

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD 30 SEPTEMBER 2015
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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON WEDNESDAY 30 SEPTEMBER 2015 AT 1500 HOURS IN COMMITTEE ROOM 6, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Councillor Lyn Collin, Dr Andrew Coward, Cath Gilliver, Dr Nick Harding, Karen Helliwell, Councillor Brigid Jones, Alan Lotinga, Chief Superintendent Richard Moore, Candy Perry, Dr Gavin Ralston, Dr Adrian Phillips and Tracy Taylor.

ALSO PRESENT:-

Chris Baggott, Lead for NHSE, PHE and CCG Liaison and Assurance
Hazel Imrie, Public Health Intern
John Hardy, Development Officer, BCC
Paul Holden, Committee Services

NOTICE OF RECORDING

- 127 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.birminghamnewsroom.com) and that members of the press/ public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

APOLOGIES

- 128 Apologies for absence were submitted on behalf of ACC Marcus Beale, Dr Aqil Chaudary and Peter Hay.

DECLARATIONS OF INTERESTS

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

CHAIR'S UPDATE

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The Chair reported that Sandwell and West Birmingham Clinical Commissioning Group (CCG) were carrying out a Primary Care listening exercise on GP services. The exercise started on 1 September 2015 and would run until 9 October 2015. The meeting was informed that in April 2015 the three local CCGs were delegated the responsibility for commissioning GP services and therefore wished to listen to peoples' views on what was working well and what could be improved. Furthermore, it was highlighted that details of the exercise were circulated via e-mail to members of the Board on 16 September 2015.

In addition, the Chair referred to a link and information that had been circulated to members further to a question from the Board's Operations Group relating to the emerging West Midlands Combined Authority (WMCA) and mental health services in the City. In this regard she explained that Norman Lamb MP, the former Minister for Community and Social Care had been appointed Chair of a new West Midlands Commission on Mental Health and would lead a panel comprising Geraldine Strathdee, NHS England's National Clinical Director for Mental Health and Kevin Fenton, Public Health England Director of Health and Wellbeing. It was reported that the Chair of the Commission had stated, "This is a really interesting and exciting opportunity to make a difference for those with mental ill-health. It's brilliant that local authorities in the West Midlands have taken the initiative."

The Chair advised the meeting that the Commission proposal was announced in July 2015 when the emerging WMCA had put forward plans to establish three major independent commissions to help shape the future of the region. The new governance structure covered services in Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton.

<http://www.nationalhealthexecutive.com/Health-Care-News/norman-lamb-to-chair-new-mental-health-commission>

HOMELESS HEALTH SCRUTINY COMMITTEE INQUIRY

The following report was submitted:-

(See document No. 1)

John Hardy, Development Officer, BCC introduced the information contained in the report.

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

- 1) Cath Gilliver made reference to efforts that had been made to register individuals at a GP Practice only to be advised that they needed to visit the Health Exchange. She pointed out that moving forward it was important that homeless people had access to mainstream services.
- 2) In response to a question from Councillor Brigid Jones relating to what preventative work was taking place, the Development Officer made reference to the Hard Edges: Mapping Severe and Multiple Disadvantage

in England report released by the Lankelly Chase Foundation and Heriot-Watt University. He also referred to the need to explore the trigger points leading to lifestyle changes that if not addressed resulted in young people becoming homeless and what services should be put in place that would have a beneficial impact. Dr Adrian Phillips cited Changing Futures Together, a project to support adults with multiple and complex needs.

- 3) Dr Nick Harding reported that the local Clinical Commissioning Groups (CCGs) had carried out a lot of work around who could register with a GP Practice and indicated that the messages at Sandwell and West Birmingham CCG had changed even if the regulations had not. In addition, the member highlighted that Third Sector organisations were instrumental in looking after the homeless but that funding cuts could adversely impact on the sector's ability to provide care. He considered that the Board should therefore closely monitor this issue.
- 4) Reference was made by Dr Andrew Coward to a NHS Young Peoples GP Charter that had been produced by St Basils and considered that this should be circulated to members of the Board. Furthermore, he advised the meeting that he felt that continuity of care was something that homeless people valued most of all and considered that there was willingness amongst the three local CCGs to co-operate and work out how it could be made easier for a homeless person to register with a GP.
- 5) In referring to engagement by the Fire Service with people living in squats, Dr Gavin Ralston considered that this was one avenue that could be used to provide homeless people with advice on what health services were available. He also referred to the need not only for better bespoke services but also more joined-up service provision for the homeless.
- 6) In response to a question from Candy Perry, the Development Officer indicated that three of the Inquiry's nine recommendations were being focused upon because they were very much health service related and pertinent to members serving on the Health and Wellbeing Board; however the three recommendations were not being looked at in isolation. It was also highlighted that the Health and Social Care Overview and Scrutiny Committee would be considering a report on progress against all the recommendations at its meeting on 20 October 2015.
- 7) Further to 6) above, Dr Adrian Phillips, Director of Public Health suggested that a progress report be submitted to the next meeting.
- 8) Candy Perry asked that specific details be provided regarding how Patient and Public Involvement would be integrated into the work moving forward and Alan Lotinga underlined the need for the Development Officer to be provided with help and support aimed at being able to provide a positive update in this regard. Further to 4) above, he advised the meeting that arrangements would be made for the Charter and also a copy of the full Overview and Scrutiny Committee report to be circulated to members.
- 9) Tracy Taylor considered that there was a need for clarity around how the recommendations would be implemented and what the impact would be for the homeless population - integral to this would be talking to the service users. It was also indicated that most GPs in the City had opted out of 'out of area' registration and there was therefore a need to see how it could be ensured that GPs became willing to register homeless people and address the practical issue of individuals moving from one location to another.

