & Delivery***
	It is suggested that the Board reviews progress at a development session within the next year (to be determined).
6.3	***Management Responsibility***
	Board: Chair and Vice-Chair Day-to-day: Alan Lotinga and Jenny Drew

7. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
Board and Operations Group not fully engaged in implementing recommendations	Medium	Significant	Continuing Board and Operations Group attention to how it and stakeholders are upholding values.

Appendices
Appendix 1 – Summary of HWB Vision and Purpose

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Alan Lotinga – Service Director – Health and Wellbeing
Emma Barnett - Chief Superintendent – West Midlands Police
Jill Crowe - Development Officer (Strategy), Birmingham City Council
Jenny Drew – Health and Wellbeing Programme Manager, Birmingham City Council
Carol Herity – Head of Partnerships, Birmingham Cross-City CCG

Appendix 1

1. Health and Wellbeing Board Purpose and Responsibilities

The Health and Social Care Act 2012 established Health and Wellbeing Boards to be a partnership for key leaders from the local health and social care system to jointly work to:

a. Improve the health and wellbeing of the people in their area
b. Reduce health inequalities and
c. Promote the integration of services

The main responsibilities of the board are:

d. To prepare and publish a Joint Strategic Needs Assessment (JSNA);
e. To prepare and publish a Health and Wellbeing Strategy as the overarching framework for joint priorities for local commissioning based on the needs identified in the JSNA and to oversee its implementation;
f. Discretion to give an opinion on whether the Council and CCGs are discharging their statutory duties to have due regard to the joint strategic needs assessment and the health and wellbeing strategy; and
g. To promote and encourage integration and partnership working, including joint commissioning and pooled budgets where appropriate, in order to deliver cost effective services and appropriate choice. This includes providing assistance and advice and other support as appropriate and joint working with services that impact on wider health determinants.
h. Help keep the local health and care system on track

2. Vision and Aims

The vision and aims are taken from the Health and Wellbeing Strategy.

Vision

Birmingham is a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority. In order to improve the health and wellbeing of all residents, Birmingham has built an integrated health and social care system that is both resilient and sustainable.

Aims

a. Improve the health and wellbeing of our most vulnerable adults and children in need.
b. Improve the resilience of our health and care system.
c. Improve the health and wellbeing of our children.

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**30th June 2015**
TITLE:	**Better Care Fund (BCF) Update**
Organisation	**Birmingham City Council**
Presenting Officer	**Margaret Ashton-Gray, Head of City Finance, People Directorate, Birmingham City Council**

Report Type:	**Information**

1. Purpose:

To advise the board on the progress made to date regarding the implementation of the Better Care Fund (BCF) pooled fund arrangements with the three NHS Clinical Commissioning Groups (CCG's) – Birmingham South Central, Birmingham Cross City and Sandwell & West Birmingham and to advise the Board of the establishment and monitoring arrangements for the BCF pooled budget fund.

2. Implications:

BHWB Strategy Priorities	Child Health	
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		Y
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3.	**Recommendation**
3.1	Note that Cabinet approval has been given for Birmingham City Council to act as Host for the Better Care Fund pooled budget under provision of Section 75(2) of the National Health Service Act 2006 and that agreement has been given for the detailed work to be completed by delegated officers regarding the Section 75 agreement and the pooled budget arrangements. The delegated officers are Peter Hay, Strategic Director, People Directorate, Alan Lotinga as Service Director Assessment and Support Planning, Louise Collett, Service Director Commissioning and Margaret Ashton-Gray, Head of Finance as Pooled Budget Manager.
3.2	Note the delegated authority for the Strategic Director for People in consultation with the Director of Legal & Democratic Services and the delegations to the Accountable Officers from each of the CCG's to continue to negotiate, execute and complete all necessary documents to give effect to the BCF and pooled budgets arrangements.
3.3	Note that further updates will be submitted for Board consideration on the 17th November 2015 and the 29th March 2016.

