

## BIRMINGHAM CITY COUNCIL

<b>BIRMINGHAM HEALTH AND WELLBEING BOARD 27 MARCH 2018</b>
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### **MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 27 MARCH 2018 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM**

**PRESENT:** - Councillor Paulette Hamilton in the Chair; Councillors Lyn Collin and Carl Rice, Professor Graeme Betts, Andy Cave, Professor Nick Harding, Operations Commander Steve Harris, Dr Adrian Phillips, Dr Gavin Ralston, and Stephen Raybould.

#### **ALSO PRESENT:-**

Vanessa Devlin, Birmingham and Solihull Mental Health NHS Foundation Trust  
Paul Jennings, CEO, NHS Birmingham Crosscity CCG  
Richard Kirby, CEO, Birmingham Community Health Care Trust  
Mark Lobban, Programme Director Service Improvement, BCC  
Dame Julie Moore, CEO, University Hospitals NHS Foundation Trust  
Lawrence Tallon, Director of Corporate Strategy and Planning, UHB  
Sharon Sinclair, Interim Assistant Director as substitute for Colin Diamond  
Errol Wilson, Committee Services, BCC

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At the start of the meeting the Chair invited the Board members who were present to introduce themselves.

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#### **NOTICE OF RECORDING**

- 233 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site ([www.birminghamnewsroom.com](http://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.

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#### **DECLARATIONS OF INTERESTS**

- 234 Stephen Raybould declared a non-pecuniary interest in relation to a part of agenda item No. 9 *Health and Wellbeing Strategy Update* – against one element of the health and wellbeing Strategy on personal budgets.

The Chair advised that the *Health and Wellbeing Strategy Update* item would be deferred to the next Health and Wellbeing Board meeting scheduled for the 24 April 2018.

Councillor Carl Rice declared his non-pecuniary interest in agenda item No. 11 *Sustainability and Transformation Plan Update* and stated that his wife works at the QE Hospital.

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**APOLOGIES**

- 235 Apologies were submitted on behalf of Dr Andrew Coward, Colin Diamond (Sharon Sinclair, Interim Assistant Director attended as substitute), Jonathan Driffill and T/Supt Tom Joyce.
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**The business of the meeting and all discussions in relation to individual reports was available for public inspection via the web-stream.**

**MINUTES**

Minute No.227, paragraph 2, third sentence – ***dynastic*** should be ***diagnostic***.

- 236 **RESOLVED:-**

That, subject to the above amendment, the Minutes of the Board meeting held on 20 February 2018 were confirmed and signed by the Chair.

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**CHAIR'S UPDATE**

- 237 The Chair gave a brief update on the following visits she had made since the last Board meeting: -

- TouchBase Sense – 1<sup>st</sup> March 2018;
- Freedom Project – 6<sup>th</sup> March 2018
- LGA Community Wellbeing Board meeting – 14<sup>th</sup> March 2018
- Carers Event – a joint event with CCG and Birmingham Carers Hub at Birmingham City Football Club. It was noted that there was 107,380 carers in Birmingham.

The Chair highlighted that this week was Stella Manzie, Interim Chief Executive of Birmingham City Council last week. The Chair expressed her thanks on behalf of the Board to Ms Manzie for her hard work during her time in office with the City Council. She added that as they bid goodbye to Ms Manzie, they welcome Dawn Baxendale who takes up the role as the new Chief Executive on the 1<sup>st</sup> April 2018.

(See document No. 1)

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**INTRODUCTION TO RICHARD KIRBY**

- 238 Richard Kirby, CEO, Birmingham Community Health Care Trust made the following introductory statements: -

- That this was his 3<sup>rd</sup> week in the role and he started his NHS career in Birmingham working with a group of GPs in south west Birmingham in a number of roles.
- Subject to their Board's approval, a piece of work would be started on Wednesday to refresh the organisation values and strategy. This will be an opportunity as the work evolves, to return and speak with the HWB about their thinking and where they see the services that they provide was fitting into the health and social care system in the city.
- They were doing this to be consistent with the Sustainability and Transformation Plan (STP) for Birmingham and Solihull and the HWB as they had decided not to proceed with the proposal to merge with the Black Country Mental Health Services.
- Three important things were: - firstly, the quality and safety of the care they provide. Secondly, recognising that the system they operate in was one that would place a premium on the integration of the range of services that helps support people. Thirdly, looking at the range of services they provide in multi-disciplinary team.
- There was a lot they could bring to the work of this Board and the work of the STP. They would be setting out after Wednesday's board meeting the process they would look at concerning services.

