Members are reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting

BIRMINGHAM CITY COUNCIL

HEALTH AND WELLBEING BOARD

TUESDAY, 27 SEPTEMBER 2016 AT 15:00 HOURS
IN BVSC, 138 DIGBETH, BIRMINGHAM B5 6DR, [VENUE ADDRESS]

A G E N D A

1 **APOLOGIES**

To receive any apologies.

2 **DECLARATIONS OF INTERESTS**

Members are 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.

3 - 10

3 **MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting.

4 **CHAIR'S UPDATE**

To receive an oral update.

11 - 30

5 **DURHAM UNIVERSITY - FEEDBACK ON HEALTH AND WELLBEING BOARD**

To receive a presentation on feedback on the University's interim findings from its research regarding Health and Wellbeing Boards.

31 - 34

6 **SUSTAINABILITY AND TRANSFORMATION PLAN (STP)**

To receive a report on the STP.

35 - 42

7 **WEST MIDLANDS COMBINED AUTHORITY - PUBLIC SECTOR REFORM**

To note work on the Public Sector Reform (PSR) and to consider the adoption of relevant priorities from the PSR workstream.

8 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 22 MARCH 2016 AT 1500 HOURS IN THE IMPACT HUB BIRMINGHAM, WALKER BUILDING, 58 OXFORD STREET, DIGBETH BIRMINGHAM B5 5NY

PRESENT: - Councillor Paulette Hamilton in the Chair; Dr Aqil Chaudary, Dr Andrew Coward, Cath Gilliver, Professor Nick Harding, Peter Hay, Chief Superintendent Chris Johnson, Dr Adrian Phillips and Tracy Taylor.

ALSO PRESENT:-

Suwinder Bains, Partnership and Engagement Manager, Secretariat and Policy Support to the Commission
Jenny Belza, Chief Nurse and Senior Responsible Officer, Transforming Care Programme
Dr Patrick Brooke, Lead for the Sustainability and Transformation Plan (STP)
Judith Davis, Programme Director, Birmingham Better Care
Maria Gavin, Assistant Director, Commissioning Centre of Excellence and Deputy Senior Responsible Officer, Transforming Care Programme
Paul Holden, Committee Services
John Lees, Transforming Care Programme
Alan Lotinga, Service Director, Health and Wellbeing
Dr Dennis Wilkes, Child Poverty Commission Member and Consultant in Public Health, Public Health, BCC

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APOLOGIES

151 Apologies for absence were submitted on behalf of Councillor Lyn Collin, Councillor Brigid Jones, Candy Perry, Dr Gavin Ralston and Alison Tongue.

DECLARATIONS OF INTERESTS

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

MINUTES AND MATTERS ARISING

153 The Minutes of the Board meeting held on 26 January 2016 were confirmed and signed by the Chair.

Members were advised that all the actions had been programmed and further to comments made, Alan Lotinga, Service Director, Health and Wellbeing confirmed that an action log would be produced.

CHAIR'S UPDATE

154 The Chair advised members that an event that had stayed with her since the last meeting had been Public Health England's regional routine enquiry event on Adverse Child Experiences (ACEs) held on 22 February 2016 - and was aware that Dr Andrew Coward had already made clear how important recognising ACEs were in much of the Health and Wellbeing Board's work. She reported that linked to this she'd attended another event in Wolverhampton with the Director of Public Health on the health of offenders, where similar findings had been shared e.g. the Director during his presentation highlighted that of adults who'd offended, were homeless and / or had undertaken treatment for substance misuse, 26-43 per cent had suffered a significant adverse childhood experience. The Chair indicated that it seemed to her that how ACEs were addressed was an important area to focus upon and help this Board, the Birmingham Community Safety Partnership and Birmingham's two Safeguarding Boards provide added value. She commented that she was pleased to see that there was a development session on ACEs in the Health and Wellbeing Board's Work Programme for next year and looked forward to hearing members' views on what other issues it would be most useful to include in the programme.

In referring to the Sustainability and Transformation Plan (STP), the Chair placed on record how pleased she was that Mark Rogers would be leading on the Birmingham and Solihull footprint to deliver the STP and thereby drive forward the NHS Five Year Forward View.

At this juncture, Tracy Taylor also reported that following on from the discussion at the last meeting, John Short, Chief Executive Officer, Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) had asked that she raise the issue of ensuring that a balance was struck between investing in prevention and in services that ensured that appropriate support was available for those individuals with severe mental health issues who may go into crisis. She advised the meeting that BSMHFT had the second lowest number of beds (per 100,000 weighted population) of any mental health trust in England and that the proportion of its spend on community services was amongst the highest, which demonstrated that appropriate models of innovative care were being implemented. However, there were still about twenty adults placed in units around the country every night because of a lack of beds locally - the fourth worst performance in the country. Therefore, whilst it was really important to invest in mental health prevention services it also had to be recognised that there was a need to ensure that safe and effective crisis services for assessment and recovery were available locally for vulnerable individuals in Birmingham.

SUSTAINABILITY AND TRANSFORMATION PLAN (STP) UPDATE

The following report which it was highlighted should have been entitled as above was submitted:-

(See document No. 1)

Judith Davis, Programme Director, Birmingham Better Care in introducing the item circulated a further update paper as follows:-

(See document No. 2)

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

1) The Chair thanked the officers for having regularly kept her informed of developments and in referring to the information contained in the report indicated that she had concerns over the limited role which it seemed the Birmingham and the Solihull Health and Wellbeing Boards would play in respect of the STP work.

