

# BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND  
WELLBEING BOARD  
TUESDAY,  
18 DECEMBER 2018**

**MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD  
HELD ON TUESDAY 18 DECEMBER 2018 AT 1500 HOURS AT SIFA  
FIRESIDE, 48 – 52 ALLCOCK STREET, BIRMINGHAM, B94DY**

**PRESENT:** - Dr Peter Ingham in the Chair; Councillor Paulette Hamilton (part), Councillor Matt Bennett, Councillor Kate Booth (part), Andy Cave, Andy Couldrick, Professor Nick Harding, Paul Jennings, Dr Robin Miller, Becky Pollard, Antonina Robinson, MBE, Sarah Sinclair, Carly Jones and Stephen Raybould.

**ALSO PRESENT:-**

Karin Clifford, Department of Work and Pensions  
Micky Griffiths, Birmingham Community Healthcare NHS Foundation Trust  
Susan Lowe, Service Manager, Intelligence, Adults Social Care and Health  
Michael Walsh as substitute for Professor Graeme Betts

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**DECLARATIONS OF INTERESTS**

313 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.

The Chair then invited the Board members who were present to introduce themselves.

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**APOLOGIES**

314 Apologies for absence were submitted on behalf of Professor Graeme Betts, (but Michael Walsh as substitute), Charlotte Bailey and Chief Superintendent Danny Long.

Apology for lateness was submitted on behalf of Councillor Paulette Hamilton, Chair for the Birmingham Health and Wellbeing Board.

DR PETER INGRAM, HEALTH AND WELLBEING BOARD VICE-CHAIR  
CHAired THE MEETING

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**MINUTES AND MATTERS ARISING**

- 315 The Minutes of the Board meeting held on 27 November 2018 were confirmed and signed by the Chair.
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**A BRIEF GUIDE TO THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)**

- 316 Susan Lowe, Public Health Knowledge Impact and Outcomes Lead, Adult Social Care and Health delivered a presentation on the Brief Guide to the JSNA.

(See document No. 1)

Following the CQC inspection review it was highlighted that the JSNA was not fit for purpose and that *“There was not an up-to-date, coherent, shared view of the needs of Birmingham’s population. Although there was a Joint Strategic Needs Assessment (JSNA), it was not clear how the priorities identified were being used to inform future commissioning intentions.”*

The JSNA was the responsibility of the HWB and they should decide on the process and outputs for their local JSNA. Dr Robin Miller asked what the relationship was between JSNA and the STP.

In response to the question, Paul Jennings commented that the JSNA was part of the same tapestry, a whole system approach. For this to happen, they were working with Public Health to ensure a joined-up approach. The only challenge was getting the JSNA broad enough to link into other areas. Paul suggested using universities to obtain data to support the JSNA evidence and to use it effectively.

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**JSNA STRATEGIC GROUP UPDATE**

The following report was submitted:-

(See document No. 2)

Becky Pollard, Interim Director of Public Health informed the members that the Joint Strategic Needs Assessment (JSNA) Steering group had been set up and the first meeting took place in November 2018. It was about having place-based focus, opposed to city-based focus. We need more engagement with partners to support the JSNA.

The JSNA themes were further split to reflect the HWB, STP and BCC priority areas:

1. Starting well - maternity, children and young people
2. Living well - working age adults

3. Ageing well - older people
4. Local priorities - Health and Wellbeing Board and STP

There was a discussion around the scope of the JSNA. It mentioned providing interventions on getting people work enabled. For instance, 80% of people in Yardley constituency were not digitally competent. The job centres were not listed in the JSNA as an asset, but they should as they were a huge community asset and need to be factored in.

In addition, it would be useful if the JSNA Steering group had representatives to drive the narrative of the city and that that JSNA needed to address how present health and environment affects childhood health and wellbeing.

It was highlighted that Dementia as a cause of death was very prevalent as 50% of people will die by dementia. We need to have a life span approach to ensure we were covering all areas of life.

