

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD 4 JULY 2017
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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 4 JULY 2017 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Graeme Betts, Andy Cave, Dr Aqil Chaudary, Councillor Lyn Collin, Dr Andrew Coward, Johnathan Drifill, Professor Nick Harding, Chief Inspector Karen Greasley, Dr Adrian Phillips, Dr Gavin Ralston and John Short.

ALSO PRESENT:-

Margaret Ashton-Gray, Head of City Finance, BCC
Gemma Coldicott, Senior Communications and Engagement Manager,
Birmingham CrossCity Clinical Commissioning Group (CCG)
Paul Holden, Committee Services, BCC
Mary Latter, Strategic Commissioning Manager, Birmingham Better Care
Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham CCG
Paul Sheriff, Birmingham and Solihull CCG Transition Programme Lead and
Director of Operations and Corporate Development, CrossCity CCG

NOTICE OF RECORDING

190 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/ public may record and take photographs.

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

The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 27 June 2017 was submitted:-

(See document No. 1)

RESOLVED:-

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

DECLARATIONS OF INTERESTS

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

- 193 Apologies for absence were submitted on behalf of Chief Superintendent Chris Johnson, Councillor Brigid Jones and Tracy Taylor.
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DATES OF MEETINGS

The Chair highlighted that it was also proposed to hold two informal meetings.

- 194 **RESOLVED:-**
- That the following proposed dates for formal meetings of the Board be noted: 1500 hours on Tuesday 3 October 2017; Tuesday 16 January 2018; Tuesday 27 March 2018.
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MINUTES

- 195 The Minutes of the Board meeting held on 31 January 2017 were, subject to it being noted that Professor Nick Harding had submitted an apology for his inability to attend, confirmed and signed by the Chair.
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CHAIR'S UPDATE

- 196 In first referring to electoral developments, the Chair reported that she had since the last meeting had the pleasure of attending the launch of the new regional Specialist Haemoglobinopathy Unit at City Hospital. The Chair advised the members that she was really proud to have spoken at the event because for many years she had passionately felt that the client group had not been given the same life chances as others because of where they lived in the country. Moreover, the Chair highlighted that she had been pleased to see organisations such as the Blood Transfusion Service, City Hospital and Public Health England working in a joined-up way.

The Chair reported that she had visited Chicago as part of a social care exchange programme set up 20 years ago involving Birmingham, Chicago and Hamburg and which offered participating cities the opportunity to gain an international perspective of contemporary issues concerning social care and engage in discussions with fellow politicians on policy development. The Tri-City programme had since expanded to include other cities e.g. Casablanca, Durban, Morocco, Osaka, Paris and Shanghai. Members were informed that

her reflections on the exchange trip was that it was important to retain a focus on prevention rather than reacting to 'trauma', a word constantly used in Chicago to refer to such issues as domestic abuse, guns and gangs and mental health, the levels of which were quite shocking.

Reference was also made by the Chair to a joint visit that she had made with Andy Street, Mayor for the West Midlands to the New Specialist Supported Living Scheme in Bartley Green. She informed the meeting that the housing complex had been a joint venture involving a Housing Trust, Birmingham City Council and others and an excellent example of what could be achieved when organisations and people worked together.

In relation to the NHS Confederation conference in Liverpool, the Chair commented that she had been heartened to hear that the focus on social care was still at the forefront of discussions about integration.

In concluding the Chair advised the meeting that Healthwatch Birmingham's Annual Report 2016/17 was now available and undertook to ensure that a copy was sent to all members of the Board.

HEALTH AND WELLBEING STRATEGY

The following report was submitted:-

(See document No. 2)

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

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

- 1) John Short indicated that he was surprised that tackling childhood obesity was not in the Strategy. He also advised the Board that the Mental Health System Strategy Board would be setting the ambition of zero suicide as hundreds of people died through suicide and considered that it would be helpful if the ambition was referenced in the Strategy.
- 2) Dr Andrew Coward referred to the importance of NHS provider organisations having a commitment to the wellbeing of staff and reported that compared to the average worker in the United Kingdom, NHS staff were 50 per cent more likely to have a debilitating illness which directly related to quality outcomes for patients. Furthermore, he advised the Board that domestic violence was 2-3 times more prevalent amongst nursing staff. He therefore considered that there was much that the NHS could do to put its own house in order. Further to 1) above, the member supported the ambition of zero suicide being included in the Strategy and pointed out that individuals who had 4 or more Adverse Childhood Experiences were 49 times more likely to attempt suicide.
- 3) The Chair advised the meeting that she was passionate about tackling and bringing down levels of domestic violence and abuse and considered that the issue should be covered within the Strategy.