2) Dr Patrick Brooke, STP Lead reported that the Chair of the Solihull Health and Wellbeing Board did wish their Board to play a central role with regard to the STP and it was indicated that the Boards' roles would evolve as the work and place-based initiative developed.

3) A number of members considered that the Health and Wellbeing Board should play a significant part in terms of taking the STP forward and the view was expressed that given the financial pressures any attempt to shore-up existing arrangements would result in failure. Furthermore, mention was made of the importance of looking at such issues as the wider determinants of health; addressing health inequalities; providing support to vulnerable children and adults; energising local communities; and ensuring that there were sufficient beds available locally for people with severe mental health issues who went into crisis. A Member referred to the need to set the aims high in the STP in order to improve the health and wellbeing of citizens.

4) In view of the comments made, Dr Adrian Phillips, Director of Public Health suggested holding a special meeting in the next few months to discuss the STP and the Chair and other members indicated that they were supportive of a special meeting being convened.

155 **RESOLVED:-**

That, subject to 4) above, the requirement and emerging local approach be noted and regular updates be requested.

BETTER CARE FUND (BCF) UPDATE

The following report was submitted:-

(See document No. 3)

Judith Davis, Programme Director, Birmingham Better Care introduced the information contained in the report and highlighted that the BCF Plan had two key elements - which related to national conditions and metrics. Members were advised that all the national conditions were being met except for delivering joint plans and multi-disciplinary working and that new activities had therefore been added to the BCF Plan which included joint working between the Community Trust teams and adult social care. In relation to metrics, the Board was informed that the one failure had been in avoiding non-elective admissions - an area that had always been recognised as being a significant risk and which was regularly reported to the BCF Programme Board. She also highlighted that nationally the payment-for-performance element had also been removed from the Plan and replaced by the two new conditions identified in the report.

During the discussion, the Chair drew attention to the recommendation of the BCF Programme Board to move the BCF programme into the STP as quickly as possible as referred to in paragraph 4.13 of the report though a member queried whether this could be done given the current legislative framework. The Chair highlighted the need for the Programme Director to share what details became available on how it was proposed to move forward on this issue with the members of the Health and Wellbeing Board.

156 **RESOLVED:-**

(a) That the approach taken in developing the planned submission be noted;

(b) that authority be delegated to the Chair of the Health and Wellbeing Board, Strategic Director for People and Chairs of the Clinical Commissioning Groups to jointly sign off the final submission prior to the final submission date of 25 April 2016.

TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES

The following report was submitted:-

(See document No. 4)

Jenny Belza (Chief Nurse and Senior Responsible Officer), Maria Gavin, (Assistant Director, Commissioning Centre of Excellence and Deputy Senior Responsible Officer) and John Lees, Transforming Care Programme were in attendance. The Chief Nurse and Senior Responsible Officer introduced the information contained in the report.

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

1) Tracy Taylor in acknowledging the huge amount of work that was taking place in terms of developing community capacity nevertheless stressed the need for inpatient beds to be available locally so that those vulnerable individuals that needed assessment and treatment did not have to be placed in units that were a long distance away from Birmingham.

2) Alan Lotinga, Service Director, Health and Wellbeing (and Chair of the Birmingham Safeguarding Adults Board) informed the meeting that other key partners were aware of the risks involved in moving people with very complex needs from inpatient units to community care. He considered that the work that was taking place in transforming the care arrangements for people with learning disabilities was a good example of what could be achieved through partners working together.

3) In response to a question, the Chief Nurse and Senior Responsible Officer highlighted that the carrying out of Care and Treatment Reviews were amongst the steps taken to ensure that inpatients had the right care packages when they were discharged into community provision.

4) Dr Adrian Phillips referred to the excellent work that was carried out by organisations such as the West Midlands Police and West Midlands Fire Service and also drew attention to the valuable role of other services such as dental practices and pharmacies in supporting vulnerable people and drawing to notice any issues of concern that they had for their care.

5) Further to 4) above, members emphasised the importance of pursing a whole systems-wide approach as part of the community care support arrangements when vulnerable people transferred from inpatient units scheduled for closure.

157 **RESOLVED:-**

That, subject to 5) above, the draft Transformation Plan be endorsed.

WHAT IS OUR EXPERIENCE OF AND RESPONSE TO CHILD POVERTY IN BIRMINGHAM?

158 The following report was received:-

(See document No. 5)

Suwinder Bains (Partnership and Engagement Manager), Secretariat and Policy Support to the Commission and Dr Dennis Wilkes (Child Poverty Commission Member and Consultant in Public Health) BCC were in attendance.

