BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 30 JULY 2019

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 30 JULY 2019 AT 1400 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM B1 1BB

PRESENT: -

Dr Justin Varney, Director of Public Health, Birmingham City Council
Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Dr Ian Sykes, Sandwell and West Birmingham CCG

ALSO PRESENT:-

Elizabeth Griffiths, Acting Assistant Director of Public Health
Rebecca Hadley, SIFA FIRESIDE
Kalvinder Kholi, Head of Service – Commissioning, Adult Social Care and Health
Dr Dennis Wilkes, Assistant Director of Public Health
Errol Wilson, Committee Services

In the absence of the Chair, Councillor Paulette Hamilton and the Deputy Chair, Dr Peter Ingham, Paul Jennings nominated Dr Justin Varney to chair the meeting. This was seconded by Councillor Kate Booth.

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DR JUSTIN VARNEY IN THE CHAIR

NOTICE OF RECORDING/WEBCAST

389 The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may

record and take photographs except where there are confidential or exempt items.

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

The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 25 June 2019 was submitted:-

(See document No. 1)

390 **RESOLVED:-**

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

DECLARATIONS OF INTERESTS

391 Dr Ian Sykes declared his non-pecuniary interest as a practicing General Practitioner (GP) in Sandwell and as a paid employee of Sandwell and West Birmingham Clinical Commissioning Group (CCG) medical Services.

APOLOGIES

392 Apologies for absence were submitted on behalf of Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Chair of Birmingham Health and Wellbeing Board
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Chief Superintendent John Denley, West Midlands Police
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE (but Rebecca Hadley as substitute)
Dr Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Sarah Sinclair, Interim Assistant Director, Children and Young People Directorate
Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions

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DATES OF MEETINGS

393 **RESOLVED: -**

That the Birmingham Health and Wellbeing Board noted the dates of the meetings of the Board for 2019/2020 as follows:-

2019	2020
30 July	21 January
24 September	17 March
26 November	

All meetings will be held on Tuesdays commencing at 1500 hours (unless otherwise stated) in Committee Rooms 3&4, Council House, Victoria Square, Birmingham B1 1BB.

MINUTES AND MATTERS ARISING - PUBLIC

Minute No. 376 (page 13 of 280) - The Chair advised that in relation to the deep dives, the Delphi was in process.

Minute No. 378 *ACTION: The Chair commented that it was important to get a quarterly report back to the Board on everything and specifically around immunisation. This could be done on a quarterly or bi-monthly basis.* The Chair suggested that this be taken up in one of the sub-groups that were being proposed (later on the main agenda) to the Health and Wellbeing Board reporting mechanism.

394 **RESOLVED: -**

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

NOTES OF INFORMAL MEETING ON THE 18 JUNE 2019

395 Dr Justin Varney, Director of Public Health, Birmingham City Council introduced the item and advised that there was a decision to be ratified from the Notes of the informal meeting that was held on the 18 June 2019 by the Board in relation to – *The Board agreed to adopt the recommended indicators for its Health Inequalities dashboard.*

He added that there was a further paper on mapping which Elizabeth Griffiths, Acting Assistant Director of Public Health will present.

The Chair drew the attention of the Board to page 2 of the Notes and advised that there were actions in relation to Active Travel.

ACTION: *A mapping of Active Travel was to come back to the Board, but this would be picked up around the proposed new structures of the Board for Board members to encourage the use of the developer's toolkit.*

This will be circulated to members with some guidance on how this could be used effectively.

OUTSTANDING ACTION: Similarly, *Board members to look at opportunities for employment for people with learning difficulties and mental health within their organisations.* This was an on-going interest for the Board to realise.

There were a series of actions in relation to Changing Places:
ACTIONS:-

- *Maria Gavin to see whether changing places can be a specific requirement for Commonwealth Games new-builds.* An update on this was required from Professor Graeme Betts, Director for Adult Social Care and Health Directorate.

- *Board Chair to write to West Midlands Combined Authority (WMCA) around transport infrastructure hubs: where there is a full station refurbishment changing places to be included*
- *Board Chair to write to the Neighbourhoods Directorate to support the implementation of changing places in parks*

The Chair stated that in relation to the following ACTIONS, they needed to think outside the meeting how they could help enable better connection with Elected Members:

- *Birmingham and Solihull Sustainability and Transformation Partnership (STP) to work with local Elected Members around awareness raising of ICS and PCNs – what they mean and the implications.*

- *The Board raised concern that changes to West Birmingham area could cause de-stabilisation for the system and the citizen experience Commissioners and providers agreed to meet outside of the meeting and report back to the Board on how we get to an integrated system – particular reference to equity of provision for West Birmingham*

The Chair commented that colleagues were fully aware of the Board's views and feelings and concerns around West Birmingham. He was pleased that they had West Birmingham and Sandwell CCG present at the meeting. Since the decision was made there had been much stronger engagement.

Birmingham Health and Wellbeing Board: May 2019 Development Session Feedback

The following report was submitted:-

(See document No. 1)

Elizabeth Griffiths, Acting Assistant Director of Public Health introduced the item and made the following statements: -

- At the previous meeting, they had talked through the actions of the Health and Wellbeing Board Development Session.
- She was tasked with developing a health inequalities matrix they could use to look at their indicators to monitor health inequalities throughout the work programme.