- 4) Further to comments made, Dr Adrian Phillips referred to work that had been led by Dr Andrew Coward on childhood obesity and highlighted that work continued to take place on the issue, notwithstanding the fact that it was no longer mentioned in the Strategy. He highlighted that the Board had considered that it would be better to focus on making efforts to perform well in respect of a relatively small number of priorities / ambitions and, in relation to the issue of suicide, referred to the need for the Board to consider how it might work with other organisations to identify and help vulnerable people in crisis. He suggested that a report be brought to a meeting later in the year covering both child obesity and the issue of zero suicide and this was supported by members.
- 5) In responding to a question from Professor Nick Harding, Johnathan Driffill highlighted that families moving with their children from temporary to permanent accommodation was a big improvement in itself and suggested that the quality aspect could be addressed by referring to appropriate or suitable permanent accommodation.
- 6) Professor Nick Harding indicated that he would be keen to see metrics in respect of the priorities and ambitions in the Strategy circulated to members of the Board on a regular basis. Dr Adrian Phillips undertook to arrange for this to happen.
- 7) Further to a request from Dr Adrian Phillips for members to consider what support they might be able to offer in terms of developing targets and implementing the Strategy, the Chair asked that the Director of Public Health arrange for the members to be contacted in this regard.
- 8) John Short highlighted that one of the functions (Minute No 191 refers) of the Board was to promote a reduction in health inequalities across the City through the commissioning decisions of member organisations. He therefore considered that it would be helpful if there was a simple fact sheet that described what the biggest health inequalities were in Birmingham.

197

RESOLVED:-

- (a) That the developments related to how the Strategy was relevant to the objectives of members' organisations be noted;
 - (b) that this Board agrees to:-
 - (i) support the development of the Operations Group; and
 - (ii) provide specific leadership to individual objectives.
 - (c) that a report be submitted to the Board later in the year on the issue of child obesity and the ambition of zero suicide.
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USING THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES TO IMPROVE THE HEALTH AND WELLBEING OF BIRMINGHAM PEOPLE

The following report was submitted:-

(See document No. 3)

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

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

- 1) Dr Andrew Coward placed on record his thanks to Dr Dennis Wilkes, Assistant Director of Public Health for his excellent work in chairing meetings and taking matters forward. The member also referred to an example of where a mother who'd suffered domestic abuse had been re-united with her child. He looked forward to receiving the full report of the Task and Finish Group and highlighted that the work on Adverse Childhood Experiences (ACEs) provided a central platform to improve the health and wellbeing of people in Birmingham.
- 2) Andy Cave highlighted that learning could be gained by speaking to individuals who'd suffered ACEs in the past and identifying what had helped them.
- 3) Further to 2) above, Dr Adrian Phillips considered that exposing the problems that adults were experiencing was a big step on the way to tackling them. In relation to children, he highlighted that one of the difficulties faced was how frequently to ask them if they needed help. He confirmed that seeking to identify good and best practice was part of the Task and Finish Group's work.

198

RESOLVED:-

That the progress made and that a full report will be submitted to the October meeting, be noted.

IMPROVING THE INDEPENDENCE OF ADULTS

The following report was submitted:-

(See document No. 4)

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

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

- 1) Dr Adrian Phillips indicated that the timescales involved had meant that there'd not been sufficient time to include Sandwell and West Birmingham in the application to be a demonstrator site for the Integrated Personal Commissioning Operating Model.

- 2) In relation to seeking to ensure that the services were available to meet the needs of individuals with Personal Health Budgets (PHBs), Dr Adrian Phillips considered that focus should be on speaking to service users about what services they required and stimulating rather than controlling the market.
- 3) John Short, in supporting the comments made in 2) above, underlined that PHBs were something that he had desperately wished to see put in place for a long time. He considered that they were fundamental in terms of seeking to change the relationship between service providers and service users and giving greater power to the latter. Furthermore, he felt that they were the most important step that could be taken structurally to reduce health inequalities. He therefore had concerns that there was no reference to PHBs in the Birmingham and Solihull CCGs' transition update document received (Minute No 202 refers).
- 4) At this juncture Dr Adrian Phillips referred to an interview involving John Short at The Kings Fund and commented that in the field of mental health the legislation was very powerful and could involve taking away people's liberty; he highlighted that personalisation was the very opposite of this.