The Child Poverty Commission Member and Consultant in Public Health presented the following PowerPoint slides:-

(See document No. 6)

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

1) The Chair reported that when a District Nurse she had seen poorly clothed children who'd not properly eaten working as unpaid carers to their families and therefore losing out in life. She highlighted that being drawn into an adult way of life at so young an age could be a form of abuse. She also referred to the harm that could occur when for example boys with no male role model were brought up in one parent households with little money or resources because their mothers did not have a job.
2) In highlighting that there would not be the resource capacity to do everything, the Chair indicated that she would welcome the identification of three priority areas where it was considered the Health and Wellbeing Board could help to make a difference.
3) Tracy Taylor referred to the need for engagement to take place with a wide range of professionals who worked 'on the ground' in the health / public sector e.g. the Community Health Trust, West Midlands Fire Service, West Midlands Police. In highlighting that child poverty could occur because a family was dysfunctional the member indicated that she hoped that the wider determinants of child poverty would come out of the work that was taking place. Reference was also made to the importance of investigating where else progress might have been made in tackling child poverty with a view to replicating the work.
4) Dr Andrew Coward commented on the harmful effects of Adverse Childhood Experiences (ACEs) on individuals and the much increased likelihood of them having difficult and poor quality lives if they had high ACE scores. Furthermore, Chief Superintendent Chris Johnson drew attention to the high returns on investing relatively small sums of money in working with young people in this way.
5) Dr Aqil Chaudary drew attention to the negative effects of child poverty in terms of destroying the hopes and aspirations of children and referred to the need to gather evidence in this regard aimed at improving outcomes for children.
6) Dr Adrian Phillips highlighted that poverty often ran through families from one generation to the next. He also advised the meeting that one of the messages conveyed to him was that the systems and processes that had to be overcome to gain employment were too complex - " give me a job" being a comment he'd heard. He therefore felt that there was a need to look at how adjustments might be made to the current paradigm. He also referred to looking at exploring opportunities through the Sustainability and Transformation Plan (STP).

In thanking members for their comments the Child Poverty Commission Member and Consultant in Public Health indicated that he was looking to report back to the Board after further work had taken place. Professor Nick Harding suggested that the representatives might also wish to consider circulating information direct to members in order for them to have the opportunity to further input into the work. The Chair highlighted that she would also look forward to receiving information on outcomes that it might be appropriate for the Board to progress.

HEALTH AND WELLBEING BOARD OPERATIONS GROUP UPDATE

The following report was submitted:-

(See document No. 7)

Alan Lotinga, Service Director, Health and Wellbeing introduced the information contained in the report.

159 **RESOLVED:-**

That the work set out in the report be endorsed.

WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 8)

Alan Lotinga, Service Director, Health and Wellbeing highlighted that sessions would also be taking place covering Active Citizenship and the Sustainability and Transformation Plan.

160 **RESOLVED:-**

That the Work Programme be noted.

The meeting ended at 1701 hours.

…….
CHAIRPERSON

	Agenda Item: #
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**September 2016**
TITLE:	**Durham University – Feedback on Health and Wellbeing Board**
Organisation	**Durham University**
Presenting Officer	**David Hunter, Professor of Health Policy and Management Director, Centre for Public Policy and Health, Durham University**

Report Type:	For discussion

1. Purpose:
1.1 This item presents interim findings from Durham University's research on Health and Wellbeing Boards which relate to Birmingham Health and Wellbeing Board (HWB) as one of six case-studies. The aim of the research is to evaluate how well HWBs in England function, and whether this helps HWBs achieve their objectives to extend democracy, support shared decision-making and promote integrated service provision to improve health and wellbeing, reduce inequalities, and achieve better quality care. 1.2 The study is scheduled to be completed at the end of 2016 and the research team includes expertise in local government, public health and NHS research, leadership and management theory and practice as well as public service user engagement and involvement.

2. Implications: # Please indicate Y or N as appropriate]		
BHWB Strategy Priorities	Child Health	
	Vulnerable People	
	Systems Resilience	✓
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		

Financial	
Patient and Public Involvement	
Early Intervention	
Prevention	

3. Recommendation
3.1 It is recommended that the Board reviews the feedback

4. Background
4.1. Since April 2013, each local authority in England is required to have a Health and Wellbeing Board (HWB). These Boards bring together partners from the council and NHS, along with public representation, in an effort to ensure that local health needs drive local decision-making. There is considerable optimism about the potential for HWBs to deliver effective partnership working in order to improve health and offer better integration of health and social care. However, little evidence exists to show that similar partnerships have been effective and there is concern that power will not be redistributed in the new system, meaning that the views of local people may not be heard.

5. Compliance Issues
5.1 Strategy Implications
This report is central to the current updating of the Health and Wellbeing Board's strategy.
5.2 Governance & Delivery
Progress on how recommendations are being incorporated into strategy will be reported to the Health and Wellbeing Board at its next meeting and this will be progressed in the meantime by the Health and Wellbeing Board Operations Group.
5.3 Management Responsibility
Adrian Phillips will be the Board Member accountable for delivery and Wayne Harrison and Carol Herity will be the managers responsible for day-to-day delivery as new co-chairs of the Health and Wellbeing Board's Operations Group.

6. Risk Analysis			
Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
None			

Appendices
N/A

Signatures	
Presenting Officer: **Adrian Phillips**	
Chair of Health & Wellbeing Board **(Councillor Paulette Hamilton)**	
Date:	

The following people have been involved in the preparation of this board paper:

Adrian Phillips, Director of Public Health, Birmingham

Feedback: Birmingham Health and Wellbeing Board

David Hunter, Professor of Health Policy and Management
Director, Centre for Public Policy and Health

Shelina Visram, Lecturer in public policy and health

Neil Perkins, Postdoctoral research associate

27th September 2016

Health and Wellbeing Boards: A New Dawn for Partnership Working?

