

**MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND  
WELLBEING BOARD HELD ON TUESDAY 27 SEPTEMBER 2016 AT 1500  
HOURS IN THE BVSC CONFERENCE CENTRE, WALKER BUILDING, 138  
DIGBETH BIRMINGHAM B5 6DR**

**PRESENT:** - Councillor Paulette Hamilton in the Chair; Andy Cave, Dr Aqil Chaudary, Councillor Lyn Collin, Dr Andrew Coward, Professor Nick Harding, Peter Hay, Councillor Brigid Jones, Chief Superintendent Richard Moore and Tracy Taylor.

**ALSO PRESENT:-**

David Hunter, Professor of Health Policy and Management Director, Centre for Public Policy and Health  
Neil Perkins, Postdoctoral Research Associate  
Chief Inspector Sean Russell, West Midlands Police  
Shelina Visram, Lecturer in Public Policy and Health  
John Wilderspin, STP Operational Director  
Paul Holden, Committee Services

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**APOLOGIES**

161 Apologies for absence were submitted on behalf of Cath Gilliver, Dr Adrian Phillips, Dr Gavin Ralston and Alison Tonge.

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**DECLARATIONS OF INTERESTS**

162 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.

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**FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP**

163 The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 28 June 2016 was noted:-

(See document No. 1)

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**MINUTES AND MATTERS ARISING**

- 164 The Minutes of the Board meeting held on 22 March 2016 were confirmed and signed by the Chair.
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**DURHAM UNIVERSITY – FEEDBACK ON HEALTH AND WELLBEING BOARD**

- 165 The following report was received:-

(See document No. 2)

David Hunter (Professor of Health Policy and Management Director, Centre for Public Policy and Health), Shelina Visram (Lecturer in Public Policy and Health) and Neil Perkins (Postdoctoral Research Associate) presented the following PowerPoint slides to the Board:-

(See document No. 3)

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

- 1) The Chair considered that the Board had been inclusive and consulted appropriately prior to refreshing the Health and Wellbeing Strategy. However, she felt that because the Operations Group had been going through a period of change it had been less effective recently and pointed out that the Sustainability and Transformation Plan (STP) process had adversely impacted on the Board's level of engagement with the public - an area where she was of the view the Board should now be more proactive.
- 2) Professor Nick Harding underlined that under the current legislation the Health and Wellbeing Board was the relevant forum for partnership working / promoting greater service integration across health and social care. He indicated that he felt that any changes in structure that might be required as a result of the STP / proposals to create a new Clinical Commissioning Group (CCG) should be considered further down the line at the appropriate time. In referring to the West Midlands Combined Authority, he also highlighted that there could be an argument for setting accountability at that level.
- 3) Tracy Taylor pointed out that it was important to recognise that the Board had considerable influence and considered that it should therefore step-up in terms of influencing the integration and development of health and social care services.
- 4) John Wilderspin, STP Operational Director highlighted that the Joint Strategic Needs Assessment (which the Health and Wellbeing Board was responsible for developing) was an STP foundation planning document. Mention was also made at this juncture of there being a risk of confusing the purpose of the STP and the role of Health and Wellbeing Board. The view was expressed that for any Board to succeed it had to have a strong sense of purpose and it was suggested focusing on the Health and Wellbeing Board's 'Unique Selling Point'.

- 5) Dr Andrew Coward referred to how fortunate citizens were in this country in having a health service that was free at the point of delivery. However, notwithstanding work that had been taking place he felt that so far there had been a failure to substantially improve the overall health of citizens through pursuing a prevention agenda - which was the way that he considered the Health and Wellbeing Board could have the single most impact locally. He believed that the following were areas upon which the Board should focus:
- The prevention agenda especially in respect of non-communicable diseases (e.g. Adverse Childhood Experiences, Childhood Obesity).
  - Mental health services and parity of esteem for people suffering from the condition.
  - Investment in community services.
  - Maintaining a robust voluntary sector.
  - Promoting the integration of health and social care services.
- 6) In response to a request from a member for views on how the Board should move forward the representatives suggested not being over ambitious; breaking down what was looking to be achieved into small segments; focusing on where the Board could have the most impact in terms of improving the general health of citizens; and ensuring that aspirations were both achievable and deliverable. Furthermore, it was important that there were clear roles and responsibilities and that the Board had the necessary support and mechanisms to take work forward - which was where the Operations Group had a role. The importance of effective public engagement through such events as Health Summits was also mentioned. In relation to the Board membership, it was felt that there was no simple answer to how wide this should be as just increasing its size could cause it to become too unwieldy to operate effectively.

