BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 19 MARCH 2019

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 19 MARCH 2019 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM B1 1BB

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care in the Chair.
Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Antonina Robinson, Think Family Lead Birmingham, Department for Work and Pensions
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Elizabeth Griffiths, Public Health Specialist Registrar
Julie Davies, Strategic Lead for SEND
Errol Wilson, Committee Services

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

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NOTICE OF RECORDING/WEBCAST

354 The Chair advised and it was noted that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

DECLARATIONS OF INTERESTS

355 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 would be recorded in the minutes of the meeting.

APOLOGIES

356 Apologies for absence were submitted on behalf of Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Andy Cave, Chief Executive, Healthwatch Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Nick Harding, Chair of Sandwell and West Birmingham CCG
Dr Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham and Sarah Sinclair (but Julie Davis as substitute).

MINUTES AND MATTERS ARISING

357 **RESOLVED: -**

That the Minutes of the meeting held on 19 February 2019, having been previously circulated, were confirmed and signed by the Chair.

ACTION LOG

358 The following Action Log was submitted:-

(See document No. 1)

The Chair introduced the item and invited Dr Justine Varney, Director of Public Health to update the Board concerning the Action Log.

Dr Varney advised that members of the Board were sent a letter on the 27 March 2019 in relation to IPS Mental Health and that a further letter of correspondence was to be circulated this week, which NHS colleagues had provided around the available support from employers concerning this opportunity. In relation to the second action point, a volunteer from the Board was still being awaited. The Chair commented that a request for a volunteer was made, but that if no one had volunteered, as Chair she would volunteer a member of the Board.

Log No. 344 refers – this would be discussed today as part of the agenda. In relation to the development and engagement plan, they would not be bringing that to the Board today as it would be going to the JSNA Steering Group before it comes to the Board for discussion.
Log No. 346 refers – this will be covered during the Board Development Day scheduled for the 14 May 2019.

Log No. 347 refers – has been completed
Log No. 349 refers – The Sustainability Action Plan has been completed
Log No. 351 refers – Mr Jennings advised that they had agreed that there will be a meeting with Dr Varney and Professor Betts and a representative from Solihull to look at this issue. The long-term plan would be in place by December,
Log No. 352 refers – this was to be moved as an **action** as it was a point for consideration moving forward. Dr Varney stated that he was hoping to return to the Board later in the year on how the public health grant was spent on the commissioning plans.

HEALTH AND WELLBEING BOARD FORWARD PLAN

359 The following draft Forward Plan was submitted:-

(See document No. 2)

Dr Justine Varney, Director of Public Health introduced the item and advised the Board that the item was for information, but that they would encourage Board members to peruse the Forward Plan and contact the secretariat if they had items that they would like to be considered at future meetings so that they could populate the FP. This was based on the items they had to date. Where possible, they were trying to cluster topics around particular meetings. A meeting was planned later in the year which was based particularly on adults with sustained and multiple challenges which bring together homelessness which the Chair was keen that they dedicate some time to discuss.

CHAIR'S UPDATE

360 The Chair gave a brief update on the following: -

(See document No. 3)

PUBLIC QUESTIONS

361 There were no public questions submitted. It was noted that public questions must be submitted 3 clear working days prior to the Birmingham Health and Wellbeing Board meeting being held.

Councillor Bennett enquired what steps had been taken to publicise this as it was a good initiative, so that the public would be made aware they could ask questions.

The Chair advised that no steps were taken, but that the item was placed on the agenda and it was raised at this meeting for the first time. The Chair added that it was hoped that for the next month this would be publicised. The Chair further requested that all Board members and others who were present at the meeting advertise this information through their contacts etc.

BIRMINGHAM HEALTH AND WELLBEING BOARD PRIORITIES: HEALTH INEQUALITIES

The following report was submitted:-

(See document No. 4)

Dr Justine Varney, Director of Public Health presented the item and advised that the purpose of the report was to give some context ahead of the discussion for the Development Day. The key action they needed to agree today was to formally agree that health and inequalities was a priority for the Board that had been previously agreed at a Development Day and it was for the Board to ratify that agreement formally for this item.

At this juncture, the Chair formally moved that health and inequalities was a priority for the Board and enquired whether there were any objections. The Board agreed the motion.

Dr Varney stated that the paper basically sets out some of the data in relation to health and inequalities in the city and highlights the challenges. They could talk about health and inequalities between Birmingham and the rest of the world and they could talk about health and inequalities within Birmingham - health and inequalities within Birmingham was in different parts of the city as well as within different geographical parts of the city.