- Established under the Health and Social Care Act 2012 as a committee of the local authority
- Forum in which key leaders from across health and care system can work together
- Particular emphases on integrated services and public engagement
- Great diversity in face of local contexts, cultures, histories of partnerships
- Few powers: statutory duties to develop JSNAs and HWSs
- System leaders or talking shops?

Drivers of and Barriers to Effective HWBs

- Committed leaders – *political and managerial*
- Collaborative plumbing – *legacy of strong partnership working*
- A geography that works – *coterminosity can be an asset or barrier*
- Response to austerity – *driver for collaboration or a retreat to silos*
- Focus on place – *local priorities that drive collaboration*
- Churn in the system – *local government and NHS*
- Mission creep of national expectations – *Better Care Fund; devolution; 5YFV: Vanguards, Sustainability and Transformation Plans*
- Getting the basics right – *to enable effective systems leadership*

Adapted from: Shared Intelligence 2015 and 2016

Evaluation Aim and Objectives

- Describe the varied ways in which HWBs are configured and organised taking into account issues such as leadership, governance, membership, citizen involvement
- Analyse the nature of relationships between HWB members, key stakeholders from the health system
- Identify key political, institutional and organisational facilitators and barriers to effective leadership and action by HWBs for health improvement and tackling inequalities
- Work with stakeholders to identify and disseminate examples of good practice for collective decision-making and integrated service provision to achieve health outcomes

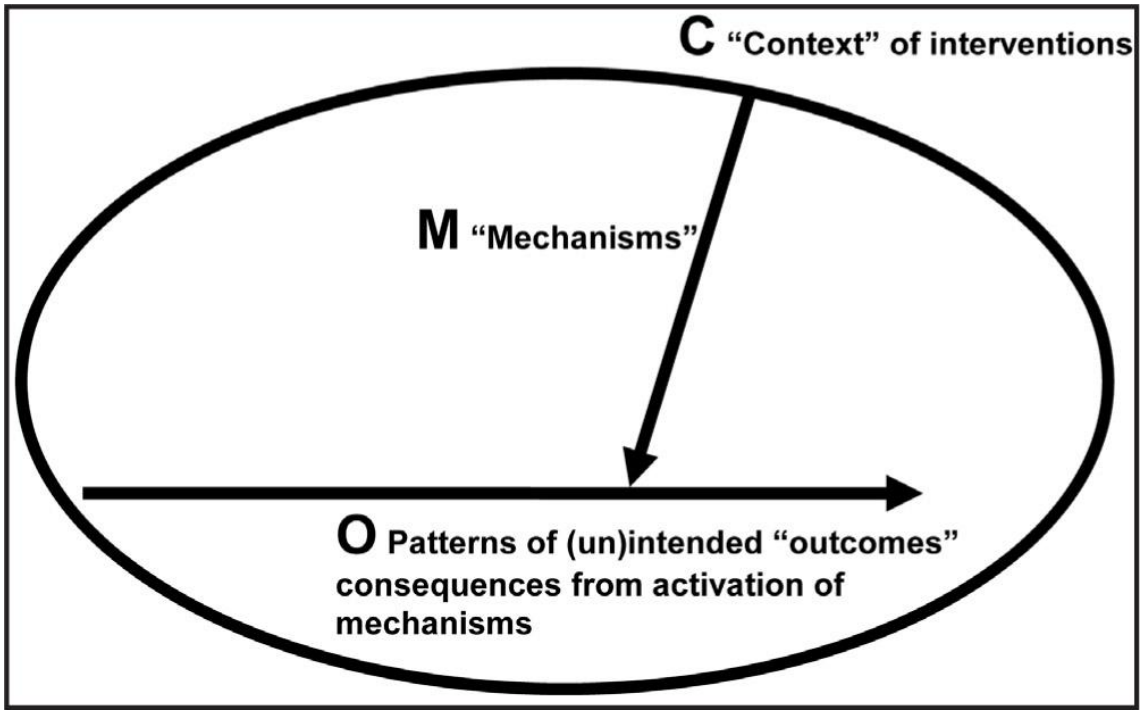
Evaluation Design and Methods

- **Work package 1**: Scoping the evidence base in relation to HWBs and similar partnership working arrangements
  - Literature review and narrative synthesis (report 1 published May 2015)
- **Work package 2**: Mapping the configuration and operation of HWBs across England
  - National survey and elite actor interviews (report 2 published Nov 2015)
- **Work package 3**: Exploring key stakeholder experiences and perspectives of working within or alongside HWBs
  - In-depth case study research within six purposively sampled sites (ongoing)
- **Work package 4**: Disseminating good practice
  - A series of regional and national events (to be delivered in 2016/17)

Case study sites

Site	Region	Type	Political control	Rural	Pop over 300,000	CCGs
1	EM	CC	Labour	Yes	Yes	>1
2	SW	U	Labour	No	No	>1
3	NE	MDC	Labour	No	No	1
4	WM	U	Labour	No	Yes	>1
5	NW	MBC	NOC	No	No	1
6	tbc	tbc	tbc	tbc	tbc	Tbc

Realist evaluation framework



Source: (Ogrinc & Batalden 2009)

Context

- Mixed history of partnership working
- Fragmented care system
- Lack of resources and capacity
- Role of public health in local government
- Electoral cycle can disrupt leadership
- Unknown impact of:
  - Sustainability and Transformation Plans
  - Devolution

Mechanisms

- Strategic focus
- Strategic leadership and executive power
- Governance and decision-making
- Health and Wellbeing Strategy
- Membership
- Public engagement

Outcomes

- Accountability
- Monitoring
- Successes and processes
- *What if there was no HWB?*

Three main ‘dilemmas’

1. Is the HWB a sub-committee of the local authority or are we a genuinely joint Board?

2. Does the HWB want to be an influencing body which seeks to develop system leadership or have greater transactional authority and the ability to sign off actions?