199

RESOLVED:-

That the targets in the Integrated Personal Commissioning adopter programme be adopted by the Health and Wellbeing Board for its strategic objective of improving the independence of adults.

PROPOSALS FOR THE USE OF THE IMPROVED BETTER CARE FUND

The following report was submitted:-

(See document No. 5)

Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC introduced the information contained in the report. It was explained that the following were the main areas being focused upon: providing more nursing beds and rectifying flaws in the system with regard to delayed transfers of care; the importance of 7-day working; using Trust Assessors; investing in the Third Sector; and improving primary and community care and the way people worked in localities. Graeme Betts reported that feedback from the Clinical Commissioning Groups and NHS providers had been positive and he therefore commended the proposals to the Board.

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

- 1) Graeme Betts indicated that he considered that the idea of one public sector organisation fining another with the objective of improving performance in respect of delayed transfers of care was ill-conceived. He highlighted that it did nothing to bring about better partnership working and only served to reduce the amount of funding available to provide hospital social workers.
- 2) Members were advised that the Local Authority would be inspected again in the autumn or late spring next year and that the health service would be

inspected at the same time so that the health and social care system was looked at as a whole. Furthermore, Graeme Betts reported that a company would be examining the system from the 'front door' to the 'back door' to identify any pressure points. He indicated that it was believed that the proposals being put to the Board would bring about the improvements that everyone wanted to see.

- 3) Dr Gavin Ralston very much welcomed that the money would be used to improve the way that the system was working particularly as it was likely to result in long term benefits when the funding ceased. He was also pleased to hear that Trust Assessors would be used and that moves were being made towards 7-day services.
- 4) Further to 3) above, Graeme Betts considered that 7-day working by social work teams reduced pressures on them as they were not then always trying to catch-up and considerably improved the way that they worked. He would therefore be making efforts to encourage them to move quickly to 7-day working.
- 5) In responding to comments and a question from Professor Nick Harding, Graeme Betts confirmed that as much flexibility as possible was being retained in respect of the use of the money. He also concurred that there was a need for local targets in relation to delayed transfers of care as it was unrealistic to expect everyone to move at the same pace. Members were advised that there was recently a meeting involving CCG and NHS provider colleagues where it had been agreed that the next step was to add the timelines and metrics to the programme in terms of what it was expected to deliver and over what timescale. In anticipation of the inspection he underlined that a robust improvement plan was being developed.
- 6) Councillor Lyn Collin considered that there were brilliant hospitals, practitioners, doctors and nurses in the City and that this quality of provision should be matched by social services. The member hoped that in the future the NHS and social services would be able to work effectively together and provide the quality services that residents deserved.

The Chair thanked the Interim Corporate Director, Adult Social Care and Health, BCC for reporting to the meeting.

200

RESOLVED:-

- (a) That the proposals outlined in section 4.5 of appendix 1 to the report be supported and approved;
- (b) that the implementation plan be received at a future meeting.

DEMENTIA FUNDING IN THE BETTER CARE FUND

The following report was submitted:-

(See document No. 6)

Margaret Ashton-Gray, Head of City Finance, BCC and Mary Latter, Strategic Commissioning Manager, Birmingham Better Care introduced the information contained in the report.

The Chair thanked the representatives for reporting to the meeting.

201

RESOLVED:-

That approval be given to the transfer of budgets for commissioning third sector dementia services from Birmingham City Council to the BCF Pooled Fund, where they will be match-funded to provide a similar level of support to previous years.

BIRMINGHAM AND SOLIHULL CCGS: TRANSITION UPDATE

The following report was submitted:-

(See document No.7)

Paul Sheriff, Birmingham and Solihull CCG Transition Programme Lead and Director of Operations and Corporate Development, Birmingham CrossCity Clinical Commissioning Group (CCG); Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham CCG; and Gemma Coldicott, Senior Communications and Engagement Manager, Birmingham CrossCity CCG, were in attendance.