- At the informal meeting the Board agreed the suggested indicators within the enclosed report (Report 7a) within the packs.
- This incorporates a number of different indicators at different geographical levels some of those were looking at inequalities comparing Birmingham to other areas in the country.
- Others were looking at inequalities within Birmingham whether that was between Wards or GP practice areas - others were looking at specific defined populations, example those who were eligible for free school meals status or those with learning disabilities.
- Within the matrix was a range of indicators that crossed physical health, mental health and wellbeing.
- By taking this approach they were able to monitor a wide range of health inequalities developments.
- The Sub-Groups to the Health and Wellbeing Board will each be taking some of these indicators to lead on and discuss.
- At the next formal meeting of the Board in September 2019, a paper will be submitted to the Board to explain what *good looked like* for each of these indicators and the direction of travel that they would like to see on each of them.
- They will explain the rationale behind each of those and what the limitations were for each of these.
- It was informally agreed by the Board to adopt these indicators, but she would like to receive a formal approval that could be minuted.

Dr Varney stated that he was happy to nominate them if he could have them seconded. Councillor Booth seconded the nomination.

396 **RESOLVED: -**

The Board adopted the health inequality measures outlined in the Table 2 of the report for its health inequalities dashboard.

ACTION LOG

397 The following Action Log was submitted:-

(See document No. 2)

Dr Justin Varney, Director of Public Health advised that most of the issues in the action log were covered. He added that he would get the secretariat to get a written update on the action log before it comes to the Board which would help to identify where there were gaps.

CHAIR'S UPDATE

398 There was no Chair's update for this meeting.

PUBLIC QUESTIONS

399 None submitted.

DEVELOPMENT OF HEALTH AND WELLBEING BOARD SUB-COMMITTEE STRUCTURE

The following report was submitted:-

(See document No. 3)

Dr Justin Varney, Director of Public Health, Birmingham City Council presented the item and advised that the paper sets out for the Board the proposal to develop a formal sub-committee structure to the Board to give us five forums one of which was already in place, the four new forums to drive forward actions and to engage the wider partnership in the delivery of the Board's agenda and objectives. These were based on the priorities the Board had chosen, but also on the feedback that they had through the Green Paper consultation on Public Health priorities for the City and particularly through that consultation, recognition that they needed to be clear in their articulation of their commitment to create a mentally healthy city.

Dr Varney drew the attention of the Board to paragraphs 4.6 and 4.7 of the report and advised that the existing Sub-Committee that they had was the Health Protection Forum. He added that in April they had a presentation led by Chris Baggott on the Health Protection Forum and what was achieved last year. They were proposing to expand to a further four Sub-Committees called Forums, the four new structures being:-

- *Creating a Mentally Healthy City Forum* – this would sit alongside the Working Partnership with the Mental Health Partnership Committee and the structures that were already accelerating with the National Health Service (NHS) on mental health treatment and care. This was focussing more on a mental health approach through mental wellness and wellbeing.

- *Creating a Healthy Food City Forum* – this came specifically out of the Development Workshop with Board members around addressing the food environment and the recognition that we set up citizens to fail if they focus purely on providing weight management and did not deal with the food environment that meets them every day on their doorstep.

- *Creating an Active City Forum* – This was focussing on creating a city in which it was easy to be active every day and that becomes the social norms.

- *Creating a City Without Inequality Forum* – This was perhaps the most difficult as it was about creating a city without inequalities. This gives us the space to drive forward the indicators that had been identified through the Development Day and bring on board specific partners that helps move forward in that space.

The aim was that the Forums would also increase the common actions between the Health and Wellbeing Board (HWB) and the statutory committees and partnerships across the city. They had identified working with the Executive Management in the Council and Cabinet Members to co-chair each of these forums. The current thinking on the other co-chairs seat will be an independent

member that will be chosen to help move forward the agenda and that the membership of the forums would reflect to some extent the membership of the Board but be supplemented and enhanced by the broader membership to move us forward at a pace.

Peter Richmond, Chief Executive, Birmingham Social Housing Partnership stated that from a housing association perspective they could probably contribute a lot. He added that the Birmingham Social Housing Partnership could attend which would be helpful for them and hopefully a contribution as well.

Andy Cave, Chief Executive, Healthwatch Birmingham stated that regarding membership they were not on the core membership list, but just confirmation that they wanted Healthwatch Birmingham involved. He added that as the Board could appreciate, they were a small organisation for meetings, whether they could work something out around how it could feed in best.

Dr Varney noted Mr Cave's comment and stated that this was an important point, but that what they held so far was some workshops to start to scope what the forums might do. The forums had not yet met as they did not yet have approval form the Board. The point was a good one as they had not stated that every organisation must go to every forum as they recognised that there were capacity pressures. This was why the forums would come back and report to the HWB on a regular basis. He suggested that organisations reflect on which of the forums they most feels they engage with in terms of their agendas and where they feel most that they would like to contribute; also, which of their partners could take their space.