Dr Varney drew the attention of the Board to the information in the report, particularly to page 4 of the report and stated that they had suggested highlighting this as one way of thinking that macro city level of inequalities between us and the rest of the world. At micro and community levels there were those that might be geographical definitions of a city and a third group was around special focus and the fact that inequality affects particular populations such as refugees and asylum seekers. Paragraph 5.4 refers to examples of different inequalities.

It was proposed that at the Away Day, some of the development time be used to focus on these three levels and think about measurable indicators they could look at that would allow the Board to tract progress on inequalities. One of the big challenges was that they often talk about health and inequalities, but when they got down to whether they had an indicator that they could follow that was measured in 'real time or good enough real time' and they had a geographical footprint that allows them to make any sense of that, it was quite difficult. The macro city level was straightforward, but there were many indicators some of which fluctuates significantly on a small number of people and infant mortality was a good example. Others took a long time to come through such as healthy life expectancy.

In a micro level/community level they had fewer indicators. The aim was to focus the discussion at the Away Day on selecting a couple of indicators under the three titles and they were keen that members of the Board reflect before the Away Day on the indicators they could bring to the table. It was important that they had a basket of indicators which was not purely national data and that they use the opportunity of some of the local data to drive this conversation. The second part of the Away Day would focus on how they then translate that into

smart actions and what it was that they were going to do about the indicators. The paper was to give some background information and pre-work ahead of the Away Day.

A brief discussion ensued, during which the following comments were made and responses were given to questions:-

a. The methodology being considered was sensible – the macro, micro etc. and would structure the Away Day.
b. Councillor Booth welcomed the report and stated that as Cabinet Member for Children's Wellbeing it identified with children particularly as they see with children later on in life, life expectancy for the older population of one to two years a lot of this started there.
c. In terms of whether information was available in relation to which of the indicators were determined by the wider social determinants and which of them were determined by the service levels in the particular areas, they did not presently had that level of granularity of most things.
d. It was important to reflect a bit on taking a whole system, whole person approach to all of these inequalities and indicators.
e. People lived their lives in a way in which the service provision was a small part in turning the tide of the challenges they faced.
f. One of the important pieces they were starting to do in building relationships between the Health and Wellbeing Board and the Sustainability and Transformation Plan Board was to get more clarity about who leads on which bit of the jigsaw which was played out in someone's lived experience.
g. There may be some indicators that come out in the Away Day where there was a clear service lead or a clear service component. If they took infant mortality for example which was one of the big headlines, there was a clear role and important issue around access and uptake of antenatal screening and maternity services. However, this did not allow them to ignore the role of child support and poverty and the socio economic impact on infant mortality.
h. We needed to dig down a little bit more into the employment statistics particularly when they were speaking about health and wellbeing as there were people on low wages, but there were also a huge number of people around 100,000 that was unemployed in Birmingham, 45% of which was claiming and fit for all work. Half of the 18 – 24 year olds not the NEETs.
i. Perhaps they could support some more informed discussions by bringing their state of the groups which would give the claimant count by Jobcentre across the 12 Jobcentres in Birmingham and would be able to state the age group and what they were claiming and the broad stroke health conditions they were aware of.
j. Having spent the last 6 years in PHE working with the DWP colleagues at a national level, there was a wealth of data that DWP held which would inform the granularity of the conversation particularly about that connection between work and health in a bi-directional nature at the individual level played out in the city in terms of our economic conclusion and our economic prosperity.
k. Any other Board colleague with data set that they would like to inform this day could contact Dr Varney by email so that this could be feed into the pack for the Away Day to help shape the discussion.

l. They were keen to move towards a dashboard for inequality which was not simply national data presented with the Birmingham silhouette around it. They needed to use their local intelligence much more effectively.
m. The Chair commented that she was pleased to see the report and the fact that they had two clear objectives of things that they would be discussing. In relation to paragraph 5.6 of the report if they could get this right it would be a good start. She added that the report was welcomed.
n. The approach taken in terms of the measurement was welcomed and having targets helped to keep the focus – that we will not just capture data trails but people's story.
o. The balance for the Board was the storey that they create around what they do that keeps them connected to people's lives and the hard edge of the target matrix that allows them to demonstrate progress.

362 **RESOLVED: -**

The Board –

- Agreed health inequalities as one of the Board's strategic priorities; and
- Noted that one of the focuses for the May 2019 Board Away Day will be developing a shared action plan to support the inequalities dashboard.

JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The following report was submitted:-

(See document No. 5)

Elizabeth Griffiths, Public Health Specialist Registrar, introduced the item and advised that the report was to update the Board on the Joint Strategic Needs Assessment (JSNA).

She then made the following points: -

1. That the Board was asked to **agree** a topic for the deep dive in-depth review on a diversity and inclusion topic.
2. That the Board **championed** the deep dive reviews for the JSNA this year by **naming** a Board member to be the champion for the review topics that they go through.
3. That the JSNA was an on-going process to identify our current needs as well as our future health and wellbeing needs of our local population. This looked at the services and the assets that were available to meet those needs.
4. Both the local authority and the NHS had a joint statutory duty to produce the JSNA in our area through the Health and Wellbeing Board.

Ms Griffiths then drew the Board's attention to the slide presentation accompanying the report.

A detailed discussion ensued, during which the following comments were made and responses were given to questions:-

1. Dr Varney advised that he had taken a strategic decision in terms of ensuring that they did not lose time this year to focus and test this methodology in the three areas which had been highlighted in the first month that he had been here where they did not have any intelligence and they did not have a strategic view.
2. That he took responsibility for this phase in not coming back to the Board in terms of the short list presented.

3. It was felt that they had to prioritise getting the core in the right place and these were the ones where he felt they had a need to address the issue. To give some context, the veterans were an issue that had arisen several times in the first couple of weeks from external stakeholders and members of the communities asking what the board was doing as a partnership in this phase.

4. Many other areas had carried out needs assessment of veterans' health and wellbeing base and approach, but we did not have that which was a straightforward piece to start with.

5. Similarly, individuals had raised concerns around end of life support in care and it was felt that they had a conversation of dying in the city in its broadest sense which would allow them to talk about the tragic losses recently through violence, but also the challenge of it for mortality. They had a broad discussion of dying and its impact on the community.

6. The public sector workforce was one that needed a requirement that NHS colleagues had in terms of addressing the health and wellbeing of the NHS workforce through the Forward Plan. It was one that was in the Council's particular pressing need which was the reason it had come in as the third.

7. They would have preferred to come back with a longer list for consultation, but in this particular year, in order to prioritise the capacity that they had within the team and discuss with the Chair the approach so that they focused those three and get on and started on them and have the broader discussion about the diversity inclusion one which was the more and less clear about the immediate need.

8. There was space about the discussion, but also to work through as a Board about how they make some decisions around this element to complement what they were doing across the rest of the system. They were informed based on what they were asked to look at by key stakeholders, based on partners and what was identified as risks in terms of the systems in his first couple of week within the organisation and where there was a requirement for them to demonstrate movement.

9. These were the three criteria that were used to make the decision. He apologised that he was not able to consult with the Board for a fuller discussion as he felt that it was important for us to demonstrate progress in this first year and to have a fuller discussion concerning the longer term Forward Plan.

10. Dr Varney noted Councillor Bennett's comments in relation to the public sector workforce etc., and stated that this was a fair challenge and to some extent this was the reason he had taken the division approach.

11. That having spent a significant proportion of time in his previous job, looking at the health and work issues at a national and taking a sectorial approach meant that that sector cared about what was said when no one else does.

12. The opportunity of the public sector in this particular point in time where each public sector organisation for different reasons were looking at the health of its workforce gives an opportunity to not make this conversation purely about NHS staff. It was a reasonable bundle on which to make reflections which will benefit the breath of businesses within the city.

13. Although the focus was on the public sector he did not believe that the findings and recommendations would be necessarily public sector specific, although it was believed that there were opportunities where they might find ways in which the public sector could work better together for their own benefit and for the benefit of the businesses in the city.

14. It was important for them to hold us to account as they go through the deep dive to keep reminding us that this was not a naval gazing exercise within the public sector.

15. It was taking that particular segment in its diversity both in terms of grading professional types to allow us to get a better understanding of what it was like to work in the city in its broader sense. The public sector was a large and significant portion of the workforce in the city.

16. The other opportunity presented was if they could shift the health and wellbeing of that population which at a rough count was several hundred thousand individuals directly and indirectly, working for the public sector, they would have an impact on the health of our adults in the city.

    At this juncture, Ms Jones commented that the voluntary sector makes an important contribution to the workforce in the city and that if they were having these discussions, it was important that they were not just talking about the public and private sector, but also the voluntary sector.
    The Chair commented that she was in agreement but that they would concentrate on the public sector this year and consider the voluntary sector next year.