4.	**Background**
4.1	The formation and operation of the Better Care Fund was alluded to in the Health and Wellbeing Report presented to Board on the 20th January 2015. This report provides an update on progress made to date.
4.2	Birmingham's proportion of the £3.8bn BCF nationally is £82m in 15/16, please note this is not new money; more a reallocation or re-prioritisation of existing funding – primarily from CCG's mainstream budgets and existing Section 256 transfer funding from the NHS to Social Care
4.3	A BCF Programme Director was appointed along with work stream leads, a Finance lead and a BCC officer lead to set up the BCF and to work on and monitor jointly the progress on the integrated plans.
4.4	The four priorities for the BCF are:- • Keeping people well where they live • Making help easier to get • Better Care at times of crisis • Making the right decisions when people can no longer cope
4.5	The things that people have identified they want from their BCF are:- • I want to stay at home for as long as possible • I want help to understand my illness and how to manage it • I don't need experts all the time • I worry about having to go into hospital and about when I can't look after myself anymore

- I worry about my carers
- GP surgeries are important points for me but I don't always need to see a doctor
- I need people who can help and advise me, not put barriers in my way to stop me getting what I need
- I want to be understood

4.6 These points have been taken into consideration when developing the priorities and work streams for the BCF. More information is available on the dedicated website for Birmingham's Better Care Fund on www.birminghambettercare.com

4.7 Birmingham has been required to submit detailed plans to NHS England; submissions of these plans took place in February and April 2014 with further submissions in September 2014, November 2014 and a final submission in January 2015. The September submission had a covering letter signed by local commissioners and providers (including all three local acute hospitals) explaining that the plan is predicated upon maintaining the current investment in and provision of health and social care and that reductions in budgets that change provision of social care outside of the agreed parameters outlined in the BCF plan would place delivery of the plan (and the associated financial savings) in significant jeopardy.

4.8 In October 2014, NHS England's assessment of the Birmingham BCF plan was "approved subject to conditions", meaning there are some substantial issues or risks in your plan without enough demonstration of how these will be mitigated. Subsequent work has been done and the final resubmission in January led to the removal of the conditions

4.9 The final submission of the BCF plan for 15/16 in January, included a covering letter from the City Councils Chief Executive Officer confirming the position regarding protecting Social care and next steps for Cabinet budget approval, was given formal approval by Council in March 2015.

4.10 The Birmingham Better Care Fund plan has now been approved by NHS England and the Secretary of State for Health with no additional conditions. This was approved in February 2015

4.11 National policy dictates that the Better Care Fund has to be established as a pooled budget. Given the complexity of the commissioning landscape in Birmingham the arrangements which underpin this pooled budget, through a Section 75 agreement, are important and equally complex. A Governance Paper has now been approved by the Better Care board, which sets out the parameters for that Board's and a Commissioning Executive's operation. The additional Governance requirements around the BCF and the Health & Well Being Board are forming part of the Section 75 agreement.

4.12 Birmingham City Council has now been identified as the host for the Better Care Fund pooled budget, and the fund itself has been established. The required monthly monitoring of the fund and performance of schemes will be reported to the Better Care Board

4.13 The final legal amendments to the draft Section 75 agreement are being undertaken with a view that it will be a signed document by the end of July 2015

5.	Compliance Issues
5.1	***Strategy Implications***
	The uses of the funding in this report directly support the delivery of both the Health and Wellbeing Board's Strategy, the Birmingham Better Care Fund programme and associated national conditions e.g. the protection of adult social care services.
5.2	***Governance & Delivery***
	The BCF pooled budget will be monitored on a monthly basis along with progress against the agreed schemes and reported to the Better Care Board. Any issues would be escalated to the Senior officer responsible and ultimately to the Health & Wellbeing Board
5.3	***Management Responsibility***
	Alan Lotinga as Director support to the Board that will be accountable for delivery Judith Davis as Programme Manager along with her team will be responsible for the delivery of the agreed schemes

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
BCC financial position is so severe and financial challenge impacts on 15/16 onwards available budgets, making plan delivery impossible	4	4	Birmingham Social Care achieved a balanced budget position for 2014/15 under very difficult financial circumstances, BCC is committed to continue to reduce costs and find new ways of working. The whole system approach of the BCF will facilitate this
Better Care Fund schemes will not succeed in reducing permanent admissions to residential care	3	5	Ensure implementation of schemes on time and to budget through robust programme management. Better Care Board to review performance against plan and take corrective action.
Schemes fail to have impact on desired priority outcomes, acute activity and savings not	4	4	Commitment of organisations to work together through the BCF and Commissioning

achieved or whole system spend increases.			Executive Developing schemes that can evidence impact on target population. Programme management of schemes overseen by Programme lead supported by a team of project officer
Governance arrangements are insufficient to make investment decisions, ratify the vision and ensure ongoing alignment of the programme with whole system strategic direction.	3	3	Programme has clearly defined purpose, Members CEO level. Defined process for decision making with appropriate schemes of delegation, Clear method for disagreement resolution. Rules on data and performance management agreed.
Failure to separate the business of making partnership work from internal priorities of each organisation.	3	4	Agreed risk-sharing agreement that sets out interdependencies and how pooled budget arrangements will work across health and social care have been developed
Failure to understand and agree appropriate funding flows throughout the system particularly in relation to savings (perception of double counting), benefits and risk.	4	4	Track record of integration around LD and MH. Already recognise system wide savings challenge Modelling savings based on both fixed and variable costs. Dialogue commenced with providers
Unprecedented level of Workforce change required across; clinical and professional practice, terms and conditions, organisations, culture, engagement	4	4	Agreement to collectively work towards creating the Impetus for Chang3Link with LET C Older Adults integration programme Scheme Projects include workforce considerations including skill mix and