3. Do we want more transparency or do we want to be able to have difficult conversations in a more private setting?

Source: (Griffith & Glasby, 2015)

For Clarification

- The Strategy refresh and the Board?
- The role of the Operational Group in the strategy?
- Getting in on the agenda?
- Monitoring of progress?
- Partners' responsibilities?
- Board membership?
- Public engagement?

Points to Consider

- System/place leadership in the light of STP/CCG mergers
- Monitoring and evaluation
- Public engagement strategy
- Getting the right outcomes
- Board membership

For further information, visit the project website:

https://www.dur.ac.uk/public.health/projects/current/prphwbs/

Evaluating the Leadership Role of Health and Wellbeing Boards

About the Research Study | Meet the Research Team | External Advisory Group | Research Outputs / Presentations

Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England.

(PI: David Hunter with Shelina Visram as a co-investigator; other co-investigators are Rachael Finn, Sheffield University, Jennifer Gosling, LSHTM, Lee Adams and Amanda Forrest, independent consultants)

Since April 2013, each local authority in England is required to have a Health and Wellbeing Board (HWB). These Boards bring together partners from the council and NHS, along with public representation, in an effort to ensure that local health needs drive local decision-making. There is considerable optimism about the potential for HWBs to deliver effective partnership working in order to improve health and offer better integration of health and social care. However, little evidence exists to show that similar partnerships have been effective and there is concern that power will not be redistributed in the new system, meaning that the views of local people may not be heard.

Our aim is to evaluate how well HWBs in England function, and whether this helps HWBs achieve their objectives to extend democracy, support shared decision-making and promote integrated service provision to improve health and wellbeing, reduce inequalities, and achieve better quality care. The study will run from 1 January 2015 to 31 December 2016.

We will explore factors that help or hinder HWBs in fulfilling their role, and work with policy and practice partners to share examples of good practice. Field work will include a national survey of HWBs, and in-depth case studies in six

Related Links

Commissioning Public Health Services Project 2015

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Tweeted 2 weeks ago

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Birmingham and Solihull Sustainability and Transformation Plan

Update for Health and Wellbeing Board – September 2016

The previous Birmingham and Solihull Health and Wellbeing Boards have received updates outlining the national policy surrounding Sustainability and Transformation Plans and initial steps taken in the Birmingham and Solihull footprint to start to develop the plan and leading up to the next anticipated submission date of June 2016 with three anticipated key points to be described. It should again be noted that the STP is the only route to bring NHS transformation monies into the health and care system.

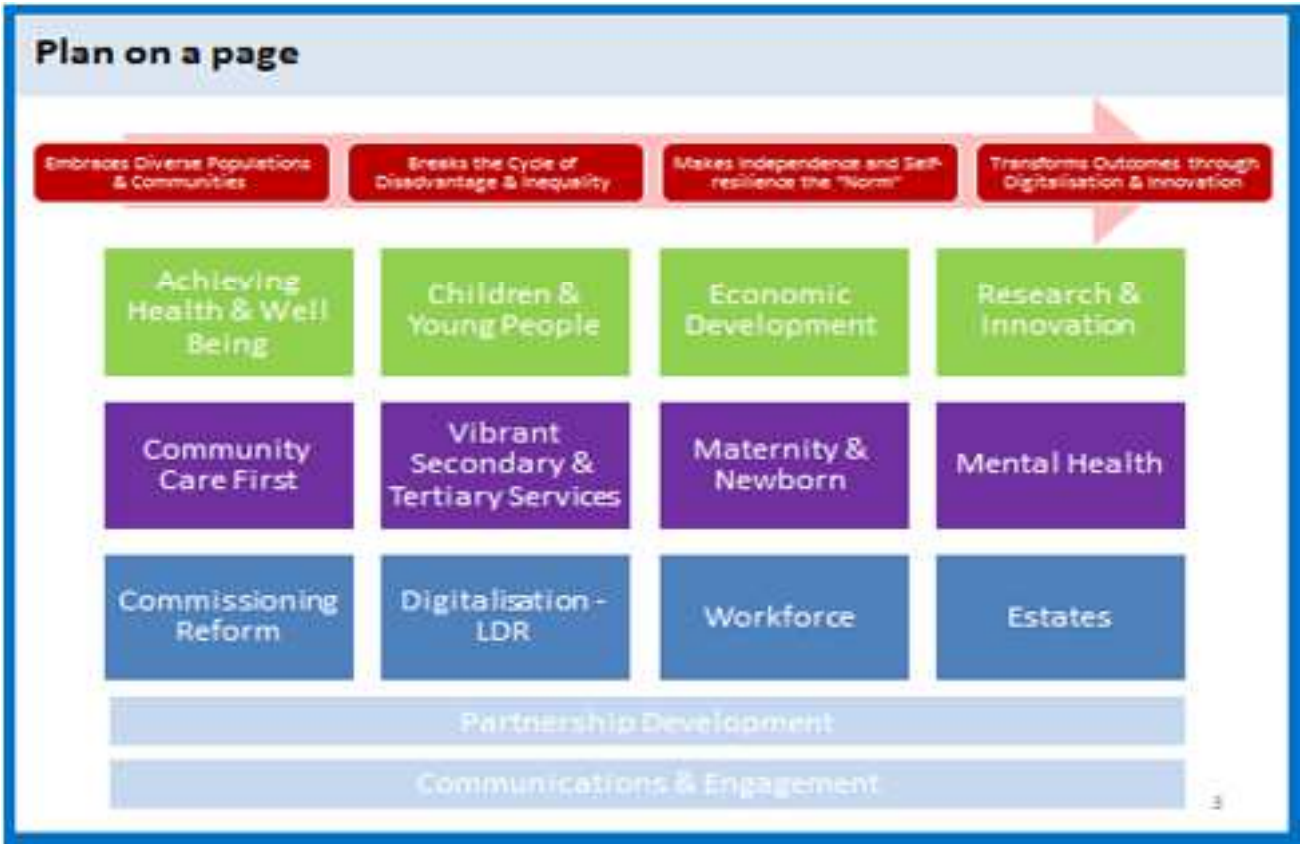
The ambition of the plan remains the same however we now have greater clarity about how to approach this given the requirements surrounding the STP process which have emerged.

