TERMS OF REFERENCE

Birmingham Food System Partnership

1. Purpose

1.1. The Birmingham Food System Partnership (BFSP) is a sub-committee of the Birmingham Health and Wellbeing Board. The purpose of the Forum is to work together to apply a whole system approach to understanding the food landscape of the city and improving the food behaviours at a population level across Birmingham by ensuring that a joint action plan is co-produced and delivered.

1.2. The Birmingham Food System Partnership participated in the formation of the Birmingham Food System Strategy, which set the strategic direction for the city of Birmingham until 2030. The Forum will be responsible for the strategic delivery of the Birmingham Food System Strategy, including the creation and ongoing management of the Birmingham Food System Strategic Action Plan in partnership with the Food System Strategy Action Groups.

2. Objectives

2.1. The Forum has the following overarching objectives:

a) To deliver a joint vision for addressing current healthy, affordable food levels in the city and to exploit opportunities for joint working.

b) To co-produce the Strategic Action Plan for the Birmingham Food System Strategy which will underpin the delivery of the Health & Wellbeing Board's priorities and indicators and oversee its delivery.

c) To co-produce an informed, accessible city-wide Birmingham Food System Strategic Action Plan that will outline key actions for all with the focus of delivering the objectives of the Birmingham Food System Strategy. The action plan will also embed research at every opportunity to improve the food system and reach our objectives for 2030.

d) To provide a strategic direction and seek alignment with the work being undertaken through a range of other relevant work programmes and boards.

e) To contribute to the development of the Joint Strategic Needs Assessment (JSNA) and other relevant works as required.

f) To contribute to informing the commissioning intentions as required.

g) To promote and facilitate coordination between partners and partnerships and to consider what agendas and resources might be shared more effectively, where appropriate.

h) To report to and support the activities of the Health and Wellbeing Board.

i) To support the activities of the Birmingham Food System.

j) To promote communication and engagement with the stakeholders and residents of Birmingham relating to the healthy food agenda as required.

k) To promote best practice and sharing of ideas including collaboration that may lead to maximisation of external funding opportunities.

l) The BFSP will oversee performance and address areas for future development and improvement.

3. Principles

3.1. The Forum expects all partner agencies to:

a) Engage, co-produce, and own the Birmingham Food System Strategic Action Plan for the Birmingham Food System Strategy.
b) Embrace the aims and objectives of the BFSP.
c) Consult and/or inform the Forum over organisational changes (including any changes in representation) that may impact on collective working.
d) Follow and work within the performance management framework agreed by BFSP partners.
e) Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.
f) Own the Food System Strategy through promoting and driving service transformation and improvement within their respective services and organisations.
g) Report on progress on mutually agreed actions.
h) Share relevant information and promote collaborative and innovative work.

4. Membership

4.1. The BFSP will have a core group of organisations that will play a key role and will have the responsibility to improve the specific aspect/focus of the BFSP in relation to levering change to the Birmingham Food System at levels for the population of Birmingham.

4.2. Each Lead officer has the responsibility for theme areas and items in the BFSP action plan and to report on these to the BFSP.

4.3 The BFSP requires its members to:

a) have the authority to make decisions in relation to the Food System on behalf of their organisation or be able to seek and secure them within timescales agreed by the BFSP.
b) attend all meetings, or in exceptional circumstances to arrange for a suitable named delegate to attend in their place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and able to make decisions on behalf of the organisation they represent.
c) represent the views of their nominating organisation, to keep their nominating organisation informed about progress and to communicate the outcomes of the BFSP meetings to their organisations.
d) ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the BFSP.
e) to engage in positive and constructive discussions between members in order to achieve workable solutions to common issues.

Membership of the BFSP is as follows:

4.4 The membership of the BFSP may be reviewed from time to time as necessary. New members may be admitted provided always that:
   a) any such new member is able to demonstrate to the satisfaction of the BFSP the contribution that they can make to the overriding aims and objectives; and
   b) in deciding whether or not to admit any such new member, the Chair shall have, regard to the current size and composition of the BFSP, whether the new member is to be admitted.

4.5 Other persons may attend meetings of the BFSP with the agreement of the Chair/ Deputy Chair.

4.6 The Co-Chairing approach of the BFSP will consist of a Birmingham City Council Cabinet Member/Elected Official/Senior Public Health Manager and a BFSP Member.

5 Meetings

5.1 The Forum will meet every three months for no more than 2 hours. Such other meetings may be held as necessary at the discretion of the Chair or should commissioning decisions drive the agenda.

5.2 Partners may be requested to contribute to a forward plan which will be used to develop the agenda for meetings.

5.3 The agenda for meetings, agreed by the Chair, and all accompanying papers and discussion points will be sent to members at least 3 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

5.4 Minutes of all meetings of the BFSP (including a record of attendance and any conflicts of interest) will be approved and circulated within 10 working days and submitted for approval to the next appropriate meeting.

5.5 The BFSP may establish task and finish groups as agreed by the Chair.

5.6 The BFSP administrative support will be provided by the Public Health Division, and they will be responsible for arranging and minuting meetings and disseminating supporting information to BFSP members.

5.7 The BFSP will be monitored and accountable to Health and Wellbeing Board through the agreed reporting arrangements.

6 Decisions

6.1 Recommendations and decisions will be arrived at by consensus and recorded in the minutes and a decision log.

7 Conflicts of interest

7.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the BFSP Forum, the representative concerned shall declare such interest at or before

discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the BFSP that representative shall take no part in the decision-making process.

8 Review

8.1 These terms of reference will be reviewed annually, taking into account views expressed by relevant partner agencies.

Version 1.0

Date: 08.08.24

Author: Niamh Mellerick

Approved on:

TERMS OF REFERENCE

Creating a Mentally Healthy City Forum

1. PURPOSE

1.1 The 'Creating a Mentally Healthy City' Forum is a statutory Health and Wellbeing Board sub-committee. This Forum will focus on developing a public health approach to mental health and wellbeing in the City, delivering upon the Prevention Concordat for Better Mental Health which is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is a valuable contribution to achieving a fairer and more level society. The Concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities. This will be completed through creation and implementation of the Creating a Mentally Healthy City Strategy.

1.2 The 'Creating A Mentally Healthy City' Forum will provide a link between the Health and Wellbeing Board and the Mental Health Provider Collaborative.

1.3 Its purpose is to enable local partnership between the Local Authority, NHS, third and voluntary sector organisations, faith groups, the business community, and the wider Public Health sector. These organisations will collectively deliver specific characteristics of the Health and Wellbeing Strategy, the Creating a Bolder, Healthier City for Birmingham 2022-2030. Notably, the Creating a Mentally Healthy City Forum will respond to priorities under the Mental Wellness and Balance theme and priorities identified within the Creating a Mentally Healthy City Strategy.

2. OBJECTIVES

The overarching objectives of this sub-group, 'Creating a Mentally Healthy City', are:

2.1 To finalise the Creating a Mentally Healthy City Strategy and following Framework for Action that will be the focus of the sub-group, enabling the measurement of impact and improvement in local communities in relation to prevention, and the promotion of mental wellbeing.

2.2 To work in partnership to implement the evidence-based approaches which create positive mental health and wellbeing, working upstream to increase mental wellness and reduce the need for clinical interventions

2.3 To provide a strategic direction and seek alignment with the work being undertaken through a range of other relevant work programmes and Boards

2.4 To encourage collaboration with other Health and Wellbeing Board forums to share learning and promote positive mental wellbeing through other existing partnerships

2.5 To contribute to the development of the Joint Strategic Needs Assessment (JSNA)

2.6 To agree on the level of partnership engagement that will measure the impact and improvements in how we work in promoting mental wellbeing

2.7 To progress the delivery of a Report on the activities of the Forum to the Health and Wellbeing Board on an annual basis

2.8 To promote best practices and sharing of ideas including collaboration that leads to maximising external funding opportunities

2.9 To collaborate and share local information and intelligence between partners and stakeholders that will lead to better relationships with local communities

3. PRINCIPLES

The Forum expects all partner agencies to:

3.1 Embrace the aims and objectives of the Forum

3.2 Embrace coproduction as a key element of the Forum

3.3 Consult and/or inform the Forum about organisational changes (including any changes in representation) that may impact collective working

3.4 Follow and work within the performance management framework agreed by Forum partners

3.5 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working

3.6 Own the health and wellbeing inequalities agenda through promoting and driving service transformation and improvement within their respective services and organisations

3.7 Report on progress on mutually agreed actions

3.8 Share relevant information to support the effective use of evidence-based practice and to promote collaborative and innovative work

4. MEMBERSHIP

4.1 The Chair of the Board will be the Birmingham City Council Cabinet Member with a portfolio for Health and Social Care

4.2 The Forum will have a core group of organisations that will play a key role and will have the responsibility to improve the specific aspects/focus of the Forum in relation to the health and wellbeing of the population of Birmingham.

4.3 Forum Members will have the responsibility for communicating the Group's business through their respective organisation communication channels

4.4 A Lead Officer will be designated against thematic areas agreed upon by the Creating a Mentally Healthy City Forum and will be responsible for reporting these to the sub-committee.

4.5 Membership will be continuously reviewed, and the Forum reserves the right to co-opt individuals for specific areas as necessary

4.6 If a member of the group misses three consecutive meetings without giving notice their membership on the sub-committee will be reviewed

4.7 The Forum requires its members to:

4.7.1 Have the authority to make decisions on behalf of their organisation about mental wellbeing, or to be able to seek and secure decisions within a given timescale as agreed by the Forum

4.7.2 Attend all meetings or, in exceptional circumstances, arrange for a suitable named delegate to attend as a representative. Delegated representative should be suitably briefed before the meeting and have the authority to make decisions in the same capacity as a core member

4.7.3 Have responsibility for representing the views of their nominating organisations and keep their nominating organisation apprised of any actions taken, and decisions and progress made by the Forum

4.7.4 Ensure that actions on delivery and progress are carried out promptly on any actions and strategies agreed by the Forum

4.7.5 Have positive and constructive discussions to achieve workable solutions to common issues

4.8 Other persons may attend meetings of the Board with the agreement of the Chair and/or Deputy Chair

4.9 The core membership of the Forum can be seen in APPENDIX A. The membership list of other invited participants can be seen in APPENDIX B:

5. MEETINGS AND WORKING ARRANGEMENTS

5.1 The Forum will meet quarterly from 2025, scheduled for two hours. One of these meetings per annum will be an in-person workshop with an invitation to members from the other Health and Wellbeing Forums. Additional meetings may be held as necessary at the discretion of the Chair should commissioning decisions drive the Agenda. It will be explored with the Forum members on the timing of the meetings, following feedback from Forum members that some evening slots may be appropriate for some members.

5.2 A forward plan will be created with members of the Forum for the year 2025. This will run with themes that arise from the Creating a Mentally Healthy City Strategy, with each Forum meeting being focused on one theme.