The Chair considered that it was an excellent report and was pleased to see such a willingness to succeed in providing improved care and support to the homeless. The recommendations outlined in the report and other matters raised during the discussion were put to members and it was:-

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RESOLVED:-

- (a) That actions to support and progress the following be agreed:-
 - (i) The three Birmingham Clinical Commissioning Groups exploring how to make it easier for homeless people to register with a GP and how they can be facilitated to maintain registration;
 - (ii) services being commissioned in a joined up way where possible specifically for people with a dual diagnosis of mental health and substance misuse or alcohol problems and dementia;
 - (iii) the Joint Commissioning Team examining the feasibility of commissioning an emergency and/ or out of hours specialist homeless primary care facility;
- (b) that a progress report be submitted to the next meeting of the Health and Wellbeing Board;
- (c) that a full copy of the Homeless Health Overview and Scrutiny Committee Inquiry report and the NHS Young Peoples GP Charter be circulated to members of the Board.

At this juncture members briefly introduced themselves and advised the meeting of who they were representing while serving on the Board.

(This report was brought forward on the agenda)

IMPROVING OUTCOMES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS – CONSULTATION ON STRATEGY DIRECTION

The following report was submitted:-

(See document No. 2)

Hazel Imrie, Public Health Intern, introduced the information contained in the report.

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

- 1) Dr Adrian Phillips, Director of Public Health responded that in contrast to the commissioning of 0-25 years child and young adult mental health services that were orientated around mental ill health the report now before members was more focused on seeking to maintain and improve people's mental wellbeing through intervening at an earlier stage. He highlighted that currently there was no national requirement to carry out work aimed at maintaining and promoting the mental wellbeing of children in schools.

- 2) Councillor Brigid Jones advised the meeting that the Council had been rolling out a Challenging Homophobia programme in primary schools and that there was also a Pride in Education initiative at secondary school level aimed at preventing circumstances arising where LGBT young people developed mental health issues because of what some other children said to them. She highlighted that there was therefore an opportunity to link-up with this work in the future.
- 3) Reference was made by the Director of Public Health to published information available stating that thirty per cent of adult depression was as a consequence of school bullying.
- 4) Dr Andrew Coward advised the meeting that the Health and Social Care Overview and Scrutiny Committee the previous day had considered a paper on Primary Care and Community Mental Health Transformation where matters discussed had included the prevention agenda; ensuring that the needs of the diverse communities in Birmingham were properly addressed as part of the work; and around engaging with the Third Sector.
- 5) In relation to prevention, Dr Andrew Coward referred to work in the United States where it had been discovered that a number of women who'd dropped out of weight loss clinics had been sexually abused. He reported that a subsequent major study had shown that an individual's Adverse Childhood Experiences (ACEs) predicated the lifetime risk of both mental and physical problems. It was explained that ten ACEs (e.g. physical abuse, sexual abuse, emotional abuse, physical neglect etc.) had been described each with a score of 0-10. A certain level was a far more powerful indicator that an individual would develop Chronic Obstructive Pulmonary Disease and lung cancer than smoking. The member suggested that members of the Board consider this research and highlighted that he'd made contact with Professor Jane Barlow who was an expert in this field and that he could in due course provide the Board with an update on the outcome of his enquiries. He also undertook to arrange for links relating to the work to be e-mailed to members of the Board.
- 6) Further to 5) above, Dr Andrew Coward also made reference to work at the Allens Croft Project where children from homes where there was domestic abuse could be seen to have high cortisol and adrenaline levels. He referred to the adverse effects of high hormone levels in terms of neurological development, long-term cognitive impairment, poor quality life decisions and a predisposition to various diseases. The member considered that the matters he'd raised could potentially have huge implications for the way that mental health services were commissioned.
- 7) The Director of Public Health advised the meeting that the reason for bringing the report to the Board was to look at redressing the balance so that more focus was given to prevention (and also recovery) as against dealing with crises that would otherwise arise.
- 8) In stressing how devastating a mental illness could be for a person, the Dr Gavin Ralston referred to the need for GPs to be able to gain access to expert specialist support more rapidly than they were able to at present. In addition, the member highlighted that when patients were referred to an agency there was sometimes a significant delay before therapies were provided. He considered that this was not acceptable and that improvements needed to be made over the next few years. It was also

highlighted that returning to work was part of the recovery process for individuals with severe mental health problems.