Dr Varney stated that they were working with Mr Raybould on how the voluntary sector in its broader sense could be engaged across the forums so that they could bring new partners which could also help to strengthen the engagement of the Board. In terms of Healthwatch Birmingham, they needed to reflect on where they would most likely to be. They were already thinking about how they could create a public space for the forum papers, minutes to be available, in the broad sense, outside of the statutory format of Committee Management Information System (CMIS) that they use for the statutory Board of the Council. They were starting to pilot these with some linked in groups based on the workshops. This reflects that for many of these areas, there were hundreds of people in the city who wanted to get involved, but they could not have them all around the table at once.

They had started to work through what does meaningful engagement looked like for these forums, how they could engage a broad partnership, but work with a slightly smaller partnership to focus on delivery, while keeping on board the partnership engaged. He would welcome the input of the Board as they started to evolve as it was not straightforward.

Mr Raybould commented that they would be looking at other representatives as opposed to Birmingham Voluntary Services representatives. He added that they could look at what they needed to do from a Healthwatch Birmingham view point and tasked them with that as well. Mr Raybould enquired whether there was an expiry date on the forums and how they would respond to an evolving agenda.

Dr Varney advised that the initial thinking at the moment was that the forums would run initially for two years and the Board could review that on an annual basis. This would allow them to reflect on whether the forums were meeting 'what it states on the tin' and whether they were delivering the change numbers that they wanted. It also allows them in the first year to test the model. Once they got the forums up to ten that would probably be unwieldy. Having experienced this kind of environment before, it was hard to step-down things. At this stage they were suggesting that the forums had a two year life span and for the Board to continue to review that in the first year.

400 **RESOLVED: -**

The Board

a) Approved the development of the five Health and Wellbeing Board Forums to support the delivery of the Health and Wellbeing Board's objectives;
b) Agreed to schedule Health and Wellbeing Board meetings on alternate months (5 per year) with the Forums meeting in the interim months;
c) Volunteered Board member organisations to support the secretariat of specific Forums; and
d) Provided comments by email by the 10th August on the Terms of Reference (TOR) and Membership for each Forum.

MAKING EVERY ADULT MATTER

The following report was submitted:-

(See document No. 4)

Dr Justin Varney, Director of Public Health introduced the item and advised that the paper gives a bit of context to the approach to making every adult matter. This was a language which was quite common over the last couple of years in different parts of the country, but was not quite as common in Birmingham as elsewhere. It was about considering individuals and particularly adults who live with multiple and complex needs. The simplistic way of describing this was around talking about adults who may have a history of offending, substance misuse, mental health issues, learning difficulties or may also be homelessness or may be a combination of two or more of those things.

The reality of the system was that they often view people through a single lens and they view them through the label of the service through which of the door they walk through. The main approach was about challenging us to think a bit more matrix way and more holistically around the individual, particularly considering how they encourage services to work together around these adults.

The paper provides a bit of background in relation to this and around the framework of Making Every Adult Matter (MEAM). MEAM would be the focus of the annual Public Health report this year, to try and draw together some of the system data that they have to paint a clearer picture of adults facing multiple and complex needs in the city and helps them reflect as a city on how they could better support them.

In the context of the recommendations of the paper and to frame the Board's thinking of the subsequent presentation, the Board was requested to encourage the MEAM approach and to consider this actively in the way that they dealt with each other, particularly in the context of how they were joining up information and partnering around these individuals. It was easy for some of these individuals to fall through the gaps between different partners and how they create a sustainable culture and a city that was truly supporting adults who were most challenged in life.

Mr Raybould commented that this extensive data within BVSC both around how Birmingham functions and its comparator with other areas delivering MEAM approach he was happy to share that with the Board

401 **RESOLVED: -**

The Health and Wellbeing Board encourages the MEAM approach and: -

1) Considers Multiple Complex Needs (MCN) in partner work programme to develop a shared understanding and ownership of the problems with the current system and a clear vision and action for change;
2) Influences partner organisations and support the efforts to join up data and intelligence around those who have multiple complex needs;
3) Promotes a better coordination of services for those with multiple complex needs and influence partner organisations to ensure their commitment;
4) Supports a sustainable system and culture change that will enable a better coordination of services for those with multiple complex needs and create more opportunities for early intervention; and
5) Agrees that this is an area for focus for the emerging Board's Forum focused on Health Inequalities.

MEETING THE NEEDS OF PEOPLE WITH COMPLEX AND SEVERE MENTAL ILL HEALTH IN BIRMINGHAM TO REDUCE HEALTH INEQUALITIES

402 The following report was submitted:-

(See document No. 5)

Dr Justin Varney advised that this item was for information as unfortunately Tom Howell, Head of Joint Commissioning for Mental Health and Personalisation was unable to join us. He added that if there were questions concerning the report, these could be sent through by email.

DRUG AND ALCOHOL – CHANGE GROW AND LIVE: PEER MENTOR

403 The following report was submitted:-

(See document No. 6)

In the absence of the presenter, Dr Varney advised that the report sets out the work that was going on with drug and alcohol service. He stated that the

important thing for colleagues to be aware of was that they had done quite a lot of benchmarking of this service to ensure that they were getting value for money and but also that our service providers were achieving the outcomes and the ambitions that they wanted to achieve specifically in the context of MEAM. The pack includes the presentation on the prison release project and the work that Change Grow Live (CGL) were doing, actively working with our justice system.