5.3 Chairing arrangements will be agreed by the Chair of the Health and Wellbeing Board

5.4 The Agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least five working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair

5.5 Action Notes of all meetings of the Forum (including a record of attendance and any conflict of interest) will be approved by the Chair and circulated within 10 working days before the next meeting

5.6 The Forum administrative support will be provided by the Public Health Division and will have responsibility for arranging meetings, note-taking, and disseminating supporting information to the Forum Members

5.7 The Forum will be monitored and accountable to the Health and Wellbeing Board through the agreed reporting arrangements

5.8 Forum Members will be requested to contribute to a Forward Plan that will be used to develop the Agenda for the meeting

5.9 The Forum may establish 'Task and Finish' Groups against the thematic areas developed from the Strategy as agreed by the Forum Co-Chairs. The proposal is that the 'Task and Finish Groups' report into a 'Steering Group,' which in turn reports into the Creating a Mentally Healthy City Forum.

6. DECISIONS

6.1 Recommendations and decisions will be arrived at by consensus, and these will be recorded in the action notes and on the Action Log.

7. CONFLICTS OF INTEREST

7.1 If a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter. The Chair shall ask for this conflict to be recorded in the actions notes and unless otherwise agreed by the Forum that representative shall take no part in the decision-making process.

8. REVIEW

8.1 These Terms of Reference will be reviewed annually for updating purposes and to express the views of relevant partner agencies.

Version 0.6 Final
19th of August 2024

Dr Justin Varney
Director of Public Health
Public Health Division
Partnership, Insight and Prevention
Birmingham City Council

APPENDIX A:

Core Membership

	NAME	ROLE/ORGANISATION
Chair	Cllr Mariam Khan	Cabinet Member for Health and Social Care, Birmingham City Council
Deputy Chair	Helen Harrison	Assistant Director for Healthy Behaviours and Communities, Public Health, Birmingham City Council
Public Health	Joe Merriman	Service Lead, Mental Wellbeing Team, Healthy Behaviours and Communities, Public Health, Birmingham City Council
NHS Commissioner Representative	Joanne Carney	Associate Director Joint Commissioning, Birmingham and Solihull Clinical Commissioning Group
Academic Representatives	Dr Adam Benkwitz Dr Karen Newbigging Dr Adam Walsh	Head of Sport and Health, and Social Care, Newman University Director of Impact & Knowledge Exchange; Lecturer Health Service Management Centre; and Director of Institute for Mental Health UoB Head of Health and Life Science, BCU
BVSC Representative	Helen Wadley	Chief Executive Officer, Birmingham MIND
Schools Forum	Dr Bev Mabey	Washwood Heath Multi Academy Trust

APPENDIX B:

Other Essential Members – representatives from the following organisations:

Local Councillors	Office for Health Improvement and Disparities (OHID)
NHS Providers	Faith Group
NHS Commissioners	West Midlands Combined Authority
Voluntary Sector	Youth City Board
Charity Sector	Office of the West Midlands Police and Crime Commissioner
Birmingham Education Partnership	Department of Work and Pensions
Adult Social Care	

Birmingham Drugs and Alcohol Partnership (BDAP)

Terms of Reference

1. Aim:

This Partnership's aim is **to reduce the harms of drugs and alcohol to children, young people, adults, families, and communities in Birmingham.**

It brings together partners across the City including drug and alcohol treatment providers and those with lived experience to create transformative change in line with the recommendations of the Dame Carol Black Review 2022, the '10 year Drugs Strategy: From Harm to Hope' and Birmingham's 'Triple Zero Strategy'.

Partners will work with Citywide and Regional fora as well as within their own organization to maximize impact.

2. Objectives:

The Partnership will achieve its aims by:

1) Ensuring an effective strategic oversight of the drug and alcohol system of primary, secondary prevention and treatment including 'world class' treatment and a recovery orientated system of care
2) Actively involving those with lived experience in the decision making of the Partnership
3) Increasing numbers of children, young people, and adults including parents in **effective** drug and alcohol treatment, with a focus on underserved populations.
4) Reducing the numbers of drug and alcohol related deaths
5) Reducing the health harms of substances including those associated with injecting and acquisition of blood born virus and promoting health.
6) Reducing drug and alcohol crime and improving safety
7) Intervening early with targeted groups at risk of problematic use of drugs and alcohol
8) Reducing supply and exposure to illegal drugs in Birmingham, including reducing the proportion of young people being exposed to illegal drugs.

3. How the Partnership will work

Comprehensive Approach: The Partnership will seek assurance that the system is addressing drug and alcohol availability, use, and related harms, in line with the national strategy 'From Harm to Hope' and JCDU guidance that emphasises the importance of tackling both illegal drugs and alcohol issues comprehensively.

Vision and National Alignment: The Partnership will work as a unified system to realise our vision for Birmingham, supporting the Birmingham Triple Zero Strategy, to improve outcomes for the Birmingham population.

Evidence-Based Approach: The Partnership will prioritise the use of evidence-based strategies and best practices in our efforts to address drug and alcohol-related issues, ensuring that our actions are effective and rooted in research.

Empowerment and Inclusivity: The Partnership will empower and engage local communities, including vulnerable populations, ensuring their voices are heard and their unique needs are addressed in our initiatives.

Resource Efficiency: The Partnership will maximise the efficient allocation of resources, including financial and human resources, to achieve our goals and deliver cost-effective solutions that benefit the community.

Monitoring and Accountability: The Partnership will monitor and evaluate the outcomes of our initiatives, regularly reporting on progress and results to seek assurance targets are being met.

Emerging Trends: The Partnership will recommend proportionate responses to emerging local substance use trends and their impact on the population, which will require updates on progress and outcomes.

4. Governance, Monitoring and Accountability:

The Partnership will report to Birmingham's Health and Wellbeing Board and to Birmingham's Community Safety Partnership. It will link into and contribute to the Regional Combatting Drugs Strategy.

It is proposed that the Partnership will be a Subgroup of the Health and Wellbeing Board. This is pending confirmation from the Board.

The Drug and Alcohol Related Death Panel (DARD) will be formed as a subgroup to the Partnership.

The Partnership will receive a regular update of system outputs and outcomes linked to the ambition of the Triple Zero Strategy and '' From Harm to Hope' and work together to identify actions aimed at their improvement.

The Partnership will agree and monitor a Partnership Action Plan.

The Partnership will collaborate in projects delivered through task and finish groups linked to the Action Plan and described in Delivery Plans.

The Partnership will hold Partners to account for their actions.

4 Membership

4.1 The Partnership will be Co-Chaired by the Elected Member for Social Justice and an Independent Chair (recruitment pending).

The Deputy Chair will be the Deputy Director of Public Health.

It will operate at a senior level. Members will have a strategic role, which permits them to comment, feedback, initiate action, and answer on behalf of their organisation/department, in relation to their response to alcohol and drug use.

The Public Health Addictions team will provide administration for the Partnership.

4.2 Representation:

- Local Authority (Public Health, Housing, Education)
- Health (mental health, primary care, secondary care, commissioners)
- West Midlands Police and the OPCC
- West Midlands Ambulance Service
- Children and younger people's services
- Treatment providers and service users

- Criminal Justice (probation, YOS, prisons)
- Voluntary and Community Sector (VCS).
- Consideration will be given to how to incorporate people with lived experience and the views of health & social care service users.

4.3 Other attendees may be invited as required if approved by the Chair.

5 Frequency

5.1 The 'Birmingham Drugs and Alcohol Partnership' will meet quarterly.

5.2 The frequency of meetings will be reviewed in early 2025.

TERMS OF REFERENCE – DRAFT

Active City Forum

1. Purpose

1.1 The Active City Forum (formerly known as the Creating a Physically Active City Forum) is a sub-committee of the Birmingham Health and Wellbeing Board (HWBB). The purpose of the Forum and its members is to work together to increase physical activity (PA) at a population level across Birmingham.

2. Objective

2.1 The key objective of the Forum is to create a Birmingham that enables its residents to be physically active.

3. Principles

3.1 The ways of working for Forum members is set out in the following principles:

- The Forum will be more than an information sharing group – one that supports co-ordinated action to tackle issues around physical inactivity in Birmingham.
- The Forum will take recommendations both to and from the HWBB, with clear feedback from the HWBB regarding their actions to tackle physical inactivity.
- Provide commitment to embedding physical activity into policy to ensure multiple outcomes are met around health, climate change, and air quality through strong strategic collaboration.
- Take a targeted approach to interventions to increase physical activity throughout the life course by using data, intelligence, and insight to focus on geographies and communities with unmet needs or where inequalities exist.
- Support a community centred approach to increasing physical activity and empower local people to lead, embedding the voice and influence of local people across the work of the forum.
- Support activities that focus on early help and prevention and ensure interventions are tailored and person-centred.

  Support a more sustainable, strategic, and joined up approach to the areas of evaluation, communication and funding opportunities.

4. MEMBERSHIP

4.1 The Forum will have a core group of organisations to enable increasing physical activity levels for the population of Birmingham.

4.2 The Forum requires its members to:

- Attend all meetings, or in exceptional circumstances to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and able to make decisions on behalf of the organisation they represent.

- Represent the views of their organisation, to keep their organisation informed about progress and to communicate the outcomes of the Forum meetings to their organisations.

- Ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the Forum.

4.5 The membership of the Forum will be reviewed as necessary. New members may be admitted provided that:

(i) any such new member is able to demonstrate to the satisfaction of the Forum the contribution that they can make to the overriding aims and objectives; and

(ii) in deciding whether or not to admit any such new member the Board shall have regard to the resulting size and composition of the Board were the new member to be admitted.

(iii) They are temporary members and are co-opted at times for specific outcomes, tasks and capacity.

4.5 Other persons may attend meetings of the Forum with the agreement of the Chair/ Deputy Chair.

4.6 The Chair of the Forum will be the Birmingham City Council Cabinet Member with a portfolio for Transport.

4.7 Current Membership of the Forum is listed in the Table found in Appendix 1.

4.8 Community voice will be brought in via the Physical Activity Citizen's Panel and managed by the Public Health PA team in BCC.

5 MEETINGS

5.1 The Forum will meet every two months for one and a half hours. Such other meetings may be held as necessary at the discretion of the Chair or should commissioning decisions drive the agenda.

5.2 Members will be requested to contribute to a forward plan which will be used to develop the agenda for meeting.

5.3 The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

5.4 Action notes of all meetings of the Forum (including a record of attendance and any conflicts of interest) will be approved and circulated within 10 working days and submitted for approval to the next appropriate meeting. i

5.5 The Forum may establish task and finish groups as agreed by the Forum Chairs.

5.6 The Forum's administrative support will be provided by the Public Health Division and they will be responsible for arranging and writing action for the meetings and disseminating supporting information to Forum Members.