June Submission

Within the Birmingham and Solihull footprint it was not possible to establish the detail anticipated for this June 'check point' submission including a financial template. Subsequent to the submission local leaders met with national NHS leaders and the Local Government Association at a 'round table session' chaired by Simon Stevens, Chief Executive of NHS England. They discussed the programmes as they were emerging and it was recognised by this group that key progress had been made and they accepted the complexity of the local position. Birmingham and Solihull as a whole has less well developed partnership working than many parts of the country but is not unique. It was re-enforced that significant work was needed between then and the next submission.

Plan on a Page

The images below outline the 'plan on a page' submitted within the June submission. This indicates the key workstreams that are being developed and reflect the priority actions outlined in the last paper:



The NHSE requirements of the STP are largely focused in the purple and blue boxes and these are the current areas of priority for development.

STP Plus (the green boxes) are areas of work that require a wider focus than the NHSE requirements of the STP, and are areas where local authorities and other partners can have a greater level of input. These area of work are still being scoped, and will become more of a focus for the STP after the submission on October 21st. The exception to this is Achieving health and wellbeing, which is currently a workstream within the Community Care First Programme being led jointly by Local Authority Directors of Public Health. The STP Plus element of this will be more fully developed during the Autumn.

Subsequent Submissions

The timeline for the next written submission has been extended from mid September to mid October again reflecting the challenges within this process. A financial template will be submitted on 15th September

External support has been secured for the development of both the financial template and the narrative submission and also to develop robust governance arrangements.

The following meetings will be considering the financial and narrative submissions with further work anticipated outside of these meetings:

System Board 5th September 2016

Leader and Chairs (Including Health and Wellbeing Board Chairs) 7th September

System Board 10th October 2016

Engagement and Consultation

Given the national media interest in STPs in late August on 26th August NHS England released the following statement:

"We need an NHS ready for the future, with no one falling between the cracks. To do this, local service leaders in every part of England are working together for the first time on shared plans to transform health and care in the communities they serve, and to agree how to spend increasing investment as the NHS expands over the next few years.

"This is a unique exercise in collaboration. It is hardly a secret that the NHS is looking to make major efficiencies and the best way of doing so is for local doctors, hospitals and councils to work together to decide the way forward in consultation with local communities. Proposals are at a draft stage but we expect all local leaders to be talking to the public and stakeholders regularly – it is vital that people are able to shape the future of their local services.

"No changes to the services people currently receive will be made without local engagement and, where required, consultation. There are longstanding assurance processes in place to make sure this happens."

It is important to note that the BSol Plan at this point does not include any detail about proposed significant service closures or changes to organisations, however as the NHS E statement outlines significant efficiencies will have to be found at the same time as delivering better care and outcomes for people. Understanding these efficiency opportunities is part of the work that is currently being undertaken. We are building upon significant engagement that has already been carried out by partners as part of the annual rounds of commissioning intentions, Better Care Fund and national vanguard developments all of which are in the public domain.

During September and early October there are planned engagement events with the public and patients, clinicians and Overview and Scrutiny Committees, with public facing documents planned when there are key areas to be discussed as per current long standing requirements.

Key dates for H&WBB to note would be:-

27th September – Stakeholder Reference Group meeting at Solihull Council

29th September – Stakeholder Reference Group meeting at Birmingham City Council

4th October – Engagement Event with medical directors from across the system at Birmingham City Football Club

We are developing a more readable document relating to financial analysis to be shared as part of governance processes including with H&WBB. This will be released jointly to Birmingham and Solihull Boards alongside private briefings of Scrutiny Committees.