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

- a. In terms of early challenges, making sure they were seen as and playing a proper role which was important for Birmingham and Solihull health and social care system.
- b. Some of the other work they had been engaging in over a period of time may have led to them not putting in quite the level of focus in Birmingham and Solihull system that they should have done. Making sure they were concentrating on the core system.
- c. Recognising that as an organisation, they were big and covers a wide range of services with 5000 plus staff in 350 different locations across the city in some specialist services in some of what they do and some real day to day local community care.
- d. Making sure that they could bring all of that together into something in that it was coherent and where there was national leading work they were doing specialist services, bringing something to the work that the community nursing was doing to help people stay well in their own homes.
- e. Finding a way to continue to innovate and continue to change at a time when resources were strained which may not have faced much of a challenge around resources as some other parts of the public sector, but they had a share of those challenges.
- f. Making sure they could find a way of working that frees their teams up to do the right things with partners in social care on the ground with other partner agencies was key to this.
- g. Partly the decision not to proceed with the Black Country merger was a necessary step to enabling them to do that, but he did not see it as a sufficient one on its own. There was also something about being clear that the strength of the partnership they had was at a crucial level with Professor Betts and his team and joining the mental health service was

the commission of the CCG and primary care organisations within the city will matter to them which was a personal priority for him.

- h. Finding ways to enable our local team to work closely and constructively alongside other staff in those localities, GP surgeries and their teams, social care etc. That sense of creating a locality way of working with our teams could do well alongside the other agencies they work with.
- i. His understanding was that the Black Country Mental Health Trust and the Commissioners in the Black Country were working out how they could merge as Sandwell and Black Country Health provider and that work did not involve his Trust.
- j. For Birmingham community there was some reaction as a lot of our staff had to put a lot of work into these plans and he wanted to recognise that and that there was a degree of emotional energy and investment in this to respond to properly. They had not taken lightly the decision to pull back from that process.
- k. Broadly the reaction he had as he spoke with staff around the city was one of relief as it had enabled them to focus on the local agenda. There was a sense that they were stretched trying to do everything they were trying to do.
- l. In the core service delivery for Birmingham, was where our staff wanted the focus of the organisation to be and to that extent, it created the opportunity to do the piece of work on their future contribution to the Birmingham system.
- m. In terms of working with the voluntary sector in Birmingham, they wanted to work with them closely, some of which would be citywide cooperation and collaboration and would become a larger part of that sector, but it was suspected that the big prize would come when they were able to support their locality teams. Work patch by patch with the community based groups that made a big contribution to what goes on across the city.

The Chair thanked Richard Kirby for attending the meeting.

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### **PROPOSED BIRMINGHAM INTEGRATED HEALTH AND SOCIAL CARE MODEL FOR OLDER PEOPLE**

The following report was submitted:-

(See document No. 2)

Mark Lobban, Programme Director, Service Improvement, BCC, Paul Jennings, CEO, NHS Birmingham Crosscity CCG and Professor Graeme Betts, Corporate Director for Adult Social Care and Health, BCC presented the item.

In response to questions from members, Professor Betts, Paul Jennings and Mark Labban made the following statements:-

- a) When the document was being drafted it was more *fluid* and a lot of people would appear in a lot of the boxes. They highlighted on certain groups to demonstrate the principles, but in reality it had to be more *fluid*

than that, e.g. the role of a Social Worker who was engaged throughout the process.

- b) Similarly with Mental Health, this was seen as a part of this, whichever box of circle they were looking at, there needed to be a mental health intervention. It was not just the CPN, but there was a whole range of people that would be involved in that some more in one area than others. They needed to ensure that the system could work in that way not just diagrammatically.
- c) Another point was that when it came to the CQC review they were not brilliant with communicating with the public and this was an area that they needed to improve. In terms of areas such as social prescribing etc. they needed to get better at getting those messages out and making it more accessible.
- d) With regard to organisational boundaries and systems, a key component to this model was the relationship they would have together as an overarching authority in terms of designing the new system, they were putting together as part of the organisational structure.
- e) There will be an overarching principle which Professor Betts and Mr Jennings would co-chair to direct the work around aging well in the city. A clear statement from the top was that they would take away some of those organisational boundaries.
- f) An important part of their work was the development of the communities' services strategy and how it links with primary care, the place model the local authority had and how that links with the voluntary sector. They had discussion with John Short, CEO, Birmingham and Solihull Mental Health NHS Foundation Trust, about how this would link with HWB and he was keen to be part of that model.
- g) This was part of what they were trying to do as they develop the urgent treatment centres and the access as they will be doing the scales with GPs, was to deliberately set out how they would work to design and to work constructively than with boundaries and interfaces.
- h) In relation to Mental Health, they were fully engaged as they had meetings, but there was more to be done in terms of the model and the care programme and they needed to continue the dialogue and the conversations. The point concerning boxes was noted, but it was more of an opportunity to define roles and remove organisational boundaries.
- i) What was helpful was taking forward this work, but it was complicated as things overlap. The issue was how they would use this to take it strategically forward with the work. The whole communication and engagements needed to be well thought through and they needed to think about communicating messages at all levels.
- j) In relation to choice and control, there was something about increasing the number of direct payments and personal health budgets, but they could only do that if people had the right kind of support, they could use to buy the support that they need.