17. Dr Varney noted the Chairs enquiry concerning death and dying – stabbings and people dying due to inequalities, the conditions they were living in and where they were living etc. and stated that the reason they talked about death and dying rather than end of life was to have a holistic conversation which talked about why do people die in Birmingham from the point of birth until when their life ends and why was that length of life different.

18. Reference was made to a suicide event he spoke at and stated that there was an element of looking at the data from the coroners as well as what they had statistically.

19. The questions were whether people were dying differently in Birmingham, whether we were learning from that when they die and were there lessons based on micro/macro level in terms of how they could help people not to die in that way. There was an important element, which was, we do not lose sight of how we help people who were dying to die with dignity.

20. One of the challenges was that we quickly become reactive to people who die in tragic and difficult circumstances and forget that hundreds of people would die across the city in a way which was planned etc. We need to ensure that when this happened we could support them and the people who were left behind in terms of their families and communities.

21. Dr Varney referred to the slide in relation to the Core Data set and stated that the key was in terms of consulting on the three year Forward Plan for the deep dive, the specific question they would be asking would be why would you like us to do a deep dive on this issue and how did it fit with commissioning intention – would you like us to look at transition for example from paediatric to adult services. This was where the deep dive information would come.

22. The key point was how the core data set got used. What they wanted to do over this year was to get to good enough for the autumn commissioning cycle with the council and NHS partners and do a reflection on whether that was good enough and what more was needed in a way that was transparent with the view that by next autumn they would be getting to good.

23. Part of the two year development phase would be a test year to see what was missing and what was needed in the core versus where they were making a specific transition and would be where the deep dive comes in.

    Action: The two decisions that were needed from the Board were: -
    A volunteer for each of the four deep dives as champions and to hold us to account; and
    A short discussion around where the Board would like us to look in terms of diversity and inclusion.

    The ambition and hope for the Board was to use the diversity and inclusion details in the deep dive to look at the space which was difficult for anyone organisation to look.

    All of us had a duty to address inequality in the city and sometimes these groups were difficult for us to have a conversation with, but if we look at them as a Board it allows for safer space to have a conversation around a particular group. To conserve on time Dr Varney requested that members of the Board could send an email to volunteer for the four deep dives and where they would like to go with the inclusion and diversity dive and why.

The Chair advised that members from the team would be visiting people and that it was hoped that on those visits they would have a few volunteers coming through with the things they were interested in doing. Board members were needed to take on some of these roles going forward or members could be nominated to take on a role.

363 **RESOLVED: -**

The Board noted

- The short term plans to create a core dataset for the Birmingham Joint Strategic Needs Assessment (JSNA) to include health, social care, housing and economic data from the Council, health data from the NHS and crime data from the Police and Community Safety Partnership;

- The proposed three year forward plan for deep-dive JSNA reviews; and

- Long term plans to develop an integrated JSNA bringing together knowledge, data intelligence and analysis from across the Council and its strategic partnerships.

THE MENTAL HEALTH PARTNERSHIP AND PRIORITY PARTNERSHIPS FOR THE FUTURE

The following report was submitted:-

(See document No. 6)

Charlotte Bailey, Executive Director Strategic Partnerships, Birmingham and Solihull Mental Health Trust, presented the report and stated that the report was to bring to the Board an update on mental health priorities and how they were managing those priorities around working in partnership, most importantly making request that the agencies were supporting that partnership agenda for mental health. Ms Bailey then drew the Board's attention to the information contained in the report and highlighted paragraphs 4.2 – 4.4 of the report pertaining to the changes to the governance structure.

She advised that in order to ensure they were focussed on the right things whether it be the Sustainability Transformation Plan (STP) or individual organisations, or to help the partnership have thought leadership around specific priorities, they had produced a partnership document that states that by 2030 these were the priorities that they needed to be focussing on over the forthcoming years around mental health. There were 11 priority partnerships for the future. In terms of the updates she wanted to ensure partners were aware of the changes that had taken place.

A discussion ensued, during which the following comments were made:-

a. Suicide prevention was a component of how they move to a whole system approach to supporting people to be mentally well about their lives.

b. The 2030 vision document was useful and it was important that people understand the challenges. The STP along with other partners had embraced the programme. The Chair expressed thanks to Paul Jennings, Chief Executive, NHS Birmingham and Solihull. The City Council was fully supportive of what the Mental Health Trust was trying doing.

c. To maintain this, a simple approach would be taken. There will be four sessions over the year to keep people's commitment. Thought leadership was a 'hot' topic which would self-motivate people to stay in that and keep the communication going.