The Programme Lead introduced the information submitted and in referring to comments that had been made earlier (Minute No 199 refers) acknowledged that the information presented did very much concentrate on operational form which was not the ultimate purpose of what was trying to be achieved. He advised members that nonetheless the points that had been made at the meeting were very much part of the programme of work to ensure that what a strategic commissioning should look like in the future was captured. It was reported that consultation would commence on 10 July and run for a 6-week period. In addition, at this juncture, Dr Andrew Coward expressed his support for the proposed merger of the 3 CCGs, Joint Strategic Commissioning and a movement towards Accountable Care Systems / Organisations. He considered that the NHS had not at times performed well at addressing the wider determinants of health with its strongly disease orientated approach and medical model of waiting for things to go wrong and then seeking to put them right using vast sums of money. The member felt that one of the reasons for this was that the NHS had been compartmentalised and too strongly hospital-led. However, he believed that if the merger went ahead and there was movement to create an Accountable Care System (ACS) with a split between an Accountable Care Organisation and Joint Strategic Commissioning it would provide the opportunity to home-in on the issues that really mattered for the health and wellbeing of the citizens of Birmingham.

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

- 1) John Short informed the representatives that the NHS providers believed that it was important that the proposed merger of the 3 CCGs at the same time addressed the West Birmingham issue; referred to Personal Health Budgets (PHBs) and stressed the need for the strong commissioning mentioned in the appendix (fifth slide) to be carried out in partnership with citizens and service users/patients; and considered that it was important that the issue of what balance there should be between collaboration and competition was covered when going out to consultation and moving towards ACSs. He felt that competition was entirely appropriate but believed that there should also be something about collaboration. The Board was advised that the Birmingham and Solihull Mental Health NHS Foundation Trust now had an ACS as the Trust had on 1 April 2017 taken over all the Adult Secure Services for the West Midlands and that their rhetoric was all about competition alongside collaboration. The member considered that this was something that needed to be better reflected in the messages going out particularly given that the consultation would soon start. He had concerns that the public might interpret a strong voice as being the NHS dictating to the public rather than it being concerned with ensuring that ACS had the commissioning skills to bring about the best possible outcomes for the citizens of Birmingham.
- 2) Professor Nick Harding considered that merging the 3 CCGs was the right thing to do and that there was a need to look at how an ACS could be allowed to develop. The member highlighted that doing the right thing in a diverse place like Birmingham with its different populations was complex and challenging. He considered that an underlying question was how would population care be made better as a consequence of the proposed new structures. The member was not sure that a merged organisation would allow the NHS to get round the commissioner / provider split in the first instance but believed that it would allow the NHS to work together better.
- 3) The Chair stressed the importance of ensuring that the voices of citizens were heard. Graeme Betts, Interim Corporate Director, Adult Social Care and Health, BCC highlighted the value of the report in terms of opening up the discussion and debate around how to take matters forward, particularly in terms of an integrated commissioning approach. In addition, he reported that he was pleased to hear references at the meeting to the importance of tackling health inequalities as it could be easy not to give them enough prominence when focusing on commissioning issues rather than outcomes.
- 4) Further to 3) above, Dr Andrew Coward highlighted that the biggest driver of poor health, non-communicable diseases and poor mental health were Adverse Childhood Experiences (ACEs) and that ACEs were three times more likely in the most deprived populations compared to the least deprived. As ACEs were the biggest driver of health inequalities he therefore considered that it was important to focus on the childhood adversity piece and that joint commissioning arrangements would help in this regard.

Members of the Board were thanked for the feedback and Paul Sheriff undertook to take on board issues that had been raised at the meeting as part of the consultation exercise.

The Chair thanked the representatives for reporting to the meeting.

202

RESOLVED:-

That the proposed CCG organisational commissioning arrangements be endorsed.

**OTHER URGENT BUSINESS: INFORMAL BOARD MEETING –
BIRMINGHAM AND SOLIHULL SUSTAINABILITY AND TRANSFORMATION
PLAN**

203

Dr Adrian Phillips informed the meeting that it was proposed to hold an informal meeting of the Board towards the end of the summer on the Birmingham and Solihull STP and to invite partners to attend. Members supported this approach.

The meeting ended at 1628 hours.

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CHAIRPERSON