with people and each other			recruitment.
Community capacity not in place in sufficient scale to meet demand pattern changes	4	4	Modelling of requirement to ensure accuracy and building clarity on current capacity. Start of market engagement and stimulation in 15/16
Patients and the public do not adequately engage with the BCF schemes resulting in dissatisfaction and associated reputational risk	4	3	Continue to engage with patients, public and local communities through existing forums and involvement of Health Watch in BCF programme.

Appendices
None

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Margaret Ashton-Gray
Lead for BCF- Birmingham City Council and BCF Pooled Budget Manager
Tel. No: 0121 675 8717
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BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD
24 MARCH 2015

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 24 MARCH 2015 AT 1500 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor John Cotton in the Chair; Dr Aqil Chaudary, Dr Andrew Coward, ACC Garry Forsyth, Cath Gilliver, Dr Nick Harding, Peter Hay, Councillor Brigid Jones, Dr Adrian Phillips and Andrew Reed.

ALSO PRESENT:-

Alan Lotinga, Service Director, Health and Wellbeing
Dr Gavin Ralston, Chair of Birmingham CrossCity Clinical Commissioning Group (CCG)
Paul Holden, Committee Services

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NOTICE OF RECORDING

104 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/ public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

APOLOGY

105 An apology for absence was submitted on behalf of Councillor Lyn Collin.

DECLARATIONS OF INTERESTS

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

CHAIR'S UPDATE

107 The Chair highlighted that the City's Better Care Fund plan had been approved by the Secretary of State for Health the previous month and those involved were now in "implementation mode". The pooled budget arrangements were almost finalised and he placed on record his thanks to all those involved in

helping reach this point which he reminded everyone was a five year plus programme. Furthermore, he advised the meeting that the week previously the first meeting of the Better Care Commissioning Executive had been held - another key sign of important supporting developments in progress.

Members were advised that there were now Birmingham Mental Health structural arrangements in place following productive discussions between the leaders of the CCGs, the Mental Health Trust, City Council officers and Councillor Paulette Hamilton (the City Council's Mental Health Lead Member / Champion) over the past few weeks. Barbara King, Clinical Accountable Officer, BirminghamCross City CCG was chairing the new Mental Health Systems Strategy Board and governance / workstreams in support of that were emerging. It was highlighted that there would be a direct link to and from the Health and Wellbeing Board and a need to find the best ways to spend the combined Birmingham Mental Health budget through early intervention as much as mental health care during a crisis. The intention was to hold a Health and Wellbeing Board Mental Health Summit with a wider group of key stakeholder and interests later in 2015 in order to jointly review and reflect on the stage reached across the Birmingham Mental Health system.

The Chair congratulated Dr Nick Harding and his colleagues in Sandwell and West Birmingham CCG on their Vitality Partnership becoming one of the first twenty-nine vanguard geographies in the country - the partnerships being designed to take the national lead on transforming care for service users.

At this juncture, Dr Andrew Coward referred to other good news in that Simon Stevens, NHS England Chief Executive had announced that Birmingham South Central CCG would be one of the seven national Diabetes Prevention Sites.

In relation to the agenda before members, the Chair reported that no Work Programme had been included amongst the papers as the Operations Group first needed to carrying out further work focusing on the Board's priorities; he also drew attention to the report on the review of the Board to be considered later in the meeting.

INFANT MORTALITY IN BIRMINGHAM – INTELLIGENCE UPDATE

The following report was submitted:-

(See document No. 1)

Dr Adrian Phillips, Director of Public Health introduced the information contained in the report.

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

1) Dr Gavin Ralston, Chair of Birmingham CrossCity CCG considered that it was important that Birmingham coded for Infant Mortality in the same way as the rest of the country. In referring to a conversation that he'd had with the Director of Public Health he indicated that he concurred with looking to increase the involvement of Third Sector organisations (e.g. Sands - a stillbirth and neonatal death charity) that could offer advice.