364 **RESOLVED: -**

i. For Health and Wellbeing Board members to understand the Mental Health priorities, which are managed within the Sustainability Transformation Plan and the partnership projects;
ii. Health and Wellbeing Board members to nominate representatives from each organisation to attend the Mental Health Partnership meetings, which meets quarterly and take a proactive link in the partnership. (Nominations required by the end of March 2019); and
iii. Where purposeful, for the Health and Wellbeing Board to request the Mental Health Partnership to undertake a piece of work for the Board.

PUBLIC HEALTH GREEN PAPER CONSULTATION

The following report was submitted:-

(See document No. 7)

Dr Justin Varney, Director of Public Health, introduced the item and made the following statements: -

i. That having inherited this green paper, the aim was to move towards how this become a conversation with citizens in the city about how they tackle some of the entrenched inequalities that affects individuals in the city.
ii. The purpose of the presentation was to give an overview of the consultation approach that they were taking. He then drew the Board's attention to the information contained in the slide presentation.
iii. In agreement with the Chair, the consultation will be extended from six to eight weeks to have a full engagement schedule, but this still allowed them to come back to Cabinet and Council with the reflections on what they had been told over the late summer and autumn.
iv. In terms of the engagement plans, the Green Paper will be taken to the formal Boards – STP Board CCG Boards etc. He will be writing shortly to the Elected Members to encourage them to play a role in raising awareness, but also having conversations about the priorities that had been identified.

v. Working with key stakeholders in the city including Ward Forums and target engagement with communities, reaching out to colleagues within the faith community groups and voluntary and community sector organisations to ensure we were trying to make an effort to engage the non-traditional voices.

vi. Through the process they will be having a series of themed weeks where they highlight focus on a particular priority bundles and through that holding some community forums, cafés and using social media to launch the consultation.

vii. In terms of the consultation materials, it was recognised that the Green paper itself was not particularly an easy read document, but alongside this they were trying to produce a series of collateral materials which would make it easier to read and process. The challenge he had given the team was would an 8 year old person understand it.

At this juncture, Dr Varney drew the Boards attention to the infographics circulated at the meeting and advised that one was created for each ward in the city and the aim was to offer every ward a presentation as part of the Ward Forum meetings. The infographics will be made electronically available.

viii. Dr Varney continued - the consultation will begin this week and will run for 8 weeks with the findings brought back to Cabinet and the Health and Wellbeing Board.

ix. There will be no written public health strategy for the city, but a health and equalities framework document will be written for the city setting out how they were going to respond to these challenges as a partnership, clearly identifying the different strategic documents across the partnerships the actions being taken, so that a clearer metrics approach was developed to find solutions.

x. That it was not believed that any of the challenges could be solved by a single document. By weaving a golden thread of tackling health and inequalities across a collective strategic approach of the city, it was hoped that they could turn the tide of over a decade of inequalities.

xi. The ambition was that they bring the skeleton of this back in the late autumn and consult and engage with how they develop a framework which was meaningful, that people could commit to and take the shared leadership and hold each other accountable to as they move forward in addressing some of the challenges.

The Chair commented that Dr Varney had come into this role and just wanted to get out into the community. This was something that Public Health and others would be doing on an on-going basis. She added that her challenge will be that if there was an area that other parts of the Council and other partners wanted to share with us to get information.

Dr Ingham commented that the infographics by ward was useful for their locality meetings as there were five localities in Birmingham and this was amazing. He added that this felt like they were going in a good direction.

Dr Varney acknowledged his team as it was a collective effort and they had stepped up to the challenge he had given them.

Stephen Raybould commented that it was good to see that Dr Varney was getting out to the citizens directly. He suggested that one of the things he would like (and would be happy to facilitate it) to talk to the voluntary sector as a whole and that they would be happy to pull that together. One of the challenges for the city was that it was not a collective narrative around what was happening either around health and inequalities or outside the broader space of service provision.

The Chair commented that whilst they were out last week and since she was approached by a number of people in relation to social prescribing and that not many of the GPs were employing link workers or that people that were helping to co-ordinate and pull things together … The Chair suggested that a bit more work be done with Dr Varney and others to see how they could make this more cross-cutting as people wanted to do social prescribing, but there appeared to be a breakdown.

365 **RESOLVED: -**

The Board noted that the Birmingham Public Health Green Paper consultation runs from t 18 March 2019 to the 28 April 2019.

BIRMINGHAM HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY WAYS OF WORKING AGREEMENT

366 The following report was submitted:-

(See document No. 8)

The Chair advised that this item was for information.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

367 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on 30 April 2019 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

The meeting ended at 1622 hours.

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CHAIRPERSON