The point was raised about what pressure was needed to put on Housing providers for this to work particularly regarding affordable social housing and how they affect the health and wellbeing of individuals, and whether it's affordable as it's not just a dwelling.

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**RESOLVED:-**

That the Birmingham Health and Wellbeing Board: -

- I. Noted the progress in improving the JSNA.
- II. Endorsed the JSNA Strategic Group membership and approach

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**2019 WORK PLAN FOR JOINT STRATEGIC NEEDS ASSESSMENT  
WORKING GROUPS (GROUP) DISCUSSION**

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Becky Pollard, Interim Director of Public Health highlighted that everyone had their own idea what the JSNA was about but the best thing to do was for members to go away and scope what their priorities were and report back to the Board.

**Action: What are the priorities you see for the JSNA? Members are asked to send thoughts about priorities for JSNA to Becky Pollard which she will bring back to the board for agreement in February.**

Dr Robin Miller asked who else will be involved in the engagement exercise plan and what this will look like. In response to this question, Becky mentioned that they will use an annual scan of Frameworks and focus on them to create an action plan.

**Action: Becky offered to do a presentation to organisations on the current JSNA structure.**

**Action: A request for the JSNA engagement plan was made by Dr Miller.**

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**HEALTH AND WELLBEING BOARD NEW PRIORITIES ‘OUR NEW APPROACH’**

- 319 Becky Pollard, Interim Director of Public Health gave a verbal update and highlighted that there are formal notes from the last development day; these will be circulated.

The Board had the first development session on 2<sup>nd</sup> October and then a follow-up session on the 27<sup>th</sup> November to discuss the priority areas for the Board. It was agreed that the two overarching priority areas should be The Childhood Obesity Agenda and Health Inequalities. We need to address the issues and opportunities for joint funding and we need to develop a specific framework with KPIs and targets to measure progress.

**Action: Report on priorities at February meeting and discuss next steps.**

Considerations need to be given to how the Boards get traction. What are people going to do that will make a difference? This has not yet been discussed.

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**CHILDHOOD OBESITY WORKSHOP - UPDATE**

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave an overview of the Childhood Obesity Work Stream.

(See document No. 3)

A discussion followed around establishing formal plans to connect with schools as there is a need to be something permanent as Childhood Obesity is now a priority for the Health and Wellbeing Board. (References were made to the slides.)

It was suggested that it might be useful for the Board to review the Hot Food takeaway toolkit to determine how effective it was in its current form. The Board need to look at how we can effectively manage Children’s Health outcome within school hours.

Becky Pollard mentioned that Public Health had applied for funding from the Child Obesity Trail Blazer programme. The additional funding will help to provide resource to allow us to support different parts of the programme.

Paul highlighted the recommendations for the Board and the next steps in relation to the Childhood Obesity Work Stream (slides 23-26).

- 320 **RESOLVED:-**

That the Birmingham Health and Wellbeing Board: -

- I. Noted the progress of the task and finish group in the exploration of a multi partnership system approach to tackling and reducing child obesity; and
- II. Support the continuation of the task and finish group to develop the system and place-based plan and for that to come back to a future

Health and Wellbeing Board and City Board with a proposal for future governance oversight.

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**CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW ACTION PLAN – UPDATE**

The following report was submitted:-

(See document No. 4)

Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health presented a verbal CQC update on the areas for improvement on the Action Plan that was developed in January 2018.

There are two items to report: the CQC are making progress on the Action Plan; and the CQC are doing a light touch follow-up in the form of interviews to check in with key system leaders. This is scheduled for the 10<sup>th</sup> January 2019, to establish how the system is progressing.

On the Action Plan there were 57 lines:

- 29 were Green
- 26 were Amber
- 2 were Red

The lines that were red were actions to:

- Create an STP information sharing protocol
- Review all STP Enabler action plans

Members asked if there was anything the Board can do to provide support on the process at this stage.