Dr Varney highlighted that CGL was part of a national pilot on individual placement support that was a project which work with service users in treatment and brought them into employment while they were in treatment. It was one of a series of national pilot and he would encourage all members of the Board into looking at our own employment opportunities for mental health, and to think what opportunities we could offer to individuals in treatment for drugs and alcohol.

It was known from the evidence base that if they could support individuals whilst they were in treatment into employment, their treatment outcomes and their opportunity and ability to achieve a stable and productive life at the end of their treatment was much higher. Yet, it was known that this was a challenging group to get into employment.

Most of us had a series of beliefs and myths about this service user group which blocks us from even opening the door to a conversation. Dr Varney stated that he hoped to write to members of the Board within the next couple for weeks with some further information from CGL and Public Health England, the response from the pilot on what employers got in terms of support offering placements and the types of roles they were looking for in terms of supporting these individuals into work. There was a definite call to action in relation to that paper.

Mr Raybould commented that he was aware that the presenters were not in attendance at the meeting, but that the information presented in the report around the people in hostel accommodation looked horrific. He added that it would be a shame for the Board to lose focus on that and it would be good to get the presenters to attend a future meeting concerning the item.

Dr Varney stated that when they move into the discussion on homelessness, that particular aspect considering the many of these individuals facing this challenges were in temporary accommodation were in hostels and that it was easy to forget how hard that lived experience was. He commended the report authors on the report for bringing that first person narrative to the Board that they often lose sight of.

BIRMINGHAM OLDER PEOPLE PROGRAMME: UPDATE ON THE AGING WELL PROGRAMME

404 The following report was submitted:-

(See document No. 7)

Dr Varney advised that one of the reasons for including this was recognising that MEAM and adults facing complex challenges did not stop at retirement and it was too often that we think about this as a challenge facing younger/working age adults. Through the work they were starting to do in partnership with colleagues in the room, thinking around early intervention and how early intervention in the context of this could work for older adults. He added that the item was for information.

HOMELESSNESS IN BIRMINGHAM SESSION

Dr Varney advised that unfortunately Councillor Sharon Thompson, Cabinet member for Homes and Neighbourhoods was unable to attend the meeting as she was detained outside of Birmingham. He asked that Kalvinder Kohli leads the discussion.

Kalvinder Kohli, Head of Service – Commissioning, Adult Social Care and Health presented an interactive session which includes the screening of a short film. She stated that it was important to recognise that depending upon how you interact on the issue of homelessness. Agencies see homelessness through different lenses which meant that a systemic approach was essential. But, there were a number of things that brings them together and health was one of those issues.

Short Film

Following the short film on homelessness, Ms Kohli stated that there were a number of points to note – the point from Councillor Thompson in terms of this being a moral and systems emergency. One of the other points was how they focused on the citizen and look at things from the view point of the citizen to ensure that they provide that clarity of navigation through their system which may make sense to us as professionals, but not to the people who were experiencing the services.

Members of the Board then made the following comments in relation to the short film on homelessness:-

Mr Raybould stated that a lot of time the rise in homelessness was attributed to austerity, which he did not doubt, but he sometimes felt that functions and explanations – the specifics of what existed before that did not exist now was not clear. He added that he did not see a coherent narrative anywhere where this had generated a number of homeless people or that had generated a number of homeless people. He queried whether this information was clear and whether it was available.

Ms Kohli stated that if Councillor Thompson was at the meeting, she would give a reasoned argument in terms of providing that information. She added that it was fair to say as was stated in the film that the country had lacked a sustainable housing programme for the best part of 15 years. Good quality affordable housing was key to solutions around homelessness.

Sitting alongside that, was good responses in terms of people's vulnerability, where we coupled that with reduction in services across the board, be that in

terms of health provision, be that in terms of prevention services etc., the people with the greater amount of vulnerabilities start to come through to the fore.

They knew in terms of when they did develop the homeless prevention strategy there were certain growth of population that was at greater risk. This includes people leaving institutional settings so it could be young people leaving care, people coming out of prisons, hospitals, social peer settings to people on a low income, households where there was domestic abuse. There were lots of data and research that sat behind that all the way through to adverse childhood experiences. There were a number of attributes to all factors depending upon which cohorts of the population they were looking at. Similarly there were common themes across the piece.

Rebecca Hadley, Sifa Fireside stated that there were homeless link produces the monitoring report which geographically covers the whole country, but statistically it was hard to gather data around homelessness, particularly when people were not reporting it as they did not necessarily recognise it themselves etc. That gives a good breakdown of the impact of austerity, the changes in tenancy agreement the impact on universal credit, cuts in education, housing issues around prevention etc. All of these things have been hugely impacted across the whole public sector services.

Ms Kohli drew the attention of the Board to the Homeless Prevention Strategy 2017+ document. The document was a partner strategy and was not just developed by Birmingham City Council, whilst they do have a statutory duty, to undertake a needs analysis and provide a prevention strategy to respond to that, the approach set out in this strategy was one of a partnership. The document sets out a positive pathway approach which covers three areas:- How do they prevent people from becoming homeless in the first place; how do they respond quickly when they do and how do they support recovery in order to avoid repeat homelessness.