Recommendation:

The Health and Wellbeing Board should note the update within the paper.

	Agenda Item: #
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**27th September 2016**
TITLE:	**WEST MIDLANDS COMBINED AUTHORITY – PUBLIC SECTOR REFORM**
Organisation	**Birmingham Health and Wellbeing Board**
Presenting Officer	**Adrian Phillips, Director of Public Health, Birmingham**

Report Type:	**For Decision**

1. Purpose:

1.1 There has been considerable interest in the West Midlands Combined Authority (WMCA). This has been linked to "devolution" of powers (and budgets) from central government. Much of the media commentary has been related to the physical infrastructural aspects such as HS2, Metro and other transport developments, housing etc. However a key aspect of the package of measures that the WMCA developed relates to "Public Sector Reform" (PSR).

1.2 This report sets out further details of this work and makes recommendations for relevant priorities from the PSR work stream to be adopted by the Health and Wellbeing Board (HWB) in refreshing its strategy.

2. Implications:

BHWB Strategy Priorities	Child Health	✓
	Vulnerable People	✓
	Systems Resilience	✓
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		✓
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		✓
Prevention		✓

3.	Recommendation
3.1	It is recommended that the Board adopts emerging outputs from the PSR work stream within its strategy, especially that relating to Mental Health and Multiple Complex needs.

4. Background

4.1 There has been considerable interest in the West Midlands Combined Authority (WMCA). This has been linked to "devolution" of powers (and budgets) from central government. Much of the media commentary has been related to the physical infrastructural aspects such as HS2, Metro and other transport developments, housing etc. However a key aspect of the package of measures that the WMCA developed relates to "Public Sector Reform" (PSR).

Public Sector Reform

4.2 There are 3 reasons to consider Public Sector Reform:

i) To improve outcomes for residents

Too many in the West Midlands have poor outcomes and there is an ambition to become "best in class" for a swathe of outcomes. This is especially true for those individuals with multiple complex needs. An early analysis suggested that part of the problem was duplication, poor sequencing of interventions and critical gaps in service design.

ii) Reduce the £4 Billion fiscal gap in West Midlands

The WMCA suffers from being very dependent on "benefits" with a gap of at least £4 Billion between net financial productivity and that spent in benefits to its population – the so-called "productivity gap". Examples include over 120,000 on Employment Support Allowance. Coupled to this is the "perfect storm" of increasing demand and reducing resources.

iii) Increase the cost-effectiveness of public services

Public services can be characterised by being high cost, intervening "too late" and responding reactively. So they need to increase their cost-effectiveness, especially with regard to prevention and early intervention through changing demand profiles. Another observation is that budget silos can affect the response which is based more on organisation rather than individual need. This is linked to fragmentation in service, policy and organisational thinking. Finally public services should develop shared intelligence and also robust evaluation.

4.3 The WMCA developed the following vision and ambitions:

4.4 The PSR program is developed around the following areas:

i) Employment & Skills
ii) Criminal Justice
iii) Mental Health

Additionally Troubled Individuals or people with "Multiple Complex Needs" are themes running across these three groups. The following provides an update.

Employment and Skills

4.5 A major ambition of the WMCA is to increase employment with an ambition to move from 1.39 million in employment in 2013 to 1.41 million in 2017 and 1.62 million by 2030, a net increase of 231,000 jobs. The fiscal and economic impact of these jobs depends partly on who is employed in the jobs. For example, if a job is filled by a WM resident currently on Job Seekers Allowance this will have a fiscal benefit of around £10,300 in the first year, with wider economic benefits of an additional £4,500. Clearly if the job is instead filled by someone from outside the region who was already in similar employment then the fiscal and economic gains to the region will be lower.

4.6 It is estimated that this could bring an additional £1.3 Bn through taxes and targeting could unlock a further fiscal benefit of £0.5 Bn. Thus there could be a total economic benefit of £2.4 Bn plus significant indirect taxes.

4.7 Work to date has included:

- Co-design of "Work & Health Programme" with Department of Work and Pensions
- Developing the business case for an innovative pilot for employment support for the hardest to help
- Devolution of the Adult Education Budget

Criminal Justice

4.8 Offending costs over £620m a year in the WMCA, for example these are average unit costs:

- Accommodating a prisoner £35,000 per year

- Criminal trial for violence £15,000
- New entrant to the youth justice system £3,600 pa

4.9 But the West Midlands achieves the best (lowest) overall re-offending rates in England. Local investment of £17m in offender management has already prevented £33m of criminal justice costs by reducing re-offending. Youth offending is a particular area of interest. Since 2006 the number of children in custody has declined by 64% to its lowest recorded level. But almost two thirds reoffend within a year of release. The West Midlands criminal justice system last year dealt with over 1,500 young people and sentenced 206 children to custody. The young people now offending are typically highly vulnerable with a history of adverse childhood experiences (ACEs).

4.10 There are a number of emerging options:

- A coherent and integrated approach to prevent re-offending by these young people.
- Early intervention (including through schools and for looked after children, who have a 20 times chance of going to prison compared to the general population)
- New alternatives to custody (including therapeutic approaches and community resolutions where appropriate)
- Improving resettlement into the community.