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**RESOLVED:-**

The Health and Wellbeing Board noted the progress made against the CQC Local System Review Action Plan and noted that CQC will be undertaking a series of interviews with system leaders to assess the improvement made since the local system review was undertaken at the beginning of this year.

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**BETTER CARE FUND QUARTER 2 RETURN**

The following report was submitted:-

(See document No. 4)

Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health presented the report and advised that there were four key BCF metrics and assessments:

- **Metric: NEA** (Reduction in non-elective admissions)
- **Assessment of progress:** not on track to meet target.

- **Metric: Residential admissions** - Rate of permanent admissions to residential care per 100,000 population (65+)
- **Assessment of progress:** On track to meet target.
- **Metric: Reablement** - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
- **Assessment of progress:** Data not available to assess progress
- **Metric: DToC** - Delayed Transfers of Care (delayed days)
- **Assessment of Progress:** Not on track to meet target.

The discussion following the verbal update was based on the metrics that were not on target and how and when these targets will be met. The response to this question was 12 months.

A follow-up discussion about concerns on what may happen if the Plan did not deliver and input from the Board to provide support to ensure these targets were met. A system needs to be in place for Brexit and a workforce to ensure system partners are also involved in this process.

The risks relating to targets not being delivered were not mentioned within the report and have led to a discussion by Members around the statutory requirements of the Health and Wellbeing Board regarding the Improvement Better Care Fund (IBCF) and Better Care Fund (BCF).

**Action: The Board requested an external facing document that provides a detailed overview of the IBCF & BCF and information on the funds are being invested.**

**Action: The Board need to be notified of the risks within the programme for the recommendations.**

**Action: The Board requested recommendations in relation to IBCF & BCF programme.**

**Action: The Board requested to get an overview of the barriers in relation to DToC.**

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**RESOLVED:-**

The Health and Wellbeing Board: -

- Noted the contents of the report; and
- Approved the Quarter 2 Return as submitted to NHSE

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**SUSTAINABILITY AND TRANSFORMATION PLAN – UPDATE**

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Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave the following verbal update: -

## **Birmingham Health and Wellbeing Board – 18 December 2018**

- STP conference was on 5<sup>th</sup> December 2018. There were 150 delegates who were involved within the work groups. A report is being drafted and will go to the STP in January 2019.
- There are plans on citizen engagement and communication and the STP networks will be utilised to communicate messages. These will be worked-up in terms of outcomes.
- Children, Maternity, Adolescents, Later Life and Adulthood and Work: Available in February 2019 ready for April 2019 as these are the priorities
- The Website is up and running and the Minutes will be posted there.
- Long term plan: expected in January 2019. The Five Year Plan is expected in July 2019.
- An Evidence Review has been commissioned from a University on what we intend doing and how it will be implemented. This will be ready in March 2019.

Discussion followed around the key messages that were feedback from the work groups. The Maternity Children's group feedback is that they were pleased to be heard and included.

It was highlighted that ensuring we are listening to the young people during consultation and engagement is also essential in gaining valuable insight into population needs.

**Action: The Long-term Plan should be brought to the HWBB for discussion when published.**

**Action: Paul Jennings to feedback to the Health and Wellbeing Board a summary of the Long-term Plan and provide an overview on the implication for Birmingham.**

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### **AOB**

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Carly Jones from SIFA Fireside provided an update on Health & Homelessness covering the points below:

- The need for an integrated front-end health and social care response for people that was homeless or rough-sleeping.
- This may include alignment of health, mental health, public health and social care resources to the current recommissioning models being co-designed by the Adult Social Care and Health Directorate. It will be part of their Prevention First commissioning for Vulnerable Adults which includes housing support, homelessness prevention, rough sleeper initiatives, and Housing First.

Closing statement from Councillor Paulette Hamilton who wished all a very Happy Christmas.

**DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

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It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on 29 January 2019 at 1500 hours, at BSMHFT, Unit 1, B1, 50 Summer Hill Road, Ladywood, Birmingham, B1 3RB.

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The meeting ended at 1700 hours.

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CHAIRPERSON