This was the challenge and ambition they set themselves as a range of partner agencies. Over the last year a lot of work was done about how they start to embed some of the infrastructure around this, example BVSC had supported the piece of work around excellence through the pathway. This was a document which sets out under the five areas of the pathway, what excellence would look like under information and guidance all the way through to crisis and recovery. It was meant to be a document that any agency could pick up and consider how they apply this in their organisation. There has been a commissioning activity which was currently underway and one of the key issues was commitment to collaborate.

This was about agencies in all organisations stepping forward and acting in a way which prevents homelessness at every juncture. Whether you were an advice agency that people went to when they had been made homeless (housing options), the issue was what the space there was and what that advice looked like all the way through to recovery. There had been work led by the housing associations in terms of how do they avoid evictions we support people even at that point of crisis. As housing providers whether they should be evicting people into homelessness. What the collaboration was that needed to be put in place.

In terms of year 2, their ambitions were greater than that. What they wanted to do was to asked agencies to step into that leadership/cultural change space and step into that space around changing attitudes, also looking at changing attitudes from the view point of domestic abuse which was the second highest reason for homelessness. The question was how they provide leadership in their organisations to say that this was wrong. They had a comprehensive approach in terms of how they support victims that do experience domestic abuse. What the public message was that they were putting out to people. They had done this before in terms of safeguarding, drink-driving, putting your seat-belt on. The question was why this was not another public messaging that they could proactively got behind.

There were key cohorts of populations that were at greater risk and one of the things that they wanted to do was to have delivery plans against each of those cohorts. They were currently talking to the Children's Trust about young people leaving care as it was known that there were a high percentage of young people with a care background that came into the homelessness system. They were developing specific plans around rough sleeping, people coming out of prison and exempt accommodation. One of the key areas around planning was homelessness and health and Councillors Thompson and Hamilton had led some pieces of work roundtable about homelessness and health.

Ms Kohli further drew the attention of the Board to the information in the pack in relation to the series of reports, commitments and delivery plans in terms of what was happening currently. They asked of their health partners at the time what they were doing now, what was in train and what they were planning to do; how did it sat along the homelessness positive pathway. It was fair to say that they had a lot of ambitious, helpful information that needed to be taken in terms of the next stage of the journey. This was the start of the journey and what they had was the backdrop commitment around homelessness and health.

Over the last 12 months it was fantastic to see Central Government messaging around homelessness and health – a commitment at a national and local level and also at a regional level in terms of the regional task force. Work was currently being done through the Association of Directors for Adult Social Services (ADASS), safeguarding boards and other initiatives. They wanted to open up a discussion today about how they invite health organisations to help them to step into that leadership space, which was about system change which operates in a way which prevents homelessness at every juncture, provide effective crisis support and recovery that gave good outcomes to citizens; how they collectively work together to pull that system together.

Although these conversations were taking place elsewhere, through various forums, groups meeting etc., what they wanted to do were to use the platform of the Birmingham Health and Wellbeing Board and the leadership that sat around the table to help them to drive some of those commitments forward.

Dr Varney commented that there was a huge amount of information in the pack much of which had demonstrated what was happening across the city. He drew the attention of the Board to the paper on *Homelessness and health: data*

and evidence that Duncan Vernon, Acting Assistant Director of Public Health had submitted on page 211 of 280 of the document.

Dr Varney drew particular attention to the information in the table on page 221 of 280 which relates to the *Deaths of homeless people in Birmingham* and across the country. He highlighted that the table sets out the five local authorities that had the most death of homeless people between 2013 and 2017. Sadly, Birmingham had either being first or second in the entirety of that time. Other authorities have been in the first or second slot and they needed to move down the table or move out of the top five completely, but they did not seem to make the same journey, despite not dissimilar numbers of deaths.

Dr Varney stated that it was important to highlight that as they think about their deliberation as ultimately, this was a group of individuals they were not necessarily doing the best by and this was probably the bluntest example of how they were failing the system in terms of prevention from leading to pre-mature death. He added that it was not all bad news as a significant amount of work and it was quite heartening reading through the packs in terms of the amount of work that was being done across the system through various colleagues.

Discussion

An extensive discussion ensued and the following were amongst the principal points made: -

Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust stated that some of the key challenges were around the integration and use of the language MEAM. Some of those complex and vulnerable people that they work with where mental health was involved, drug and alcohol, homelessness were usually integrated. Some of their work that they wanted to aspire to and do more of was with the key services. The three areas that they knew had led to the complexity and whilst the services worked in partnership well together, to do, that there was complexity across pathways of health services work. This was not because the services did not want to do it, but the sheer demand the services faced, so it was how they did it, how they planned to do it and what that could look like. This was a key challenge for them in terms of services.

In one of the report they will see that two-thirds of people who were homeless will have mental health condition. It was about what those relationships were with primary, secondary and tertiary services within mental health, naturally the relationship and the pathways between services and the integration with the linked up working that they have across those services.