5.7 The Forum will be monitored through a data dashboard (currently in development and will be co-designed by the Forum) and accountable to the Health and Wellbeing Board through the agreed reporting arrangements.

6. DECISIONS

6.1 Recommendations and decisions will be arrived at by consensus and recorded in the action notes and a decision log.

7. CONFLICTS OF INTEREST

7.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Forum that representative shall take no part in the decision making process.

7. REVIEW

7.1 These terms of reference will be reviewed annually, considering views expressed by members.

Appendix 1: Creating an Active City Forum Membership Table

Role within the Forum	Organisation/Team	Name
Chair	Birmingham City Council (BCC)	Cllr Clements – Cabinet Member with portfolio For Transport
Deputy Chair and Director of Public Health	Public Health Division, BCC	Dr Justin Varney
Strategic Physical Activity Lead	Public Health Division, BCC	Mary Orhewere
Deputy Strategic Physical Activity Lead	Public Health Division, BCC	Humera Sultan
Physical Activity Service Lead	Public Health Division, BCC	Ibrahim Subdurally-Plon
Strategic Lead for Sport	Sport and Physical Activity Team, BCC	Dave Wagg
Strategic Lead for BCC Inhouse Leisure Services	Wellbeing Service, BCC	Lesley Poulton
Strategic Lead for Sports Partnership	Sport Birmingham	Mike Chamberlain
Strategic Lead Strategic Lead for CWG Legacy/ Sport England Extended Workforce	Sport Birmingham	Dean Hill
Strategic Lead for the Canal and River Trust	Canal and River Trust	Ian Lane
Strategic Lead for Transport	Travel Demand Management Team, BCC	Joe Green
Physical Activity Policy and Delivery	West Midlands Combined Authority	Simon Hall
Strategic Lead for the Children and Young People	Children and Families Directorate, BCC	Hannah Redfern
Strategic Lead for Postgraduate Education	Birmingham Newman University	Dr Lorayne Woodfield
National Strategic Representative for Physical Activity	Office of Health Improvement and Disparities	Danny Kemp
Strategic Lead for Planning	Planning Team BCC	Martin Dando
Cycling Representative	Sustrans	Hannah Chivers
NHS Strategic Lead for Physical Activity	Birmingham and Solihull ICS	Fiona Alexander
Strategic Lead Holiday Activity Fund	Holiday Activity Fund	Jenny Carter
Strategic Lead The Active Wellbeing Society (TAWS)	The Active Wellbeing Society (TAWS)	Erica Martin
Physical Activity Champion		Dr Ewan Hamnett
Voluntary Sector Lead	Saheli	Naseem Akhtar

TERMS OF REFERENCE
Birmingham and Solihull Inclusion Health Partnership (BSIHP)

The Birmingham and Solihull Inclusion Health Partnership (BSIHP) is a multi-agency partnership group focused on delivering the strategic aims of the Health and Wellbeing Board and the Integrated Care System 10yr Strategy with a specific focus on inclusion health groups within our population.

The BSIHP is a formally constituted sub-group of the Birmingham Health and Wellbeing Board with links to the Solihull Health and Wellbeing and the ICS Health Inequalities BoardS, with which it will collaborate on areas of common interest/ priority.

1. Definitions

1.1 **Inclusion health** is an umbrella term used to describe people who are socially excluded, who typically experience multiple interacting risk factors for poor health, such as stigma, discrimination, poverty, violence, and complex trauma. People in inclusion health groups tend to have poor experiences of healthcare services because of barriers created by service design. These negative experiences can lead to people in inclusion health groups avoiding future contact with NHS services and being least likely to receive healthcare despite have high needs. This can result in significantly poorer health outcomes and earlier death among people in inclusion health groups compared with the general population.

1.2 People in inclusion health groups include:

- People who experience homelessness
- People with drug and alcohol dependence
- Vulnerable migrants and refugees
- Gypsy, Roma, and Traveller communities
- People in contact with the justice system
- Victims of modern slavery
- Sex workers
- Other defined marginalised groups, in Birmingham & Solihull this has been expanded to include:
  - Veterans
  - Carers
  - People with experience of the state care systems (care leavers).

2. Purpose

2.1 The purpose of the BSIHP is to:

2.1.1 Support delivery, through partnership working, of the ambitions and objectives of the Birmingham Health and Wellbeing Board's Strategy and the BSol ICS 10yr Strategy in relation to inclusion health groups.

2.1.2 In doing this the Partnership will improve health outcomes of inclusion health populations in the Birmingham and Solihull area.

2.2. The BSIHP delivers its purpose through the co-production and co-delivery of an action plan. The forum is based on the principle of collaboration and shared leadership for delivery, maximising the potential of our partnership to achieve impact.

2.3. The forum delivers its purpose and strategy through its three core functions:

Amplifying and Supporting Programme Delivery
Actions and projects we drive/ oversee for the Health and Wellbeing Board(s) and the BSol Integrated Care System (*Creating a Bolder, Healthier City 2022-2030, A Bolder, Healthier Future for the People of Birmingham and Solihull 2023-2033*) as well as contribution to other relevant strategies and work programmes, e.g.:

- Making Every Adult Matter (MEAM) Programme
- 'Safe Surgeries' initiative
- Poverty Proofing Project, etc.

Shining the light through data and evidence
The forum aims to shine the light on:

- Issues arising from needs assessments, deep dives, community health profiles relevant to inclusion health groups.
- Best practice from reviews of evidence and needs analyses conducted as well as effective / impactful local services, initiatives and solutions.
- Emerging challenges and barriers experienced by inclusion health groups.

Enabling and empowering voices
The forum operates to enable the following:

- Engagement with, and input from, inclusion health communities
- Sharing emerging practice on enabling and empowering voices and experiences of inclusion health groups to influence practice and policy.
- Collaboration and networking opportunities among members to foster partnerships and collective action
- Effective communication channels to ensure transparent and timely information sharing among partners who work in the inclusion health space.

2. Objectives:

2.1 To work collaboratively with partners and communities to respond to the challenges, opportunities and ambitions set out in the Health and Wellbeing Boards Strategies and the ICS 10yr Strategy, through the BSIHP Action Plan.

2.2 Draw on the learning and evidence base of the NHS Action on Inclusion Health Framework and use its principles as a framework for the development of the BSIHP Action Plan.

2.3 To gain a comprehensive understanding of the characteristics and needs of different inclusion health populations as well as evidence based effective solutions in order to inform action to improve the health outcomes for these groups.

2.4 To actively contribute to the development of the Joint Strategic Needs Assessments (JSNA), ensuring that the health needs of inclusion health groups are accurately identified and addressed. This includes addressing data gaps, collecting and disseminating intelligence, and utilising data-driven approaches to gain insights into the challenges faced by inclusion health groups.

2.5 To commit as a partnership to identifying and taking tangible and meaningful actions to meet the needs of inclusion health populations, including removing systemic barriers and improving access to health and care services.

2.6 To oversee and support specific projects focused on improving the health outcomes of inclusion health groups in Birmingham and Solihull, on behalf of the Health and Wellbeing Boards (HWB), ensuring their successful implementation.

2.7 To actively collaborate with and influence partner organisations and partnerships to foster a shared commitment, responsibility, and accountability toward addressing the needs of inclusion health groups, with a strong emphasis on prevention and early intervention.

2.8 To promote and facilitate community engagement, co-production, and other participatory approaches that empower inclusion health groups and support collective action in addressing health inequalities across the healthcare system.

2.9 To actively gather and share case studies, patient experiences, and lived experiences to identify areas for improvement and inform the development of effective interventions and services for inclusion health groups.

2.10 To advocate for the collection and analysis of data on the impact of interventions, tracking outcomes, and evaluating the effectiveness of initiatives, with the aim of driving evidence-based approaches, informing decision-making, and continuously improving the health outcomes of inclusion health groups.

3. Principles

3.1 All members are expected to fully support and align with the aims and objectives of the Birmingham and Solihull Inclusion Health Forum.

3.2 Members should consult with and inform the Partnership of any organisational changes, including changes in representation, that may impact collective working. They should actively engage in the agreed framework to review and monitor activities led by the BSIHP.

3.3 Members are expected to share relevant information and promote collaborative and innovative work within the Forum. This includes sharing best practices, research findings, and resources that contribute to advancing inclusion health.

3.4 The Forum emphasises the importance of involving individuals with lived experience and other relevant stakeholders in decision-making processes. Their perspectives and expertise should be valued and incorporated into the Forum's initiatives and actions.

3.5 Members are encouraged to create an environment of openness and transparency within the Forum. This includes sharing information, insights, challenges, and successes openly, fostering trust, and promoting a culture of constructive dialogue.

3.6 Members are expected to contribute to assessing the BSHIP's maturity and identifying areas for improvement. This involves actively participating in evaluation processes, providing feedback, and proposing strategies to enhance the effectiveness and impact of the Forum's work.

3.7 Members should leverage the broad network of participants within the group to collectively address system-level challenges and social issues impacting inclusion health groups. This may involve advocating for policy changes, implementing systemic reforms, and collaborating with other relevant organisations and stakeholders.

3.8 Members are expected to report on progress related to mutually agreed actions promptly. This includes providing updates, sharing outcomes and demonstrating accountability for the commitments made within the Forum.

4. Membership

4.1 The BSIHP will consist of senior representatives from stakeholders from all sectors, including people leading the policy and work that impacts directly the health and wellbeing of inclusion health groups as well as community representatives.

4.2 The Partnership will be co-chaired by an elected member from Birmingham City Council and a senior representative from a partner organisation/ BSol ICS.

4.3 The group may invite external experts or guest speakers to contribute to specific discussions or provide insights on relevant topics. Regular feedback and input from individuals with lived experience will be sought and valued, as their insights and perspectives are crucial in shaping the forum's initiatives, policies and recommendations.

4.4 The Partnership will strive to create a safe and inclusive space where all members, including those with lived experience, feel respected, valued, and heard. Measures will be taken to foster an environment that encourages open dialogue and understanding.

5. Roles and Responsibilities:

5.1 Members should have the authority to make decisions regarding the inclusion health agenda on behalf of their organisation or have the ability to seek and secure such authority within agreed timescales.

5.2 Attendance at the majority of meetings is expected. In exceptional circumstances, members may arrange for a suitable delegate to attend in their place. If delegation occurs, the nominee should be appropriately briefed and have the necessary authority to make decisions on behalf of their organisation.

5.3 Members are responsible for representing the views of their nominating organisation, keeping their organisation informed, driving progress against the agreed actions within their organisations/ services, and communicating the outcomes of BSIHP meetings.

5.4 It is essential that members ensure prompt progress and delivery by their nominating body on any actions and strategies agreed upon by the Partnership.

5.5 Members are expected to engage in positive and constructive discussions with other members to achieve workable solutions to common issues.

5.6 Members may be nominated to lead/ form/ join smaller task and finish groups to drive specific actions or work programmes on behalf of the Partnership.

