

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD 24 MARCH 2015
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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

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, Birmingham Cross 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.

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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.

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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.

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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.

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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:-

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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

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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.

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CHAIRPERSON