They were supportive of the strategy that Birmingham had put together as they were part of the homeless group and Housing First thinking around what that meant. Some of the areas around getting people into housing were great and the areas they could get even better at were what that meant in terms of supporting people. They knew the support from Housing First was not predominately the support, but about the house. The support part was about how they work with services around the support that they give to homeless people when they were resettled in their own homes. There was a big part for

them around those that they discharge where they knew that there was no home for them to go to and therefore how they coordinate that response and the resources that was there to enable that to happen.

They work directly with housing providers now themselves as their teams had to do that and nurses had to do that.

Some of the traditional services may be there to connect health to the local authority to look at the pathway into housing might not be there as much as it used to be. They were keen to look at working with the local authority around discharging people from services. It was a home that they needed, how do they connect with colleagues in the local authority to do that rather than going off independently trying to support people. They were seeing an influx of people with no recourse to public funds that were homeless.

There were a number of challenges that they saw in their services on a day to day basis. Whilst they deliver the services that they deliver and had a commitment to do those in context with the strategy put in place and will continue to do that with the multiple challenges around that. If they could unpick just one of those around the MEAM part of working together and making some commitments, they might be able to make some success going forward.

Dr Ian Sykes, Sandwell and West Birmingham CCG stated that they were committed to helping all the homeless people they could. They were the CCG that host the medical centre and were investing in that and trying to help. There were problems with the Care Quality Commissioner (CQC) inspection, but they were trying to help them through that to ensure that the service worked and ultimately delivered good quality care. This was challenging for them as they think there were areas where the CQC inspection did not take up the challenges that they had. They hoped they had been supportive in that one area.

Sandwell and West Birmingham CCG hosted many of the accommodation for asylum seekers and immigrants etc., an issue he was careful not to speak out of term, but the money that they were given by Central Government was hopelessly inadequate. Sandwell and West Birmingham CCG had been funding that out of their own reserves as they felt that they had to do the right thing. To suddenly abandon these people would be the wrong thing.

Sandwell and West Birmingham CCG had invested in that as they were a vulnerable cohort. They were in the process of going out to contract for their high intensity users service, which, whilst it did not directly dealt with homelessness, they knew that many people who called the ambulances or go to Accident and Emergency (A&E), were often homeless and a particularly vulnerable group as they had nowhere else to turn and this was a service they could contact. This meant that they may have a mobile phone and the hope was that this part of the contract meant that they could go out and see people who were homeless and rather than them calling an ambulance or attending A&E, they could address their problems as going to A&E may not sort out the problem. There were three areas which showed the commitment Sandwell and West Birmingham CCG had.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that as a CCG their role was to work in partnership with others to support organisations to try and bring people together to improve the way they work as a system. One of their key initiatives over the next few months was in the primary care system around trying to ensure that everybody had representation through being registered with the general practitioner. It was absolutely at the heart of getting the GPs at the gateway process. One of the things they were putting a lot of energy in over the next few months was to ensure that, particularly the voluntary agencies were working with individuals in this situation understand the right of those individuals. They would be interested to hear of any examples where people felt that this was not happening. They needed to ensure that that basic right was adhered to.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust stated that like others they were ready to do what they needed to do on this agenda. There were some particular touch points for the services they provided to adults with a learning disability, the early years' support services they provided to children and the part they played in children leaving care all felt really important to this agenda. They were about to do some work in the early years' service on a more specialist approach to children and families living in hostel accommodations. It felt to them that this was a bigger issue than their service had recognised to date. There was keenest from the health visiting team to tackle that differently.

The community dental service had picked up more work with homeless people than they perhaps might think on the face of it. They were doing their bit in the system and probably something they could do with giving more profile to it in terms of their own work and would give some thoughts to how they do that, but this was how they currently fit into the jig-saw.

Dr Varney commented that one of his first roles in Public Health was as a Public Health Advisor, to the Crisis Open Christmas Project. He added that he had a significant background in working with the homeless sector and had spent many hours arguing about the reality of safe discharge responsibility with NHS providers in London on Christmas Eve, so he was aware of the experience that Ms Bailey had described earlier.

The asked from him to partners was that the conversations start with admission. Too often they think about safe discharge the day before discharge and how they could work as a system to identify the individuals the moment they *pitched up* at the front door to start planning from day one. From the partners' perspective and council colleagues, the more time they had to help find a solution, the better the solution will be. The half hour before some is due to take home their medication was not the time frame. He was aware that there was significant progress in the discharge world around that as it was a key area around early identification.

The second point that came out was that they still talked around homeless people in the context of specialist services and how they were providing targeted support. He was encouraging them in their discussion to think about how was it that all of their services worked for homeless people so that they require less specialist services. As Mr Jennings alluded to every GP services in the city should be accessible to a homeless person. Dr Varney stated that

his team was working with Ms Kohli at the moment on some resources to promote that. He requested that both CCGs worked with them in getting the wording right and help to support getting that out to re-enforce it. There was certain anecdote coming back where unfortunately this was not the case for some of our citizens experiencing it. As they have these discussions think about the context of this in the universal rather than always pivoting it to the specialist.