6. Meetings

6.1 The BSIHP will convene regular meetings quarterly, with each meeting lasting for 2 hours. Additionally, the Co-chairs may call for special meetings as necessary.

6.2 Partners will be invited to contribute to a forward plan, which will serve as the basis for developing the agenda for each meeting.

6.3 The Partnership may establish task and finish groups to drive the delivery of agreed actions with equitable secretariat support between partners for these groups.

6.4 The Chair(s) will finalise the meeting agenda, and along with all relevant supporting documents, it will be distributed to members at least 5 working days prior to the scheduled meeting. In exceptional circumstances, the Co-chairs may consider accepting late agenda items and/or papers at their discretion.

6.5 Following each meeting, the Co-chairs will review and approve the minutes/action notes. These approved minutes/action notes will then be circulated to all attendees within 10 working days. The final approval of minutes/action notes will take place during the subsequent Forum meeting.

6.6 The administrative support for the Partnership will be provided by the Public Health Inclusion Health team. Their responsibilities will include organising the meetings, taking minutes/action notes, and disseminating relevant information to Forum members. Furthermore, they will ensure the accuracy of membership records.

6.7 The BSIHP will maintain accountability to the Birmingham Health and Wellbeing Board through the established arrangements with links to the Solihull Health and Wellbeing Board and the BSol ICS relevant governance board (arrangements are to be agreed with the two boards).

7. Decisions and Information Sharing

7.1 Recommendations and decisions will be arrived at by consensus and recorded in the minutes and a decision log. If a consensus cannot be reached the Co-chair will call for a vote. The Co-chairs will have a joint casting vote in the case of equality of votes.

7.2 Members will support work on appropriate data sharing and development of protocols where appropriate.

8. Conflicts of Interest

8.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Partnership, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Partnership that representative shall take no part in the decision-making process.

9. Review and Amendments

9.1 The terms of reference will be reviewed periodically to ensure its continued relevance and effectiveness. Amendments may be proposed and approved by the BSIHP members during meetings.

Appendix 1

Birmingham and Solihull Inclusion Health Partnership membership

Role	Organisation
Cabinet Member for Social Justice, Community, Safety and Equalities (Chair)	Birmingham City Council
Director for Health Inequalities/ Inclusion Health or equivalent (Co-Chair)	Birmingham and Solihull Integrated Care System
Assistant Director of Public Health with relevant portfolio	Birmingham City Council
Experts by experience from inclusion health communities – number tbc	Communities of experience
Head of Multiple Disadvantage	Birmingham Voluntary Service Council (BVSC)
Director	Crisis
Chief Executive Officer	SIFA Fireside
Chief Executive Officer	St Basils
Chief Executive Officer	Citizens Advice Bureau Birmingham
Chief Executive Officer	Anawim
Director/ Head of Service	PACT
Director/ Deputy Director of Public Health	Solihull Metropolitan Borough Council
Inclusion Health/ Health Inequalities Lead	Solihull Metropolitan Borough Council
Service Lead (Inclusion Health)	Public Health, Birmingham City Council
Service Lead – Addictions	Public Health, Birmingham City Council
Assistant Director - Early Intervention & Prevention	Birmingham City Council
Head of Adult Social Care Commissioning (Prevention/ Public Health/ Vulnerable Adults services)	Birmingham City Council
Director of City Housing Solutions & Support Services	Birmingham City Council

Assistant Director for Community Safety and Cohesion	Birmingham City Council
Director/ Assistant Director of Education Services	Birmingham City Council
Head of Youth Services	Birmingham City Council
Assistant Director – Safeguarding	Birmingham Children's Trust
Head of Service Care Leavers Service, Un-accompanied Asylum Seeking Children and Homelessness	Birmingham's Children's Trust
Head of Service Youth Offending Services	Birmingham's Children's Trust
Programme Manager – Health Inequalities (Inclusion Health)	NHS Birmingham and Solihull (Integrated Care Board)
Director of Nursing – Safeguarding & Children in Care	NHS Birmingham and Solihull (Integrated Care Board)
PCN Health Inequality Champions	
Associate Director of Equality, Diversity, Inclusion and Organisational Development	Birmingham and Solihull Mental Health NHS Foundation Trust
TBC	NHS Birmingham Community Healthcare NHS Foundation Trust
TBC	University Hospitals Birmingham NHS Foundation Trust
TBC	Birmingham Women's and Children Hospital NHS Trust
Programme Lead – Inclusion Health	Office for Health Improvement and Disparities, Department of Health and Social Care
Health and Justice Programme Manager – Healthcare Public Health	NHS England – Midlands (West)
Inclusion and Engagement Partnership Manager	Department for Work and Pensions
Head of Birmingham Courts and Centralised Functions	National Probation Service – West Midlands/ Birmingham and Solihull
TBC	West Midlands Police
TBC	West Midlands Police and Crime Commissioner

Health Protection Forum (HPF)

Terms of Reference

Document name	Terms of Reference
Programme	Health Protection
Chair	Dr Mary Orhewere
Service Lead	Funmi Oluboyede (Interim)
Version 0.3	Date: September 2023

Document management/Revison history:

0.1	April 2021	Redraft in new format
0.2	August 2023	Redraft (Mary Orhewere, Funmi Oluboyede, Helen Bissett, Manuela Englebert)
0.3	September 2023	Final (Mary Orhewere, Funmi Oluboyede)

Approved by:

This document must be approved by the following people:

Name	Signature	Title	Date	Version
Dr Mary Orhewere		Assistant Director of Public Health	September 2023	0.3

Document control

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1. PURPOSE

1.1 The Health Protection Forum (HPF) is a sub-committee of the statutory Health and Wellbeing Board. The Director of Public Health (DPH) has a responsibility to provide oversight and assurance of health protection plans. This forum will focus on facilitating that responsibility.

1.2 The HPF will provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.

1.3 The HPF will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Birmingham, ensuring they are acting jointly and effectively to protect the population's health.

2. OBJECTIVES

2.1 Provide assurance to the DPH that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012 & 2022).

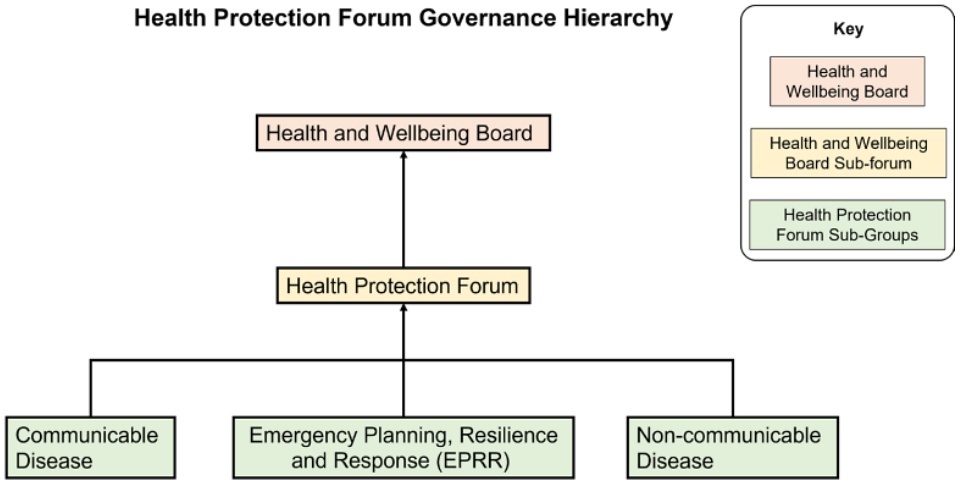
2.2 Provide regular updates to the Birmingham Health and Wellbeing Board (including short information updates and annual reports).

2.3 To provide a governance and accountability framework for existing member groups with a health protection remit and support the establishment of new groups where appropriate; to initially include the following (sub) groups:

2.3.1 Communicable Diseases

2.3.2 Non-Communicable Diseases

2.3.3 Emergency Planning, Resilience and Response (EPRR)



2.4 To receive reports from HPF members on appropriate plans and progress made as appropriate.

2.5 To receive regular reports at least annually and more frequently by exception.

2.6 To note:

2.6.1 Significant incidents

2.6.2 Outbreaks

2.7 To make recommendations to:

2.7.1 HPF members

2.7.2 Commissioners

2.7.3 Providers

2.7.4 Health and Wellbeing Board

2.8 To provide health protection input into the Joint Strategic Needs Assessment processes as required.

2.9 To support the DPH in providing information for scrutiny on any Health Protection-related matter

2.10 To receive reports on any other issue that would enable the DPH to undertake their assurance role in relation to health protection.

3. PRINCIPLES

The Forum expects all partner agencies to:

3.1 Support the aims and objectives of the Forum

3.2 Consult and/or inform the Forum on organisational changes (including any changes in representation) that may impact collective working.

3.3 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.

3.4 Own the health and wellbeing inequalities agenda through promoting and driving service transformation and improvement within their respective services and organisations.

3.5 Report progress on mutually agreed actions.

3.6 Share relevant information and promote collaborative and innovative work.

4. MEMBERSHIP

Membership will be continuously reviewed, and the Forum reserves the right to co-opt individuals for specific areas as necessary provided that:

4.1 Any such new member can demonstrate to the satisfaction of the Forum the contribution that they can make to the overriding aims and objectives; and

4.2 In deciding whether to admit any such new member the Board shall have regard to the resulting size and composition of the Board were the new member to be admitted

The Core Membership of the group will be as listed below (Table 1). One decision-maker representative of each subgroup will form the membership of the Health Protection Forum, alongside other stakeholder members.

Table 1. Health Protection Forum Membership

Name	Job Title	Organisation
Dr Mary Orhewere*	Assistant Director, Public Health	Birmingham City Council
Becky Pollard	Assistant Director, Public Health (FTC+)	Birmingham City Council
Funmi Worrell	Interim Service Lead, Health Protection	Birmingham City Council
Helen Bissett**	Senior Programme Officer, Health Protection	Birmingham City Council
Mark Croxford	Head of Environmental Health	Birmingham City Council
Janet Bradley**	Operations Manager, Environmental Health	Birmingham City Council
Michael Enderby	Head of Resilience and Operations	Birmingham City Council
David Jones	Senior Infection Prevention and Control Nurse	BSol ICB
Kate Woolley	Director of Immunisation and Vaccinations	BSol ICB
Leon Mallett	Head of Immunisation and Vaccinations	BSol ICB

Andrew Dalton	Screening and Immunisation Lead	NSH England
Dr Roger Gajraj	Consultant in Communicable Disease Control	UKHSA

*Deputy Chair to the Director of Public Health, Birmingham City Council

**In Attendance Only

5. Quorum

One Forum member from each of the following named agencies will constitute a quorum: NHS England, Birmingham City Council and UKHSA (with the Chair or their appointed deputy always present). If the named member or deputy cannot attend, a designated substitute may attend the Forum with the prior agreement of the Chair.