- 9) Tracy Taylor supported pursuing a more preventative approach in terms of improving outcomes for people with mental health problems and referred to there being a lot of evidence of children whose parents had passed away going on to have mental health problems in later life or entering the criminal justice system. However, the member queried how specific focus would be given to pursuing a preventative agenda focused on children.
- 10) Cath Gilliver welcomed the outcomes outlined in Appendix A. However, she referred to reservations in the voluntary sector regarding the wording of some of the questions asked online relating to the strategy and, for example, considered that a question relating to whether it was more important to provide services for people with dementia or for young people was a false choice, as both were important. The member also highlighted that one of the main challenges faced was securing access to mental health services for people who needed help so that they could be diagnosed and treated.
- 11) The Chair highlighted that for her prevention was key and referred to the need for joined-up working in the community so that there were not people with mental health issues out there who were not receiving help and support.
- 12) In referring to the importance of seeking feedback so that conversations could take place on the issues, the Director of Public Health undertook to take on board the concerns expressed in 10) above relating to the online consultation. In addition, he stressed the need to move much faster in dealing with crises when they developed but indicated that he would welcome members' support in pursuing a more preventative approach. He considered that at present most of the focus was on providing in-patient beds for people with mental health problems. The Director highlighted that it would not be possible to do everything at once and there would be a need to take a view on what should be done in the first few years.
- 13) Further to 9) above, Chief Superintendent Richard Moore referred to the role the Early Help and Safeguarding Partnership in the City could play in pursuing a preventative agenda.
- 14) In voicing concern regarding instances where individuals with mental health issues had been moved into accommodation far from home and away from families and friends, Cath Gilliver highlighted that it was still important to think about the availability of in-patient beds as well.
- 15) Karen Helliwell advised the meeting that funding for secure care was rising exponentially and considered that in order to turn this round there was a need to look at how mental ill health could be prevented from developing. In addition, she referred to out of area placements made that had been totally unsuitable for the individuals concerned and highlighted that keeping families together could make all the difference. The member considered that the Specialist Community Team would be more than happy to look at ways in which people providing services and support could work together in looking at other opportunities and investing in different approaches.
- 16) Dr Gavin Ralston supported the comments made regarding the importance of prevention but at the same time ensuring that when accommodation was required vulnerable people were kept close to their family and not sent a long way from home.

- 17) In responding to comments made, the Director of Public Health underlined that the report was not about negating the importance of inpatient beds but finding the right balance. He considered that at present there was too much talk about beds and not enough about preventing mental ill health.

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RESOLVED:-

That the report be noted and the Director of Public Health and Hazel Imrie, Public Health Intern feedback the comments made during the discussion.

ROLE OF OPERATIONS GROUP

The following report was submitted:-

(See document No. 3)

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

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RESOLVED:-

That the following be agreed:-

- (a) The Operations Group taking on a more active role as detailed in section 4 of the report;
- (b) the Operations Group developing and agreeing the Health and Wellbeing Board agenda with the Chair and Vice-Chair;
- (c) that any items or reports for information are included in the Operations Group standing agenda item report and full versions are circulated electronically in advance of the meeting;
- (d) that items and reports presented to the Board are directly linked and support the strategic priorities and outcomes of the 'strategy on a page'.

(This report was brought forward on the agenda)

CARE ACT 2014: INTEGRATION, CO-OPERATION AND PARTNERSHIPS

The following report was submitted:-

(See document No. 4)

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

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

- 1) The Service Director, in responding to a question from Tracy Taylor, suggested that the Operations Group be charged with looking at the issue of how the Board could best input into the requirement to integrate, co-operate and work in partnership.
- 2) Further to comments made, the Service Director advised the meeting that the requirements of Section 15 of the Care Act would be taken on board as part of the process of updating the Health and Wellbeing Strategy.
- 3) In making particular reference to Housing Liaison Boards and also the elderly, Councillor Lyn Collin considered that a housing representative should be appointed to serve on the Board so that there was a direct link in this regard. The member also highlighted that there were planning issues that were housing related.