The third point was a special request to the Board, was that Ms Kohli highlighted to the Board domestic violence as a key indicator. He would take as a key action to work with colleagues so that across Birmingham they recognised the 16 days of global action on gender base violence this year, particular in the context of their role as employers and what they could do as employers in the work place, to address the issue of domestic violence as the start of that conversation. He added that this was a tangible step that they could take and if they took it together as a Board they were more powerful than anyone of them. He invited other colleagues on the Board to reflect on the discussion that they had and if they wanted to ask questions of Ms Kohli or colleagues so that they could continue to look forward in this space.

Peter Richmond, Chief Executive, Birmingham Social Housing Partnership stated that the Partnership was actively involved with housing in Birmingham and a lot of the work they see here. He added that he would not make any additional comments on that, but the excellence and very thoughtful work that had gone on in terms of the strategy that been presented today. He stated that two additional points he would like to make were – supply – the complexities of homelessness and what they saw in the video was some of the true horrors of that comes down to a point where there was not enough suitable and affordable accommodation in the city.

Mr Richmond stated that he started some 30 odd years ago as a junior clerk in the City Housing Department and it had about 120,000 social homes across the city. It now has approximately 62,000/63,000 just half the number of social housing accommodation now exist in the city than it did in the past. There were attempts to increase that and the figure of 89,000 new homes that was needed in Birmingham. The difficulty was that so often in the provision of that additional housing the financial position, land values and all the complexities that goes with housing development were often squeezed out with truly affordable social housing that was needed in the city such as Birmingham. The other forms of housing were still needed by a variety of people.

It was important that until they were able to increase supply of good quality, affordable social housing in the city by a significant volume, they would still only be treating the symptoms thinking of the difficulties they had here. He used the analogy of an airport in crisis in adverse weather where the airport was seen dealing with two things – how they get the flights working again and whilst the flights were not flying how they dealt with the volume of people that was stuck within the airport and the vulnerabilities that were seen there. He felt they were working on a lot here i.e. how they got rid of the people stuck in the airport. What they did not focus on in terms of housing supply, was how they got the flights going again, how they got the housing that they need in the city going.

Until they were able to do that, they were always going to be dealing with the crisis. The two things specifically for them were public service agencies around the table – clearly people had given a clear commitment to services for homeless people. The time they did not see this as often was when it was a commercial or capital deals when they were looking at land disposal etc. too often that was moved to wanting to get a commercial full return on that which sadly squeezed out the opportunity to provide social housing within the city and others. He understood that it was difficult and the need to get a commercial return on capital on the disposal of property, but if you tot-up what was saved, they were probably looking at a sub-market deal with that land, then they might find that they solve all the cost with a proportionate cost. Some issues around this would be helpful.

It was not just about dwellings, but set aside the 120,000 homes the city had, not all of them were the best – there was Lee bank and Castle Vale. They were areas where the dwellings were there, but they were such deprived and difficult areas that they needed to be demolished and they needed re-provisioned. The need for sustainable communities to ensure that when people were rehoused in affordable accommodation, that rehousing happened once so they do not go through a different recycling and then they are through the door time and time again, because they had a home in a neighbourhood that did not work.

Mr Cave highlighted that from speaking with homeless individuals, through various organisations the one thing that they tell them was access to GPs was an issue. He stated that he was pleased that there were things in place for them to do that. He was pleased that they would be educating GPs more and practice staff. He questioned whether there was something they could do to provide individuals of the public with a reminder of what their rights were so they could be empowered when they go through to the GPs. The reason was that a card was developed in London with Healthwatch and this was an easy thing that they could do in the area.

Dr Varney commented that in relation to the healthy London Partnership concerning the card, what was evolving was a slight adaptation, but more importantly to connect health care professionals with where they could signpost the services to. The important thing was not just expecting our GP colleagues to suddenly become experts on how to support someone who was at risk of homelessness. They had to be able to support them and where to signpost to as well. Mr Jennings commented that they already had cards that they were distributing.

Dr Varney commented that in relation to Mr Richmond's statement, there were some useful points that they could take forward with the inclusive growth part of the Council around that. Birmingham City Council was still the largest social landlord in the country and had fought hard to retaining more social housing than many authorities. The other bit they have not touched on was the role of poverty, but this came up in other languages. Our employers were using the living wage commitment, how they could use that as a public sector partnership across the system to try and address some of the challenges so that none of our staff found themselves in the position of also thinking beyond that into the contracted services world which was often where the living wage conversation

got stuck. To think about how they were not creating the environment to put people at financial risk and make that an unaffordable option.

Dr Sykes stated that in Sandwell and West Birmingham CCG they had the *Be a Super Hero* campaign which focused on domestic and sexual abuse and violence which was a big problem. This helped to try and address the problem and if they could address the people who were a victim of or were at risk of becoming a victim of both sexual abuse and becoming sex workers then that might help people becoming homeless in the first place. The Adult and Child Safeguarding Team won a national award on the excellent service.

At the Sandwell Health and Wellbeing Board one of the Councillors stated that if they could introduce a minimum pricing for alcohol in Sandwell they would do that, because if they could tackle alcohol then they knew that alcohol problem and the easy access to cheap alcohol. They were aware of several years ago where a shop in Sandwell was selling out of date alcohol for a few pence. Sadly that was … to a vulnerable group when they could buy alcohol very cheaply. If they could tackle that, the alcohol outlets and the miss-selling of alcohol, then that would help to stop people getting into a spiral which then leads on to homelessness if there was another thing within their own CCG area that they could tackle to stop people becoming homeless in the first place.