6. Communication of Decisions to Partners

All members will be responsible for communicating actions and decisions to appropriate colleagues within their own organisation following each meeting.

7. Frequency of Meetings

The group will meet once every month and at other times as required by the DPH.

8. Committee Chair

Meetings will be chaired by the DPH or their appointed deputy.

Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated 5 working days ahead of meetings, with minutes also circulated in a timely fashion to Forum members following each meeting.

9. Reports

Short reports for discussion at the Health Protection Forum will be submitted by each subgroup at least 5 working days ahead of the meeting date to allow time for collation and circulation to the group. Verbal reports will be accepted if organisational capacity is limited with the expectation of a short written report to follow.

10. Standing Agenda Items

Standing agenda items will include (for each sub-group):

- current status summary for each member organisation

11. Review

Terms of Reference will be fully reviewed at least every two years. The Terms of Reference will be amended every time an organisation becomes or ceases to be a member.

Next review by **September 2025**.

Fast-Track Cities+ Initiative Steering Group

Terms of Reference

Version	**V4**
Last review date	**13/04/2023**
Next review date	**15/04/2024**

Making a positive difference every day to people's lives

Context of Fast-Track Cities+ Initiative (FTC+ Initiative)

The Fast-Track Cities initiative is a global partnership between a network of cities and four core partners:

- the International Association of Providers of AIDS Care (IAPAC),
- the Joint United Nations Programme on HIV/AIDS (UNAIDS)
- the United Nations Human Settlements Programme (UN-Habitat), and
- the city of Paris.

The aim of the initiative is to strengthen existing programmes and focus resources to accelerate locally coordinated, city-wide responses to end HIV/AIDS by 2030.

The initiative requires cities to sign the Paris Declaration, which pledges to attain the following targets by 2030:

- 95% of people living with HIV (PLHIV) knowing their HIV status
- 95% of people who know their HIV-positive status on HIV treatment
- 95% of PLHIV on HIV treatment being virally suppressed
- Zero stigma and discrimination

Birmingham signed the Paris Declaration on the 5th October 2022 pledging to seven commitments, which will be included in the Birmingham FTC+ Action Plan, to achieve the FTC vision. IAPAC have developed evidence-based guidelines to support these cities in attaining the targets. To date, FTC programmes operate in over 150 countries worldwide.

Originally the initiative just aimed to target and eliminate HIV but since initiation in Birmingham viral hepatitis (Hep B and Hep C) and tuberculosis (TB) were added to the initiative as they could be co-targeted with HIV, leading to the Fast-Track Cities+ initiative (with '+' indicating the addition of viral hepatitis and TB). The Steering Group and Project Board will have responsibility for the additional targets, attached in Appendix 1.

The FTC+ Birmingham Action Plan will set out the actions required to meet the initiatives targets. The Summary Action Plan for the initiative is attached in Appendix 2.

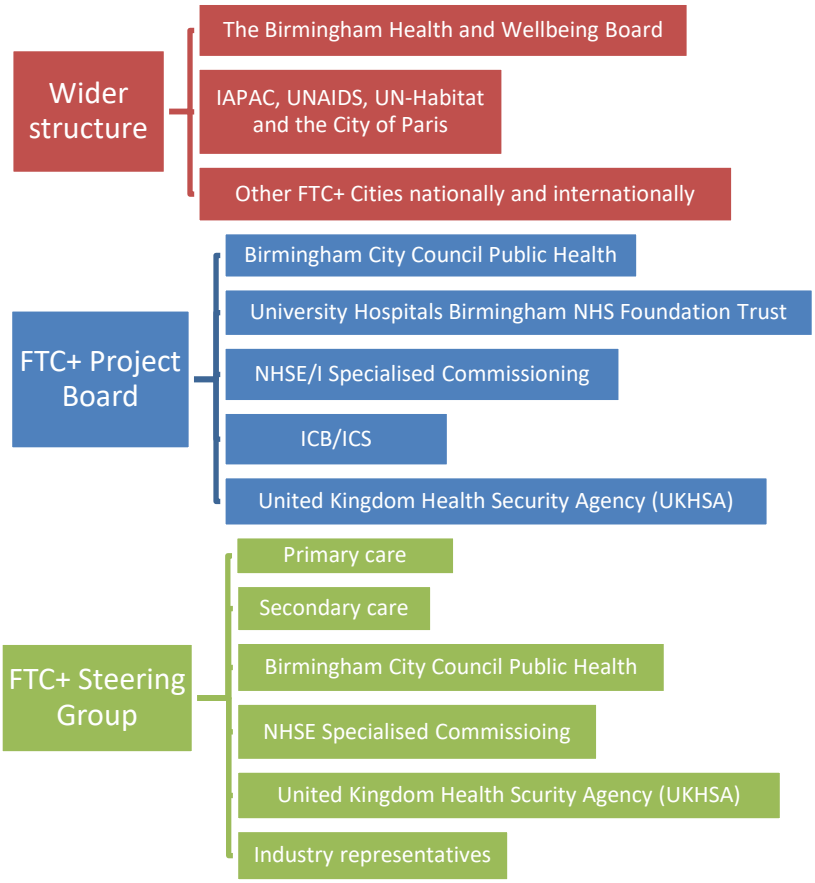
The Vision for Birmingham FTC+

The delivery of FTC+ in Birmingham will fall in line with the international initiative's vision. It will, therefore, incorporate any future additions or changes, without having to re-issue the Terms of Reference.

The key stakeholders in the Birmingham FTC+ initiative will have a proactive approach to reducing HIV, viral hepatitis and TB in Birmingham. These conditions

have implications for all parts of the system, not just clinical treatment or testing services. There is significant need to address stigma and discrimination as well as improve the response and support from mainstream services. We want to collaborate on this programme of work to achieve our shared vision. We are aiming to achieve the elimination of new transmissions of all three Blood Borne Viruses (BBVs) by 2030 and TB by 2035.

1. The Structure of Birmingham FTC+



2. Purpose

The Fast-Track Cities+ initiative Steering Group (FTC+ SG) brings together expertise from the organisations and communities involved in and affected by the prevention, diagnosis, treatment and support of people living with and at risk of HIV, Viral Hepatitis and TB in Birmingham and to ensure an inclusive and transparent whole-city approach.

The FTC+ SG is a pan-Birmingham working group which will facilitate the development, delivery, monitoring and evaluation of the Birmingham FTC+ Action Plan.

2.1. Steering Group Objectives

- The focus of the SG is to provide strategic and operational input to ensure that the initiative meets it's agreed objectives and targets as an FTC+
- The SG may form subgroups to undertake work on specific work streams within the programme.

3. Steering Group Membership

The following organisations will be represented on the steering group:

- Birmingham Public Health
- Integrated Care Board (ICB)
- Drug and Alcohol Services
- Local Charities
- Local Pharmaceutical Committee (LPC)
- Primary Care
- UK Health Security Agency West Midlands (UKHSA WM)
- Third Sector Organisations
- University Hospitals Birmingham NHS Foundation Trust – Umbrella
- University Hospitals Birmingham NHS Foundation Trust **i.e.**
    - HIV Lead
    - Hepatitis Lead
    - Tuberculosis Lead

4. Steering Group (SG) requirements

- Use the available and most recent data to define the city's current epidemiology and response to HIV, Viral Hepatitis and TB.
- Prepare and take joint ownership of the FTC+ Action Plan to ensure the needs of Birmingham are met.
- Ensure actions are delivered from the FTC+ Action Plan.
- Agree metrics which demonstrate the effectiveness of the initiative and will be reported to the Global Fast-Track Cities Web Portal.
- Produce an FTC+ Annual Report.
- Collaborate with other UK and international Fast-Track Cities (FTC) to facilitate shared learning and improve outcomes.
- Develop a communication plan to inform and promote the work of FTC+ to stakeholders.
- Decide how resources will be utilised to achieve these objectives.

5. Meeting Arrangements

- The frequency of meetings is to be determined by the group (dates and locations to be confirmed by Birmingham Public Health).
- The expectation for the Steering Group is that these will be on a 6-8 week basis unless otherwise stated.
- Meetings to follow an agenda as agreed by the group.
- Birmingham Public Health to lead on the coordination of the meeting.

- The group will be chaired by a Service Lead from Birmingham Public Health.
- A co-chair may be nominated from a different stakeholder constituency of the membership.
- Group membership and group meetings will be managed by the group, new additions to the group invited and recruited in agreement with the group.

6. Governance and Reporting

- The Steering Group will report to the Project Board
- Each Project Board member will have their own organisations governing body to report to and they must ensure that this is done in a timely manner
- Project Board will report to Birmingham Health and Wellbeing Board and IAPAC
- In addition, the Birmingham FTC+ will report to:
    - Any potential new governance structures that emerge throughout the life of the initiative
    - Residents of Birmingham in line with the communications plan

7. Quoracy

The leadership will be quorate if the following are present:

- A representative of each of the FTC+ SG signatory organisations (Birmingham Public Health, UHB, UKHSA)
- 50% membership plus 1.

8. Resources

Decisions on how to utilise any financial resources generated for FTC+ (e.g. research grants or other potential funders) will be reviewed by the FTC+ SG and recommended for agreement by the FTC+ PB.

9. Links to Other Groups

Birmingham FTC+ Public Health Officers will report to the public health contracts board and will share progress with the relevant councillors via their briefing meetings. Additionally, they will ensure that the Health and Wellbeing Board is kept updated and make the requisite links with Birmingham sexual health services.

Agreement to Terms of Reference

By signing this, you are agreeing to being a member of the Steering Group for the Fast-Track Cities+ initiative and the Terms of Reference listed above.