2) In highlighting that the Birmingham South Central CCG was the lead commissioner for the Birmingham Women's Hospital, Dr Andrew Coward referred to co-ordinating work and informed members that there was a two year initiative to look at Perinatal Mortality although this excluded the early gestation period upon which the report principally focused.

3) Andrew Reed in referring to the graph shown on page 3 of the report underlined that the first step was to secure clear coding in Birmingham; he also made reference to seeing what could be learnt from Manchester City Council if this was not already happening.

4) Following comments made by Dr Nick Harding relating to Perinatal Mortality, Dr Adrian Phillips indicated that smoking during pregnancy and the take-up of flu and other vaccinations were vital areas to focus upon amongst modifiable risk factors.

5) Dr Nick Harding referred to intelligence that was being sought by his CCG on which metrics were considered to be modifiable and the Chair indicated that he would welcome such information being made available to the Board.

6) In responding to a query from Cath Gilliver, Dr Adrian Phillips indicated that when there was more accurate Infant Mortality data available consideration could be given to whether a geographical targeted approach should also be pursued.

108 **RESOLVED:-**

(a) That the updated review into Infant Mortality be noted;

(b) that the CCGs be recommended to include data completeness when they review contracts particularly ethnicity and gestation;

(c) that a Birmingham-wide audit of infant-deaths where the gestational age is under 22 weeks be considered using methodology developed in a neighbouring maternity network.

MEMORANDUM OF UNDERSTANDING – JOINT ACTION ON IMPROVING HEALTH THROUGH THE HOME

The following report was submitted:-

(See document No. 2)

Alan Lotinga, Service Director, Health and Wellbeing, introduced the information contained in the report highlighting the need to consider how the initiative could be used to draw in funding locally to support the Health and Wellbeing Strategy and address health inequalities.

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

1) Alan Lotinga indicated that when representations were made regarding the need for greater capacity to prevent poor quality housing extensions often the response received was to enquire whether existing planning legislation

and guidance was being used to best effect. Nonetheless, reference was made to the Memorandum of Understanding (MOU) providing an opportunity to lobby for better home environments for citizens.

2) In referring to work that had taken place sponsored by the NHS Alliance, Dr Andrew Coward informed members that a report was scheduled to be produced on how housing and health / social care services could cooperate more effectively. The Chair indicated that he would welcome the report being shared with members of the Board.

3) Andrew Reed referred to the need to be reassured that there was a delivery mechanism in place.

4) Further to 3) above, the Chair considered that there should be a local version of the action plan with a report being submitted to a future meeting.

109 **RESOLVED:-**

That, subject to the Chair's comments in 4) above, the contents of the report be noted.

FINAL BIRMINGHAM PHARMACEUTICAL NEEDS ASSESSMENT

The following report was submitted:-

(See document No. 3)

Dr Adrian Phillips, Director of Public Health briefly introduced the information contained in the report.

110 **RESOLVED:-**

(a) That the Final Pharmaceutical Needs Assessments (PNA) 2015 Birmingham attached as Appendix 1, be endorsed;

(b) that there are currently sufficient pharmaceutical services to meet the needs of the population, be noted;

(c) that this Board agrees to ensure that there are systems in place to monitor potential changes that will affect the delivery of pharmaceutical services and have a process in place to decide whether the changes are significant hence what action it needs to take;

(d) that the following recommendations to Pharmacists and Commissioners be noted:-

Pharmacists

To ensure patients are aware of services that may improve access to services, such as language services.

Commissioners

To ensure pharmacy provision is equitable across the City, with services being relevant to key issues in each ward.

For commissioners of statutory and locally defined services to work with pharmacies to increase awareness of pharmacy services. This would help services to be used more effectively and contribute to the improvement of the health of the local population.

To plan pharmaceutical services for projected demographic changes, for example the expected increase in young (under 15 years) and a growing elderly population -

(i) Service provision should also be reviewed in the event of new housing developments and new estates.

(ii) Monitoring of cross-border dispensing.

To ensure pharmacy services are in-line with wider service reviews and strategies across the City.

REVIEW OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD

The following report was submitted:-

(See document No. 4)

The Chair placed on record his gratitude to Jon Glasby and Laura Griffith, Health Services Management Centre, University of Birmingham for producing the review document attached as Appendix 1 and also to members of the Board for their contributions to the work.

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

In the course of the discussion, the following were amongst the issues raised and comments made in response to questions:-

1) Dr Gavin Ralston, Chair of Birmingham CrossCity CCG considered that great strides had been made over the last year or so in terms of joint working and expressed support for the recommendations contained in the report.