Ms Kohli stated that it was fair to say that this was a challenging area and it will take some considerable effort to make the inroads that they wanted. It was pleasing to hear that the diversity of offers being made. The challenge for them was to bring it together so that it makes sense for the citizens and bring it together in time and in pace so that it had the impact that they wanted it to have. There were some key points made in terms of Housing First. Housing First was a good example of an opportunity given to key agencies to bend and flex what they used to make it work for the citizens.

Ms Kohli stated that she could not help but wondered as the successes of Housing First as a pilot was starting to be shown now. She further stated that she could not help but wondered if they could do it as a pilot for 615 people in the region. The question was how they move this on a scale in terms of some of those practices they could put in place. She was pleased to hear about recovery and hearing colleagues talked about they did not want people to come back round. The question was how they worked differently to make that happen, whether this was about ensuring that they engaged the key partners to work with them or they put in place the different practices. This was the challenge for everyone and she welcomed the aspiration around rehousing people once.

The impact on homelessness was significant as there were 20,000 households at risk in the city, huge numbers of families in temporary accommodation. The impact on family cohesion, childhood development and family health was significant. If they did not intervene in a recovery based way they could see that cycle come back round. The link was on YouTube and she would welcomed people to take the Homeless Prevention Strategy and the Domestic Abuse Prevention Strategy back to their organisations to think about where they could influence that leadership and the things they could do in terms of changing practice. She requested that the members come back to them as they wanted to highlight and profile those activities. Another thing that was

asked was that in relation to the report the HWB retained a good oversight of this agenda through periodic reporting.

In relation to the above point Dr Varney proposed that this be taken on by the Forum *Creating a City Without Inequality* as this was an area for their oversight. He requested that the Board agreed with that as a way forward. The Board **agreed** the proposal.

Dr Varney requested that Ms Kohli updated the Board in relation to the City Council appointing a new post on homelessness. He highlighted that there were a series of funding *pots* that came out in rapid succession to apply for additional resources based with the NHS and through the local government arm of national government.

Ms Kohli advised that the closing date for the post had passed and they were looking at appointing someone in the post by September. She emphasised that the post was about join up – how they join up their actions and systems from the viewpoint of a citizen, adult social care perspective, health etc. and housing. At present, depending on where the touch points were they get a varied and different experience. This was part of jellying things together and providing a strategic overview across the three disciplines.

In terms of the different funding pots, they were blessed in the City in terms of government attention and resources. They received £9.8m which was a first for the region and a significant proportion of that comes into Birmingham. Various rough sleeper initiatives funds over the last 18 months and now there was a focus around health. They had confirmation in terms of £2.5m around homelessness and mental health.

They were currently working with a delivery plan with colleagues in the CCG and Adult Social Care and will shortly with partners as they wanted to co-design this model and will be talking to citizens as part of that. The money was being assured and they now needed to put forward a robust delivery plan which meets the requirements of the NHS. The smaller pot of funding from Public Health England which was similarly around mental health and homelessness, but it was uncertain what the time line was for this, but there was proposal to announce this within the next couple of weeks.

405 **RESOLVED: -**

The Health and Wellbeing Board: -

a. Noted the year one progress of the delivery of the Homelessness Prevention Strategy 2017+ (HPS);
b. Agreed to retain specific oversight of the implementation of the homelessness and health action plan and provide a critical friend role to understand what difference this was making to the lives of people affected by homelessness.
c. Agreed to provide their organisational leadership and commitment to support the successful delivery of both the overall strategy and the proposed Homelessness and Health Delivery Plans.

BIRMINGHAM HEALTH AND WELLBEING BOARD FORWARD PLAN

406 The following report was submitted for information:-

(See document No. 8)

Dr Varney presented the item and drew the attention of the Board to page 5 of the document where there was an amendment. He stated that for September's HWB meeting, they will be bringing a thematic focus to mental health. He advised that they had spoken with Jo Carney and Charlotte Bailey and had briefed them regarding a paper on that, but also to colleagues in local government and partners. Dr Varney emphasised that this was different from where they were going with a Mentally Healthy City, which was more of an upstream prevention in the context of mental health as this was focused on the support, treatment and care of people with mental health issues.

Dr Varney stated that if there were any other points members wished to raise these could be submitted to the secretariat. He added that they were moving to the new format from September 2019, in that the Forums will meet for the first time in October and the diary dates would start to come out shortly to colleagues. They will then be taking an update from the different forums at subsequent Board meetings. In the autumn, they will also receive the first series of the Deep Dive reports that Ms Griffiths Knowledge Evidence and Governance Team had been leading on. They were on track to deliver the first of the refreshed Joint Strategic Needs Assessment (JSNA) for Birmingham in September 2019.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

407 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 24 September 2019 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

OTHER URGENT BUSINESS

408 None submitted.

EXCLUSION OF THE PUBLIC

409 That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraph 2