The Chair advised members that the comments made would be taken on board and that feedback on progress provided in due course.

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RESOLVED:-

That the report be noted and members of the Board be asked to make their respective teams aware of Section 15 of the Care Act 2014 statutory guidance, attached as Appendix A.

BIRMINGHAM HEALTH PROTECTION FORUM ANNUAL REPORT 2014/15

The following report was submitted:-

(See document No. 5)

Chris Baggott, Lead for NHSE, PHE and CCG Liaison and Assurance introduced the information contained in the report.

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

- 1) In response to a question from Cath Gilliver relating to information on page 12 of Appendix A to the report, the officer advised member that he understood that the study to assess the feasibility of deploying low emission zones to tackle city centre nitrogen dioxide problems had not yet been completed but he could report on the issue in the future.
- 2) Councillor Brigid Jones enquired whether the officer considered that the Early Years Service was doing all it could to encourage the take-up of immunisations in respect of 0-5 year olds.
- 3) The officer advised the Board that colleagues in the Screening and Immunisation Team had undertaken a lot of work around the child health information system to ensure that the figures were correct and that as data audits had progressed reported immunisation uptake rates had been seen to increase.
- 4) Further to comments made by Candy Perry relating to a shortage of BCG tuberculosis vaccine, the officer reported that the maternity units worked

closely with the Screening and Immunisation Team and that recall arrangements in respect of infants were vigorously checked. Furthermore, members were advised that though the supply of BCG vaccine had increased this was not sufficient to deal with the backlog of the outstanding vaccinations; nonetheless the situation was improving and expected to be addressed.

- 5) Dr Nick Harding referred to the need to consider what actions should be taken so that vaccination rates increased.
- 6) It was highlighted by Karen Helliwell that the screening and immunisation programme commissioning arrangements were very complex and she considered that anything that could be done to simplify them and link them to clear objectives would be really helpful.
- 7) Dr Gavin Ralston made reference to the low screening rate for bowel cancer and indicated that he considered that this was an area that should be focused upon.
- 8) Further to 7) above, Dr Andrew Coward reported that there was a scheme about to be introduced in GP Practices within the Birmingham South Central Clinical Commissioning Group that he could share.
- 9) In responding to comments made, Dr Adrian Phillips, Director of Public Health referred to the success that had been achieved in tackling tuberculosis in the City by working on the evidence base really well and going to the very last degree to ensure people completed their treatment; considered that simply through GPs, health visitors and midwives conveying the right messages, higher immunisation update rates would be achieved; concurred that there was a need to look at how the bowel cancer screening rate could be increased; and in referring to the prevalence of respiratory disease, referred to pressing harder for improvements in air quality.

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RESOLVED:-

- (a) That the annual report of the Health Protection Forum attached as Appendix A, be endorsed;
- (b) that the assurance statement from the Director of Public Health that plans are in place or are being developed to protect the health of the population of Birmingham, be accepted.
- (c) that the major issues of Health Protection identified for 2014/15 and for 2015/16 as outlined in the report be endorsed.

WORKING LOCALLY – WORKSHOP OUTCOMES

The following report was submitted:-

(See document No. 6)

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) The Chair referred to the need for more relationships at a local level to take forward the Health and Wellbeing Board agenda.
- 2) In referring to paragraph 4.6 in the report, Alan Lotinga, Service Director, Health and Wellbeing highlighted that mapping local services and assets was a top priority.
- 3) Councillor Brigid Jones suggested that information be provided on the reasons for such measures as bus lanes, cycle lanes etc that Members of the Council could then use at local meetings when faced with lobbying from car drivers etc. The Chair indicated that this would be investigated.

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RESOLVED:-

(a) That the outcomes of the workshop be noted;

(b) that support be given to:-

(i) producing a quarterly newsletter;

(ii) holding health seminars on prevention, physical exercise and links to mental health;

(iii) developing a Health and Wellbeing work plan at a local level so Districts can communicate with the Board and work collaboratively;

(c) that approval be given to the Operations Group responding to questions raised and providing feedback to delegates.

WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 7)

The Chair felt that not enough of the Board's business items related to young people and, in concurring with a suggestion made by Dr Adrian Phillips, Director of Public Health reported that arrangements would be made for young people to report to the next meeting so that their views could be heard.

In referring to the previous paper on working locally, Tracy Taylor considered that when the Healthy Villages - Update and Next Steps item was presented at the Board it would be helpful if information could be provided regarding how the initiative would lead to better collaboration at District level.

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RESOLVED:-

That the Work Programme be noted.

MINUTES

- 138 The Minutes of the Board meeting held on 30 June 2015 were confirmed and signed by the Chair.
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The meeting ended at 1702 hours.

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CHAIRPERSON