4.11 A "Life Course" approach is developing which recognises our region's USP of a young and diversifying population. It also emphasises supporting everyone to a fulfilling life ("no child left behind") and helps those with/at most risk of multiple complex needs. It is inherently linked to the growth agenda ("boosting value") and finally strongly evidence based on the problem, not the organisation.

Mental Health

4.12 The main impetus in the first year has been the Commission which is due to prepare its report. A key fact is half of those on Employment Support Allowance have enduring mental health problems – about 60,000.

4.13 The Commission is chaired by Norman Lamb MP and the Commission membership comprises people with national expertise in relation to mental health, business, health and work. It is supported by steering group with local representation from NHS providers and commissioners, local authorities, housing, third sector, fire service, police.

4.14 The following is not a formal list of recommendations but drawn from a variety of speeches and workshops with the commission members:

i) It is likely that the final report will be a "Concordat" including major private and public sector organisations signing up to

recommendations and implementation

ii) It will suggest belonging to a Global Network of cities prioritising Mental Health, including New York, Vancouver and Philadelphia. This is being worked on jointly with the International Initiative for Mental Health Leadership

iii) It will also suggest developing strong international academic links (addressing the issue that Mental Health is an under-researched area compared to cancer, heart disease etc.)

High profile commitments or ambitions are:

- Co-production building on successful work with experts by experience via a Citizens Jury during the Commission's work
- To end mental health placements outside West Midlands by the end of 2017, making West Midlands self-sufficient in terms of bed capacity
- To having no-one held in police cells under s136
- To adopt the concept of Zero Suicide across the West Midlands
- To adopt the principle of avoiding the use of restraint except in exceptional circumstances
- Developing the use of mental health treatment orders to assist in diversion from prison and supporting those leaving prison that have mental health needs

4.15 In addition, the following stand a good chance of being included in the report:

Employers	Charter for improving wellbeing within the workplace based on the Public Health England framework *Public sector organisations leading this charter* Trialling an economic incentive for employers to address wellbeing – a wellbeing premium, perhaps offering rebate on business rate for organisations that adopt the charter and deliver interventions Mental Health First Aid – aiming to train upwards of 500,000 in simple things to do in a mental health crisis, how to recognise it, how to call for help and also who to call – requires finding to implement a proposed programme with Mental Health First Aid England *70% of sickness due to Mental ill-health*
Community	Combined action to reduce stigma Mental Health First Aid– aiming to train upwards of 500,000 people in the region Appointment of an equalities champion as proposed in

	NHS England Five Year Forward View for Mental Health
Interventions at scale	Scaling up Individual Placement Support (IPS) across the W Midlands. Bid in to HMT and Health & Work Unit as well as seeking social finance. Aim to reach 5,000 people over three years doubling IPS delivery in England. Internationally evidence based and gives return on investment – NHS, CJS Meeting Early Intervention in Psychosis standards and examining applicability for other areas of mental health - NHS *50% of ESA claimants have severe mental health issues – West Midlands ESA claims relating to mental health total £400m*
Accommodation	Scaling up existing pilot of Housing First model – No Temporary Accommodation "Shared lives plus" – Fostering
Criminal Justice System	Promoting and expanding the use of Mental Health Treatment Orders before court (especially AC) Supporting those with mental health needs "Through the gate" after prison

4.16 Other Issues – with currently no clear recommendation are:

Primary Care	No current national or consistent model in place for Primary Care Mental Health. Want to see mental health support integrated with physical health care in primary care across the region. Put in place expert group to consider best model for West Midlands, gain agreement to approach and implement
Parenting Support	Children outside the scope of Commission but important. Commission is considering issue of early years transition
Equalities	BME issues important especially Afro Caribbean Also LGBT

Implications for the Health and Wellbeing Board

4.17 There are several implications for the Board regarding PSR. The first is that there is a considerable overlap with the previous strategy of the Board and PSR, especially vulnerable people. The second is the focus on Mental Health. This was included in the original strategy but now has a real impetus

for action. The third area is the strong focus on stable housing, again a feature of the Boards original strategy and an area the Board has wished to develop.

4.18 Finally the whole PSR agenda is built on the premise of "achievement" and "independence" not deficit and dependence. This chimes with the will of Board.

4.19 It should be noted that the Mental Health work has been incorporated into the STP. Likewise we are not waiting for the recommendations but continuing to identify opportunities. An example relates to Integrated Personal Commissioning (which incorporates Direct Payments and Personal budgets) where we are discussing with the NHSE national unit as to whether we can incorporate "Personal Budgets" and similar mechanisms at scale across the WMCA, starting in Birmingham.

5.	**Compliance Issues**
5.1	***Strategy Implications***
	This report is central to the current updating of the Health and Wellbeing Board's strategy.
5.2	***Governance & Delivery***
	Progress on how recommendations are being incorporated into strategy will be reported to the Health and Wellbeing Board at its next meeting and this will be progressed in the meantime by the Health and Wellbeing Board Operations Group.
5.3	***Management Responsibility***
	Adrian Phillips will be the Board Member accountable for delivery and Wayne Harrison and Carol Herity will be the managers responsible for day-to-day delivery as new co-chairs of the Health and Wellbeing Board's Operations Group.

6. Risk Analysis

Identified Risk	**Likelihood**	**Impact**	**Actions to Manage Risk**
None			

Appendices

N/A

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Adrian Phillips, Director of Public Health, Birmingham