- k) They needed to look at market shaping as they could do better at that when it comes to things like home care when they were looking at choice, it was about knowing the name of the person coming to your house. It was about being able to get up when you wanted to not getting up when the carers turned up.
- l) In terms of how good they were with that at the moment, it was felt that they could improve things by having more flexible local services.

Mr Lobban gave an example of what was meant by social prescribing and advised that for social prescribing to work there had to be the combination of the GP and the voluntary sector.

The Chair then made the following points on behalf of residents: -

- What was being planned looked good, but they needed to ensure that they brought the staff along with them as they did not want a repeat of what happened with the CQC where they knew where they were going, but the staff were not going along with them.
- People were in the place where they lived and needed to know how to access the service. Going forward, they needed to know what was stated and things were made easier. They needed to ensure that they did not lose sight of the service.

The Chair thanked Professor Betts, Paul Jennings and Mark Labban for reporting to the meeting and it was

239

**RESOLVED:-**

The Health and Wellbeing board: -

- (i) Noted the development of a wider comprehensive Joint Strategy for Older People to be discussed at a future meeting of the Health and Wellbeing board;
- (ii) Provided any comments to help further shape the Integrated Health and Social Care Framework; and
- (iii) Supported the work to date being presented to the STP Board on the 9<sup>th</sup> April 2018.

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**COMMISSIONING CHANGES IN BIRMINGHAM**

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The following report was submitted:-

(See document No. 3)

Paul Jennings, CEO, NHS Birmingham Crosscity CCG introduced the item and took the Board through the PowerPoint slides.

Professor Nick Harding stated that they value the formation of the joint committee and that after the 2012 Act., there came a piece of legislation stating

that CCGs were allowed to work together in that way which empowers them to work under the MIU and for them to deliver what was right for the people of West Birmingham.

The Chair highlighted that Dr Gavin Ralston and Dr Andrew Coward had been members of the HWB for a number of years and had worked hard in helping to take the Board to this point. She expressed thanks to them for their hard work and wished them all the best for the future.

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### **CHANGE TO ORDER OF BUSINESS**

- 241 The Chair advised that she would take agenda item 11 ahead of the remaining reports.
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### **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

- 242 Dame Julie Moore, CEO, University Hospitals NHS Foundation Trust introduced the item and Lawrence Tallon, Director of Corporate Strategy and Planning, UHB gave a PowerPoint presentation.

(See document No. 4)

In response to questions, Dame Julie Moore and Mr Tallon made the following statements: -

- (i) The STP was taking an overview and ensuring that they tie things together, but the HWB had a bigger role in doing so.
- (ii) In terms of governance there was no overarching structure, but what the Chair had done by bringing us together and being on the STP Board was trying to finding a way round.
- (iii) Dame Moore, stated that in her opinion there should be a change in legislation to enable some of this happened, but that she did not believe that any of this would happen. They had to work around those structures to make it work properly. The relationships that they had now developed and built up enabled that.
- (iv) They had to move more into intervention and they had to look after people, and hospitals were not the best place for people but sometimes it was the only place so they need to develop alternatives. They had a number of discussions concerning this, but they were not there yet, but they had started and had agreed on the way to do that.
- (v) There was a combination of national and local action and it was undoubtedly the case to shift model of care to the less acute, but there was not enough resource in the system for them to take money out of hospitals. There had to be something about greater national investment to allow them to shift that model.
- (vi) In terms of the model of care this started in school. Reference was made to an event that was held at a school in Chelmsley Wood where

they lifted the aspiration of their community. They had people thinking of much higher aspiration the education attainment improving etc.

(vii) There was something about how they could shift this model of care, some of which would have to be new resources and some that they had to be brave enough and shift things around.