Name:
Role:
Signature:
Date:

Glossary

AIDS	- Acquired immune deficiency syndrome
BBV	- Blood borne virus
FTC	- Fast Track Cities
FTC+	- Fast-Track Cities Plus
IAPAC	- International Association of Providers of AIDS Care
ICB	- Integrated Care Board
ICS	- Integrated Care System
Hep B	- Hepatis B Virus
Hep C	- Hepatitis C Virus
HIV	- Human immunodeficiency virus
PB	- Project Board
PLWHIV	- People living with HIV
PWID	- People who inject drugs
SG	- Steering Group
TB	- Tuberculosis
UKHSA	- UK Health Security Agency
UHB	- University Hospital Birmingham
UNAIDS	- Joint United Nations Programme on HIV/AIDS
UN-Habitat	- United Nations Human Settlements Programme

Appendix 1

Birmingham FTC+ Additional Targets

The following targets have been set to ensure the reduction/eradication of viral hepatitis in Birmingham[1];

Hep B:

- 90% reduction in new cases of chronic Hep B infections by 2030 (compared to 2015)
- 65% reduction in deaths from Hep B by 2030 (compared to 2015)
- 90% childhood Hep B virus vaccination coverage (3rd dose coverage)
- 100% Hep B virus birth-dose vaccination coverage or other approach to prevent mother-to-child transmission
- 90% coverage of vaccination in prisoners, sexual health clinic clients, homeless individuals, sex workers, contacts of Hep B infected cases, asylum seekers, new migrants and people who inject drugs (PWID)

Hep C:

- 90% reduction in new cases of chronic Hep C infections by 2025 (compared to 2015)
- 65% reduction in deaths from Hep C deaths by 2025 (compared to 2015)
- 100% of injecting drug users report adequate needle and syringe provision for their needs
- 90% of the those living with Hep C diagnosed
- 80% of eligible persons with current Hep C infection started treatment

The following targets have been set to ensure the reduction/eradication of **TB** in Birmingham[2];

- 90% reduction in TB incidence compared to 2015
- 95% reduction in TB deaths compared to 2015
- Decrease annually, by 5% the proportion of people who develop active TB within 5 years of post UK entry using the 3-year average, 2017 to 2019, as a baseline
- Achieve 1358 LTBI Tests per year in Birmingham
- Achieve 90% treatment completion rates (12-month outcome) by 2026
- 80% BCG vaccination coverage for all children eligible in the Birmingham LA
- Reduce the average delay in diagnosis in people with pulmonary TB by 5% per year
- 100% of TB cases offered a HIV test

[1] http://apps.who.int/iris/bitstream/handle/10665/246177/WHO-HIV-2016.06-eng.pdf;jsessionid=4C75CEB88C637A88274135577126159B?sequence=1
[2] file:///C:/Users/TMPdcedy/Downloads/9789240037021-eng.pdf

Appendix 2

FTC+ Summary Action Plan

Theme 1: New Ways of Working

Increase collaborative working across services

- Create multi-disciplinary teams supported by ICSs and ICBs to provide a comprehensive service to end-users.
- New partnerships and pathways e.g. with sexual health and substance misuse services.
- Ensure all providers have consistent contracting arrangements.
- Build pathways around the service user, including the voice of service users in designing interventions.

Improve system leadership and unity

- Set out an inclusion commitment for all LGBT groups.
- Make new links with and engage community leaders/champions in BBV and TB education.
- Reduce inequalities by targeting underserved communities and ensuring culturally appropriate service provision.

Improve communication

- Promote referral pathways.
- Offer communication training to different groups e.g. professionals, volunteers, community leaders.
- Work with affected communities to co-develop communications.

Improve confidentiality and information sharing

- Improve communication between primary and secondary care.
- Confidentiality training for healthcare professionals.
- Address patients' privacy concerns e.g. by requesting communication preferences.

Improve technology use

- Make technology and language for online testing and appointment booking accessible to all communities.

Improve data monitoring

- Develop a Fast-Track Cities+ dashboard.

Closer alignment with national policies

- Align Fast-Track Cities+ with national elimination strategies and clinical guidance.

Theme 2: Prevention

Increase information and awareness amongst public and healthcare workforce

Across the public:

- Age-appropriate education and awareness campaigns and workshops.
- Utilise a peer-to-peer approach and patient voices.

At-risk communities:

- Use 'Champions' to raise awareness.
- Utilise a peer-to-peer approach.
- Educate via established pathways using culturally competent health promotion interventions.

- Free and easy to access education and training.

Across the healthcare workforce:

- Improve education in health services e.g. on key groups at higher risk, common misconceptions.
- Provide cultural competence training.

Develop targeted promotional campaigns

- Target different ages, physical locations and those at greater risk.
- Social media campaigns.
- Promote other relevant support services.
- Community involvement in design, delivery and evaluation of campaigns.

Increase prevention activities

- Improve information on prevention strategies e.g. vaccinations, condoms, PrEP, PEP and needle and syringe programmes.
- Maintain and maximise the delivery of Hep B and BCG vaccination uptake.
- Use best practice from other countries.
- Further understand needs of at-risk groups e.g. sex workers, MSM and black African heterosexuals.

Theme 3: Testing and Diagnosis

Increase awareness of the importance of testing

- Promote testing at large events, via the media and advertisements in physical locations.
- Promote testing using sexual health and substance misuse services.

Increase testing as part of current community outreach services

- Increase testing and treatment in services already supporting at-risk groups.
- Increase testing and test kits available via GPs, pharmacies, home delivery, prisons, abortion services and substance misuse services.
- Provide services in accessible venues, increase opening hours and use technology to ease test booking.
- Maintain and improve uptake of LTBI screening in primary care (National LTBI Screening Programme).

Increase testing as part of an opt-out system

- Expand routine blood tests in primary care to include BBVs.
- Expand testing in primary care, A&E, hospitals and community pharmacy, ensuring NICE recommendations are fully implemented.
- Discuss testing at cervical screening and LARC fitting appointments.
- Consider Hepatitis C testing as part of routine antenatal screening.

Theme 4: Treatment

Increase access to treatment

- Increase numbers of support workers and volunteers.
- Ensure a fluid treatment pathway with prison services.
- Educate everyone on the treatment options available.
- Offer multiple touchpoints, appointments, and provision at venues patients want.

Theme 5: Support Services

Reduce stigma and discrimination

- Education and awareness campaigns e.g. for U=U and TasP.
- Educating universal services about the needs to people living with HIV, TB and Hepatitis.
- All relevant health providers to encourage testing and treatment.

Improve after care and health and wellbeing support

- Expand mental health and support services for patients.
- Improve access to peer mentors and volunteers.
- Make effective use of community networks and be sensitive to the needs of diverse communities.

Improve social support and accommodation

- Address social and health inequalities affecting groups at higher risk.
- Provide suitable accommodation/allowance for asylum seekers living with BBVs and TB.

TERMS OF REFERENCE – DRAFT

Creative Public Health Forum (CPHF)

1. Background

1.1. Birmingham's Creative Public Health Programme is focused on exploring the value arts, culture and heritage can have in improving population health. This is in response to a growing body of evidence demonstrating where the arts have been successfully utilised to facilitate health behaviour change; to improve health literacy; to reduce social isolation and to improve mental wellbeing. The arts is also valuable in facilitating the expression of people's experiences and perspectives on health and health services in a manner than can be heard, understood and empathised with.

1.2. During the last year, Public Health has worked to create the structures and partnerships to enable the impact of a strategic approach to utilising the wealth of art, culture and heritage in the City to improve public health to be realised and measured.

1.3. To date, Public Health has created City Level Partnerships with Birmingham Museums Trust, Birmingham Hippodrome, Ikon Gallery, and Midlands Arts Centre via our Research Officers in residence programme as well as Hyper Local Partnerships with Zawiya Trust, Roundhouse, Number 11 arts, and Flatpack via our Creative Public Health Innovation, Partnership and Impact Fund.

1.4. This is the first time formative strategic action in the City has been made in this thematic area and is demonstrating the pivotal role of creativity in facilitating equitable health outcomes, we have also been instrumental in sharing our approach nationally.

1.5. The proposed CPHF will bring together our City Level and hyperlocal arts, culture and heritage partnerships with BCC and the NHS to develop and realise a shared vision for a creative public health approach. This will be a life-course approach, aligned to the themes in the Birmingham Health and Wellbeing Board Strategy 2022-2030. that will maximise opportunities for the prevention, promotion, management, and treatment given to Birmingham citizens.

1.6. We also want to ensure all citizens can benefit from the opportunities the arts afford to empower citizens to be happy and healthy, enabling culture and heritage to contribute to the vision of Health and Wellbeing Board Strategy

2. Purpose

2.1. The Culture and Health Partnership will be a sub-committee of the Birmingham Health and Wellbeing Board (HWBB). The purpose of the Forum to develop and implement a shared vision that maximises the potential of creative public health activity at community and population level to support the vision and aims of the HWB Strategy.

3. Objective

3.1. To develop and implement a strategic framework for how arts, culture and heritage can support the aims of the HWB strategy across the life-course

3.2. To enable residents to have equitable access to quality creative activities that contribute to better public health, e.g. helping map, build and collectively sustain creative public health activity at a local and hyper local level

3.3. To contribute to the evidence base for Creative Public Health through the implementation of evaluated projects, e.g. co-creating a Creative Public Health Evaluation toolkit to be adopted when undertaking projects and/or initiatives

3.4. To work with the other HWB Sub-Forums to support them to utilise the Creative arts in achieving their health priorities, e.g. sharing, presenting and contributing to other relevant forums when necessary

3.5. To oversee the work of the Researchers in Residents and the Innovation, Partnership and Impact Fund, e.g. to provide effective insight guidance and challenges where necessary to enable the continuous improvement of these initiatives, as well as assurance.

3.6. To facilitate collaboration between cultural/creative and health sectors to realise shared goals, e.g. to support on-going and new relationships, collaborations and partnerships that incorporate input from the public and communities in an innovative manner to protect the public's health

4. Principles

4.1. The ways of working for Forum members is set out in the following principles:

- The Forum will be more than an information sharing group – one that supports co-ordinated action to work towards better interconnectedness of creative public health in Birmingham.

- The Forum will take recommendations both to and from the HWBB, with clear feedback from the HWBB regarding their actions to better creative public health provision across Birmingham.
- Provide commitment to embedding a creative public health approach into policy to ensure multiple outcomes are met around arts, culture, heritage and health through strong, multi-sector strategic collaboration.
- Ensure improvements to the public realm are central to our mission for allowing all to be creative for the betterment of their health.
- Take a targeted approach to interventions to increase creative health activity throughout the life course by using data, intelligence, and insight to focus on geographies and communities with unmet needs or where inequalities exist.
- Support a community centred approach to increasing creative health and empower local people to lead, embedding the voice and influence of local people across the work of the forum.
- Support activities that focus on early help and prevention and ensure interventions are tailored and person-centred.
- Support a more sustainable, strategic, and joined up approach to the areas of evaluation, communication and funding opportunities.

5. Membership

5.1. The Forum will have a core group of organisations to enable that enables its residents to have accessible, available, adequate and sustainable creative activities that contribute to better public health.

5.2. The Forum requires its members to:

- Attend all meetings, or in exceptional circumstances to arrange for a suitable named delegate to attend in his/her place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and able to make decisions on behalf of the organisation they represent.
- Represent the views of their organisation, to keep their organisation informed about progress and to communicate the outcomes of the Forum meetings to their organisations.
- Ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the Forum.

5.3. The membership of the Forum will be reviewed as necessary. New members may be admitted provided that:

(i) any such new member is able to demonstrate to the satisfaction of the Forum the contribution that they can make to the overriding aims and objectives; and

(ii) in deciding whether or not to admit any such new member the Board shall have regard to the resulting size and composition of the Board were the new member to be admitted.

(iii) They are temporary members and are co-opted at times for specific outcomes, tasks and capacity.