2) In relation to recommendation 3.2.2, Cath Gillver expressed support for a suggestion that she'd previously heard that the themes of future meetings could relate to venues chosen.

3) Dr Andrew Coward considered that there was nothing more important than the health and wellbeing of the City's citizens and with forty per cent of the population being twenty-five years of age or under was firmly of the view that children and young people were Birmingham's unique selling point. Furthermore, he highlighted to the Board that he had suggested

considering setting-up a Children and Young People's Parliament based in the Chamber at the Council House to give constituents the opportunity to interact with Members and Executives across the Local Authority and Health Services.

4) Further to 3) above, Councillor Brigid Jones highlighted that regular school debates were arranged in the Council House and referred to work that was taking place aimed at seeking to hear the voice of young people in a more formal way. She indicated that she would speak to Dr Andrew Coward direct on the issue. At this juncture, the Chair also drew attention to proposed work covered in the next report on the agenda around ensuring that young people were included in the development of the Health and Wellbeing Board's priorities.

5) Alan Lotinga reported that the Operations Group was starting to progress some of the proposed actions and highlighted that, subject to the approval of the recommendations, there were also some governance issues that would need to be pursued.

111 **RESOLVED:-**

(a) That the 'A review of the Birmingham Health and Wellbeing Board – Final Report' conducted by Health Services Management Centre, University of Birmingham (attached as Appendix 1), be noted;

(b) that this Board agrees (in ensuring a genuinely joint and representative Board) to:-

(1) Revisit arrangements for Chair / Vice-Chair roles annually so that both are not Councillors with the Vice-Chair to be a CCG representative for the first year;

(2) rotate the location of meetings between the Council House, partner agencies and beyond with every other meeting being at venues other than the Council House;

(3) ask NHS provider organisations from the Unit of Planning / Towards 2030 Group again to nominate a representative and alternate to the Board and Operations Group on the basis of their role in addressing health inequalities rather than particular service issues;

(4) agree a formally nominated alternate for each member to increase Board diversity and expertise while maintaining a Board of suitable size for decision-making.

(c) that this Board agrees (in focusing on being an influencing body) to:-

(1) Strengthen the role of the Operations Group in order to create and safeguard the space for the Board to function in this new way including Board Members formally nominating designated Group members and alternates to identify key priorities and

actions for the Board and to shape the Board's work programme and agenda accordingly;

(2) review the "plan on a page" so that it sets out more fully a small number of shared priorities and clarifies links to other partnerships in tracking progress against these;

(3) combine themed development sessions, including new initiatives in the city and elsewhere, with Board meetings where appropriate;

(d) that this Board agrees (in increasing engagement with its breadth of stakeholders) to:-

(1) Develop a more formal approach to engagement, based on a clear statement of values, to enable us to plan ahead for participation before, during and after Board discussions including links with emerging District Health and Wellbeing structures;

(2) hold at least one meeting and/or development session a year in a relevant setting on a 'difficult' area to engage differently;

(3) further develop the Board's website to support a more coherent storey about our work and enable those interested to find out more about it.

HEALTH AND WELLBEING BOARD – RELATIONSHIPS TO OTHER SIMILAR BODIES

The following report was submitted:-

(See document No. 5)

Dr Adrian Phillips, Director of Public Health briefly introduced the information contained in the report and proposed that recommendation 3.1 be amended by also including reference to the CCG networks.

In the course of the discussion, Dr Andrew Coward referred to the need in going forward to also consider the Healthy Villages programme.

ACC Garry Forsyth highlighted that there were a number of Boards with related objectives and made reference to meetings he'd previously had with the former Cabinet Member for Health and Wellbeing and the Chair of the Birmingham Safeguarding Children Board. He felt that in addition to the proposed work in localities there was also a need to do more to link up strategies in a systematic way.

It was:-

112 **RESOLVED:-**

(a) That a workshop be undertaken with Districts and CCG networks that are interested in developing their own health and wellbeing arrangements to understand the relationship between themselves and this Board, not only in structure but in terms of outcomes and priorities;

(b) that further work is undertaken on developing an appropriate relationship to ensure that young people are included in the development of Health and Wellbeing Board priorities;

(c) that a report be received on current and future relationships of the Board (i.e. over the next 12 months) as well as the outcomes of (a) and (b) above.

MINUTES

113 The Minutes of the Board meeting held on 21 January 2015 were confirmed and signed by the Chair.

The Chair highlighted that this was the last meeting in the current Municipal Year and thanked everyone for all their contributions during 2014/15.

The meeting ended at 1601 hours.

……..…….
CHAIRPERSON