(viii) Technology in specialised health care had driven cost growth, so, generally the cost of health care rose about 2% above of GDP growth, but in the wider economy, technology was seen as the driver of productivity. The question was how they could bring these two together as the technology in health care increase cost, but it allows them to do things differently – example AI delivery and diagnostic scan instead of people and things like that.

The Chair thanked Dame Julie Moor and Lawrence Tallon for attending the meeting and presenting the information. She added that she will be inviting Dame Julie Moore to sit on the HWB as a co-opted member.

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### **CARE QUALITY COMMISSION REVIEW UPDATE**

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Professor Graeme Betts, Corporate Director for Adult Social Care and Health, BCC presented the following:-

1. The draft report following the Care Quality Commission (CQC) review was issued on the 16<sup>th</sup> March 2018. Once they had the draft report they were given 5 working days to check it for factual accuracy which they had done and had submitted their comments.
2. The next event as part of the review will be a summit when the CQC formally feedback on the report. The approach they were taking was to propose a draft action plan. The CQC report had 17 points identified which was a basis for the action plan. They will theme them so that they had clear themes to address to demonstrate how they would pick up these points.
3. They wanted to reflect the work that had been going on since January when the review took place as a lot of work had been done that was coming through the HWB. They also wanted to reflect the plans for the future, example, they would be highlighting the conference they would be holding for older people under the theme of *Aging Well* which will take place in May.
4. Another thing that they needed to do as the HWB was central to this, was how they would report to NHS England, who was charged to ensure that these action plans arising from the review was driven forward. They needed to agree how this would be done and would be requesting that the Chair address this issue.

The Chair echoed Professor Betts comment concerning *Growing Old Well in Birmingham* and stated that they had gotten disconnected somewhere and it did not reflected well. The vision for the city was – *a city to grow old in*. The vision the STP Board had was *to grow old well in the place that you live in* and they needed to ensure that they got this right as they were currently a young city. It



needed to be ensured that as our citizens were getting older they felt comfortable in the place they were growing old in.

The Chair expressed thanks to Professor Betts for all the hard work he had done during the CQC visit.

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**UPDATE OF TERMS OF REFERENCE AND MEMBERSHIP**

The following report was submitted:-

(See document No.5)

Dr Adrian Phillips, Director of Public Health, BCC presented the item and drew the Board's attention to the information contained in the report. He highlighted that they could co-opt more members to the Board as required.

The Chair noted Professor Harding's comment concerning Dr Ralston and Dr Coward and advised that she would write to them formally to thank them for their hard work to the HWB.

Dr Ralston expressed thanks to Professor Harding for his comments and stated that he had enjoyed working as vice-Chair and with the Chair. He further expressed his best wishes to the HWB for the future.

In response to questions and comments, Dr Phillips made the following statements: -

- a. Dr Phillips noted Mr Harris comment and stated that in relation to the Police and Fire, what they needed to discuss, perhaps in the next meeting or in between meetings how they co-opt other significant parties and what they bring to the HWB.
- b. The point raised concerning the DWP would be a challenge, but he would ensure that the representative who attended had the necessary authority and responsibility to bring about change.
- c. Dr Phillips noted Mr Raybould's comment and advised that previously they had a Secondary Care provider representation, but one of the issues were changes with the STP to get a more rounded view with the health and care system.
- d. They could co-opt people as they felt necessary. It was a public meeting and any CEO or other representatives could attend as the Chair had indicated a relaxed approach to bring other non-members into the discussion. In relation to the DWP point, deputies will need to be notified and they had to have delegated responsibility to do something.

The Chair stated that she was relaxed about getting people co-opted to the Board and that it was her aim to make the Board a strong one by the end of this year. She added that they needed to change how people were co-opted and suggested that the Board could co-opt someone from the university with a wide knowledge around health and social care. She emphasised that the HWB was the only Statutory Accountable Body in the system and that they needed to start *pulling their weight*.

The Chair thanked Dr Phillips for reporting to the meeting. It was

**RESOLVED:-**

That the Board agreed changes to its composition.

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The Chair expressed thanks to Dr Gavin Ralston for his hard work to the Board and added that he had helped her to grow in her role whilst he was the vice-Chair. She added that he will be missed and she wished him all the best in his future endeavours.

The Chair expressed thanks to Councillor Lyn Collin for her hard work and support to the Board and commented that she was a *lioness*. She added that Councillor Collin had challenged, fought for the cause and had been there fighting for the residents, but ensured that the Chair understood what the issues were and that she would be missed from the Board.

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The Chair thanked everyone for attending and highlighted that the next meeting was scheduled for Tuesday 24 April 2018.

The meeting ended at 1655 hours.

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CHAIRPERSON