5.4. Other persons may attend meetings of the Forum with the agreement of the Chair/ Deputy Chair.

5.5. The Chair of the Forum will be the Birmingham City Council Cabinet Member for Digital, Culture, Heritage & Tourism.

5.6. Current Membership of the Forum is listed in the Table found in Appendix 1.

5.7. Community voice will be brought in via the re-development of the Arts and Health Working Group into a Creative Health Working Group and managed by the Public Health Communities team in BCC.

6. Meetings

6.1. The Forum will meet every three months for one and a half hours. Such other meetings may be held as necessary at the discretion of the Chair or should commissioning decisions drive the agenda.

6.2. Members will be requested to contribute to a forward plan which will be used to develop the agenda for meeting.

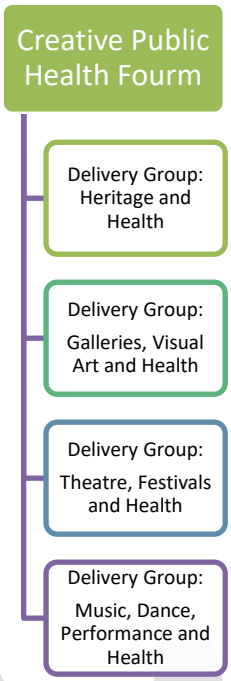
6.3. The agenda for meetings, agreed by the Chair, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the Chair.

6.4. Action notes of all meetings of the Forum (including a record of attendance and any conflicts of interest) will be approved and circulated within 10 working days and submitted for approval to the next appropriate meeting.

6.5. The Forum may establish task and finish groups as agreed by the Forum Chairs.

6.6. The Forum's administrative support will be provided by the Public Health Division and they will be responsible for arranging and writing action for the meetings and disseminating supporting information to Forum Members.

6.7. The Forum will be monitored through a data dashboard (currently in development and will be co-designed by the Forum) and accountable to the Health and Wellbeing Board through the agreed reporting arrangements.



7. Delivery Groups

7.1. To support this new forum, it is proposed that we establish dedicated thematic delivery groups who will be supported by our partner organisations, public health research officers and specific sector leads with the purpose of:

- Creating a community of practice, thematic aligned towards their creative practice and underpinned by a public heath approach
- Development of action plans – signed off by forum
- Collection and development of local evidence-base in relation to creative health

8. Decisions

8.1. Recommendations and decisions will be arrived at by consensus and recorded in the action notes and a decision log.

8.2. Significant decisions and risks impacting on the progress of the Forum will be escalated to the HWBB.

9. Conflicts of Interest

9.1. Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter, the Chair shall record the interest in the minutes of the meeting and unless otherwise agreed by the Forum that representative shall take no part in the decision making process.

10. Review

10.1. These terms of reference will be reviewed annually, considering views expressed by members.

Appendix 1: Creating an Active City Forum Membership Table

Role within the Forum	Organisation/Team	Name
Chair	TBC	TBC
Deputy Chair	TBC	TBC
Director of Public Health	Public Health Division, BCC	Dr Justin Varney
Assistant Director of Public Health	Public Health Division, BCC	Helen Harrison
Deputy Lead	Public Health Division, BCC	Rhys Boyer
Delivery Group Lead (Heritage and Health)	Birmingham Museums Trust	TBC
Delivery Group Lead (Galleries, Visual Art and Health)	Ikon Gallery	TBC
Delivery Group Lead (Theatre, Festivals and Health)	Birmingham Hippodrome	TBC
Delivery Group Lead (Music, Dance performance and Health)	Midlands Art Centre	TBC
Clinical Representative	Birmingham and Solihull ICS	Satish Rao
Academic Representative	University of Birmingham	Ewan Fernie
National Culture Representative	Department for Digital, Culture, Media and Sport	TBC
National Health Representative	Department for Health and Social Care	TBC
National Arts Representative	Arts Council England	TBC
Regional Voluntary, Community, Faith and Social Enterprise Representative	BVSC	Stephanie Bloxham
Regional Community Representative	West Midlands Combined Authority	Mubasshir Ajaz
Regional Voluntary, Community, Faith and Social Enterprise Representative	Culture Central	Erica Love
	National Lottery Heritage	Liz Shaw
National Creative Health Representatives	National Centre for Creative Health	Alex Coulter
National Creative Health Representatives	Culture, Health and Wellbeing Alliance	Victoria Hume

Head of Culture Development and Tourism, BCC	City Operations, BCC	Symon Easton
Libraries Services Manager, BCC	Adults Social Care, BCC	Dawn Beaumont

TERMS OF REFERENCE – DRAFT

Communities of Identity Health Inequalities Forum (CIHIF)

1. BACKGROUND

1.1 The proposal for a **Communities of Identity Health Inequalities Forum** under the Health and Wellbeing Board has been borne out of the success and lessons learnt from the Birmingham and Lewisham Health Inequalities Review implementation board (BLACHIRIB) which was set up in November 2022 to provide system wide oversight of the implementation of recommendations from the Birmingham and Lewisham Health Inequalities Review (BLACHIR). The review highlighted systemic racial inequalities that impacted health outcomes and set out actionable opportunities to address these inequities.

1.2 Key to the approach of the BLACHIR Governance was working alongside community partners for the purposes of both accountability and delivery. This approach has evolved into the Deep Engagement Partner (DEP) programme where 17 communities of identity will be actively involved in a medium-term project with BCC focusing on improving health inequalities aligned to the Health and Wellbeing Board and integrating community organisations into Council and ICS governance structures.

1.3 Feedback from the Board and wider partners demonstrated a need to take the learning from BLACHIR and evolve the Board to support a wider range of communities of identity who are experiencing discrimination and systematic barriers to achieving good health and wellbeing. This aligns with the Vision and Principles of the Health and Wellbeing Board strategy, Creating a Bolder, Healthier City 2022-2030:

"To create a city where every citizen, whoever they are, wherever they live and at every stage of life, can make choices that empower them to be happy and healthy".

- Citizen-driven and informed by citizens' lived experience
- Consciously focused on reducing inequalities through promoting equality, diversity and inclusion

2. PURPOSE

2.1 The Communities and Health Partnership will be a new sub-committee of the of the Birmingham Health and Wellbeing Board (HWBB).

2.2 The purpose of the Forum and its members is to work together with different communities of identity to address health inequalities across Birmingham, and to empower community partners to lead community-based programmes with support from the wider system to improve health and ensure communities of identity voices are shaping public health services and strategies.

3. OBJECTIVES

The Forum will have the following overarching objectives:

3.1 Advocate for system-wide action to reduce inequalities and discrimination that affects communities of identity in our policies, structures and services.

3.2 To sustain the momentum and build on the progress made by the BLACHIB by continuing to oversee the implementation of the BLACHIR 7 key areas for action and interface with the BLACHIR ICS Taskforce to support the ongoing implementation of the 39 opportunities for action.

3.3 Embed learning from the BLACHIR programme work with community partners to move towards equal power sharing of health decisions impacting different communities of identity.

3.4 Build capacity and capability within the system and local communities to work together to improve population health.

3.5 Oversee and provide support to specific community lead projects delivered by the Deep Engagement partners via community collaboratives.

3.6 Build connections between different communities of identity to build social cohesion and cultural competence.

3.7 Actively work towards improving our collective understanding of the impacts of intersectionality on health.

3.8 Champion cultural competence and equity across the health and care system.

4. PRINCIPLES

The ways of working for Forum members is set out in the following principles:

4.1 The Forum will be more than an information sharing group – one that supports co-ordinated action to work towards better interconnectedness of communities to the health and care system in Birmingham.

4.2 The Forum will take recommendations both to and from the HWBB, with clear feedback from the HWBB regarding their actions to better creative public health provision across Birmingham.

4.3 Provide a Psychological safety blanket for community partners to facilitate the issues raised to be heard by HWB leaders.

4.4 Provide ongoing commitment to the ongoing implementation of BLACHIR by embedding learnings from the BLACHIR into policy to ensure multiple outcomes are met around tackling health inequalities among different communities of identity through strong, multi-sector strategic collaboration.

4.5 Consult and/or inform the Forum of organisational changes (including any changes in community representation) which may impact on collective working.

4.6 Ensure improvements to the public realm are central to our mission for minimising disparities in experienced health inequalities by different communities of identity.

4.7 Take a targeted approach to interventions throughout the life course by using data, intelligence, and insight to focus on geographies and communities with unmet needs or where inequalities exist.

4.8 Support a community centred approach to minimising disparities in experienced health inequalities and empower local people to lead, embedding the voice and influence of local people across the work of the forum.

4.9 Support activities that focus on early help and prevention and ensure interventions are tailored and person-centred.

4.10 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working.

4.11 Support a more sustainable, strategic, and joined up approach to the areas of evaluation, communication and funding opportunities.

5. MEMBERSHIP

5.1 The Forum will have a core group of organisations to enable that enables its residents to have accessible, available, adequate and sustainable creative activities that contribute to better public health.

5.2 The Forum requires its members to:

5.2.1 Attend all meetings, or in exceptional circumstances to arrange for a suitable named delegate to attend in their place. In case of delegating, the nominee should be appropriately briefed prior to attending the meeting and able to make decisions on behalf of the organisation they represent.

5.2.2 Represent the views of their organisation, to keep their organisation informed about progress and to communicate the outcomes of the Forum meetings to their organisations.

5.2.3 Ensure that there is prompt progress and delivery by their nominating body on any actions and strategies agreed by the Forum.

5.2.4 Have sufficient delegated authority to make decisions in relation to the implementation of BLACHIR on behalf of their organisation, where relevant, or be able to seek and secure them within timescales agreed by the Forum.

5.3 The membership of the Forum will be reviewed as necessary. New members may be admitted provided that:

5.3.1 Any such new member is able to demonstrate to the satisfaction of the Forum the contribution that they can make to the overriding aims and objectives; and

5.3.2 in deciding whether or not to admit any such new member the Board shall have regard to the resulting size and composition of the Board were the new member to be admitted.

5.3.3 They are temporary members and are co-opted at times for specific outcomes, tasks and capacity.

5.4 Other persons may attend meetings of the Forum with the agreement of the co-Chairs/ Deputy Chair.

5.5 The Chair(s) of the Forum will be the Birmingham City Council Cabinet Member for TBC and a community representative from one of the DEPs. The DEP co-chairing the Forum will be decided by:

5.5.1 Member of community volunteering to co-chair all Communities of Identity Forums in a given year, and

5.5.2 Community organisations who have received suitable community leadership training to ensure they possess the appropriate skillset necessary

5.6 Current Membership of the Forum is listed in the Table found in Appendix 1.

6. MEETINGS

6.1 The Forum will meet every three months for one and a half hours. Such other meetings may be held as necessary at the discretion of the co-Chairs or should commissioning decisions drive the agenda.

Commented [JF1]: Can we keep at 2 hours for continuity of BLACHIRIB?

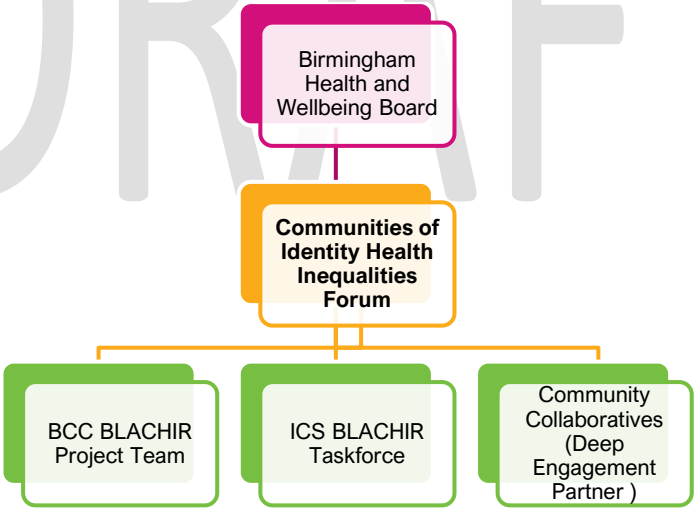
6.2 Members will be requested to contribute to a forward plan which will be used to develop the agenda for meeting.

6.3 The agenda for meetings, agreed by the co-Chairs, and all accompanying papers will be sent to members at least 5 working days before the meeting. Late agenda items and/or papers may be accepted in exceptional circumstances at the discretion of the co-Chairs.

6.4 Action notes of all meetings of the Forum (including a record of attendance and any conflicts of interest) will be approved and circulated within 10 working days and submitted for approval to the next appropriate meeting.

6.5 The Forum may establish task and finish groups and/or community collaboratives as agreed by the Forum Chairs.

6.6 The Forum's administrative support will be provided by the Public Health Division and they will be responsible for arranging and writing action for the meetings and disseminating supporting information to Forum Members.



7. COMMUNITY COLLABORATIVES

To support this the new forum, it is proposed to have delivery groups led by the deep engagement partners, supported by a commissioned academic partner and relevant health and care professionals to focus on community priorities within specific communities of identity (agreed between DEP, local communities and system partners).

Proposed purpose and objectives of these collaboratives:

- Working with local community and using Community Health Profiles to identify key health priorities for action
- Development of project plans – signed off by forum
- Co-design of interventions with local community of identity
- Implementation of projects
- Collect evidence to measure outputs and impacts of projects
- Support learning – capacity building of local community and health and care professionals.

8. DECISIONS

8.1 Recommendations and decisions will be arrived at by consensus and recorded in the action notes and a decision log.

8.2 Significant decisions and risks impacting on the progress of the Forum will be escalated to the HWBB.

9. CONFLICTS OF INTEREST

9.1 Whenever a representative has a conflict of interest in a matter to be decided at a meeting of the Forum, the representative concerned shall declare such interest at or before discussions begin on the matter, the co-Chairs shall record the interest in the minutes of the meeting and unless otherwise agreed by the Forum that representative shall take no part in the decision making process.

10. REVIEW

10.1 These terms of reference will be reviewed annually, considering views expressed by members.

Appendix 1: Communities of Identity Health Inequalities Forum Membership Table

Role within the Forum	Organisation/Team	Name
Co-Chair	Cllr, BCC	TBC
Co-Chair	Deep Engagement Partner, TBC	TBC
Deputy Chair	TBC	TBC
Director of Public Health	Public Health Division, BCC	Dr Justin Varney
Assistant Director of Public Health	Public Health Division, BCC	Helen Harrison
Public Health Service Lead	Public Health Division, BCC	Ricky Bhandal
Deputy Lead	Public Health Division, BCC	Jordan Francis
Delivery Group Lead (Caribbean Deep Engagement Partner)	Mindseye Development CIC	Michael Brown
Delivery Group Lead (African Deep Engagement Partner)	Ilera Health	Tunde Awe
Delivery Group Lead (Somali Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Pakistani Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Indian Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Bangladeshi Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Chinese Deep Engagement Partner)	Chinese Community Centre Birmingham	TBC
Delivery Group Lead (Polish Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Romanian Deep Engagement Partner)	TBC	TBC
Delivery Group Lead (Sikh and Christian Deep Engagement Partner)	Lifeline Community Project	TBC
Delivery Group Lead (Muslim Deep Engagement Partner)	Ashiana Community Project	TBC
Delivery Group Lead (Sexual Orientation and Gender Identity Deep Engagement Partner)	Birmingham LGBT Centre	TBC
Delivery Group Lead (d/Deaf Deep Engagement Partner)	BID Services	TBC

Delivery Group Lead (Sight Loss and Complex Disabilities Deep Engagement Partner)	Focus Birmingham	TBC
Clinical Representative	Birmingham and Solihull ICS BLACHIR Taskforce	TBC
Academic Representative		TBC
Academic Representative (BLACHIR PhD)	Newman University	TBC
National Health Representative	Department for Health and Social Care	TBC
National Equalities Representative	TBC	TBC
Other National Representatives (TBC)		TBC
Regional Voluntary, Community, Faith and Social Enterprise Representative	TBC	TBC
Regional Community Representative	TBC (West Midlands Combined Authority?)	TBC
Regional Community Representative	Faith Alliance Network	TBC
Regional Community Representative	Proud Rainbow City Partnership	TBC
Regional Community Representative	Birmingham North Locality Lead	
Regional Community Representative	Birmingham West Locality Lead	
Regional Community Representative	Birmingham Central Locality Lead	
Regional Community Representative	Birmingham South Locality Lead	
Regional Community Representative	ICS Lead	
Regional Community Representative	BVSC (role TBC)	TBC
Head of Adults Social Care	Adults Social Care, BCC	TBC
Regional Equalities Representatives	Asian and Allies Network, BCC	TBC
Regional Equalities Representatives	Corporate Black Workers' Support Group, BCC	TBC

Commented [HH2]: bvsc, locality leads, ICS lead

Commented [JF3R2]: Added, also feedback from new DEP to include Bolder Healthier Champions rep in membership

Regional Equalities Representatives	Disability Advisory Network, BCC	TBC
Regional Equalities Representatives	LGBT and Allies' Network, BCC	TBC
Community Engagement Representative	Lead Officer for the Bolder, Healthier, Champions Programme	TBC
Other (TBC)	TBC	TBC

Birmingham Ageing Well Strategy Steering Group

Terms of Reference

Version	**V0.1**
Last review date	
Next review date	

1. Background

This group has been established oversee delivery of a systemwide Birmingham Ageing Well Strategy, which will be led and chaired by the Service Lead for the Older People Team within Public Health.

The initial drivers for the creation of a strategy are twofold.

1. The publication of the Chief Medical Officer (CMO)'s Annual Report 2023: Health in an Ageing Society. The focus of the report by the CMO, Professor Chris Whitty, is how to maximise the independence, and minimise the time in ill health, between people in England reaching older age and the end of their life.

   The report detailed 13 core areas from a national perspective, which the Older People team reviewed through a local lens to better understand if and how they are applicable to Birmingham, and what actions could be taken against the recommendations at a city level.

2. The findings of the DPH Annual Report to be published in 2024, which focused on the differences between demographics captured in 2011 census data and 2021 census data, particularly within the city of Birmingham.

   The report clearly highlights that, while Birmingham is still considered a "young" city by population proportionate measures, that the size of the Birmingham population as a whole means that the count of older people within the city is substantial. It also highlighted that the city is, overall, older between the two censuses, and that this trend is likely to increase. Most notably there is a pronounced bulge in the population pyramids presented around those approaching retirement age.

2. Purpose

The purpose of the Ageing Well Strategy Steering Group is to plan, develop and oversee the implementation a Birmingham Ageing Well Strategy focuses on the following six core pillars, each with a chapter devoted to them:

- Dementias and Neuro-degenerative Diseases (e.g. – Parkinsons)
- Prevention of frailty
- Loneliness / Living Alone
- Preparation for older age / retirement
- End of Life
- Wider Determinants of Health

The core of the strategy will fall within these six pillars and be targeted at 50-70 year old populations (those approaching or entering retirement age) as this will allow for primary upstream Public Health interventions to take place.

The Wider Determinants of Health pillar will include factors more associated with the older demographic such as underoccupancy, unemployment / retirement, caring responsibilities (including working carers), mobility and travel, financial security,

There will also be a section on "Additional factors for older people". This will touch on those areas that, whilst important, are not the main focus in the strategy as they are associated with the full life course. This is being included as there can be some unique challenges for older demographics. Initial suggestions for this inclusion under this heading are (not an exhaustive list) – mental health, sexual health and physical activity.

The proposed structure would include:

- A brief introduction to the strategy
- A chapter on each of the core pillars indicating the current position, the intended future position, evidence base, and opportunities for action to move from one state to the other and key outcome or success measures.
- Smaller chapters on the "additional factors for older people", potentially combined where appropriate if the wider determinant drivers and / or opportunities for action are the same.

A summary and a call to action for those within the system able to deliver on the opportunities for action.

3. Steering Group Objectives

Immediate Priority - Create task and finish groups based around the pillars of the strategy.

Short Term - Task and finish groups to populate framework for collation by Steering Group by end of October 2024.

Medium Term – to consult with wider stakeholders and citizens by end of December 2024.

Long Term – to steer the strategy through the necessary governance to enable delivery by end of March 2025.

4. Membership

The following organisations will be represented on the Steering Group:

- Birmingham City Council (Public Health)
- BSol ICS
- Birmingham City Council (Adult Social Care)

- TBC?

Name	Position	Organisation

5. Steering Group Requirements

- Each representative will nominate a suitable deputy in the event of unavoidable absence.
- Each representative will establish mechanisms to work with their own organisation to ensure that there is a two-way flow of communication. They will represent the views and needs of that organisation as well as keep them informed of the activities of the Steering Group.
- Members will declare any outside interests on joining the Steering Group. The Register of Interests will be held and regularly reviewed by the chair.
- The Steering Group creates a forum where members can advocate internally between partner organisations. Members should use their access to strategic forums and to senior regional and national leadership for upward advocacy.

6. Meeting Frequency & Arrangements

- Frequency of meetings will be determined by the group (dates and locations to be confirmed by Birmingham Public Health).
- The expectation that these will be on a monthly basis unless otherwise stated.
- Meetings to follow an agenda as agreed by the group.
- Birmingham Public Health to lead on the coordination of the meeting.
- The group will be chaired either by the Service Lead for Older People from Birmingham Public Health or the Assistant Director of Public Health (Adults and Older People) or by
- A co-chair may be nominated from a different stakeholder organisation.
- Group membership and group meetings will be managed by the group, new additions to the group invited and recruited in agreement with the group.

7. Governance and Reporting

The Steering Group will report to <?? HWBB, ASC / PH SMT??>