The Chair thanked the representatives for reporting to the meeting and for their feedback.

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## **SUSTAINABILITY AND TRANSFORMATION PLAN**

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The following report was received:-

(See document No. 4)

Peter Hay, Strategic Director for People introduced the information contained in the report.

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

- 1) Members voiced concerns that information in respect of the work taking place on the Sustainability and Transformation Plan (STP) was not being

shared with the public and it was reported that NHS England would not allow information to be made publically available until after the STP submission in mid-October 2016.

- 2) In response to a request for potential solutions to the problems faced, Dr Andrew Coward highlighted that the underlying challenge was how to address the NHS and social care funding crisis. He reported that the country was spending much less on health care than the European average and that further savings were expected to be made over the next five years. Furthermore, the Local Authority had experienced massive budget cuts and continued to face funding pressures which had impacted on the provision of its social care services. In relation to the local health service budget deficit he indicated that most of this was due to overspending by the Heart of England NHS Foundation Trust and considered that for that Trust to operate on a sustainable basis work needed to take place in the five areas he'd identified during the discussion under the previous agenda item. Nonetheless, he pointed out that the monies to carry out this work needed to be transferred from the secondary care sector as there was no additional funding to engage in the 'double-running' of services.
- 3) Further to 2) above, the Chair referred to the adverse reaction that there would be from members of the public to any proposals to close secondary care services. She considered that NHS England's objectives were admirable and indicated that she supported the integration of health and social care services. However, the Chair did not agree with the approach NHS England had adopted in respect of the STP as so far there had been no public engagement.
- 4) Tracy Taylor referred to work that was still taking place on the STP and considered that not having yet engaged with the public would mean that the level of public consultation would need to be that much greater when it happened. Professor Nick Harding underlined that it was essential that the public was on board and pointed out that, unless it could be explained how health and social care services would be better, proposed outcomes would not be achieved.
- 5) The Chair stressed that in moving forward it was essential that the health service and local authority worked together as equal partners and Professor Nick Harding referred to the importance of there being joint ownership of the STP. In seeking to solve the problems faced it was essential that partners continued to work together and did not blame each other.
- 6) Further to comments made by Dr Andrew Coward, the Chair asked that the Committee Services Officer contact the report authors enquiring why members of the Health and Wellbeing Board had not received invitations to the stakeholder and engagement events referred to in the report.
- 7) Councillor Lyn Collin emphasised that it was crucial that a preventative strategy was pursued and concurred with other comments made that public consultation on the STP should by now have been taking place.

**WEST MIDLANDS COMBINED AUTHORITY – PUBLIC SECTOR REFORM**

The following report was submitted:-

(See document No. 5)

Chief Inspector Sean Russell introduced the information contained in the report.

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

- 1) In welcoming and commending the report, Professor Nick Harding referred to the need to look at how the Health and Wellbeing Board could help in achieving the vision and ambitions.
- 2) Dr Aqil Chaudary underlined the need to link the Criminal Justice System to the prevention agenda and knowledge being gained about the harm caused by Adverse Childhood Experiences (ACEs).
- 3) Reference was made by Dr Andrew Coward to an excellent DVD telling the story of a person who had offended and he suggested that it be circulated more widely or shown at a Health and Wellbeing Board meeting. Chief Inspector Sean Russell, West Midlands Police undertook to pursue the matter.
- 4) Further to questions from the Chair, Chief Inspector Sean Russell considered that in relation to the availability of bedded accommodation the position was better than five or six months ago. In relation to the concept of Zero Suicide he indicated that the first aim would be to achieve this in respect of individuals in prison/police cells and those in mental health/hospital settings - and then to move on.
- 5) The Chair indicated that she would very much like to see sign-up to a Mental Health First Aid initiative.
- 6) Dr Andrew Coward pointed out that people who had four or more ACEs were a lot more likely to commit suicide.

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**RESOLVED:-**

That this Board agrees to adopt the emerging outputs from the Public Sector Reform work stream within the Health and Wellbeing Board Strategy, especially those relating to Mental Health and Multiple Complex needs.

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**DATES AND TIME OF MEETINGS**

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At this juncture, members noted the dates and time (1500 hours) of future meetings of the Health and Wellbeing Board, as follows: 29 November 2016; 31 January 2017; 14 March 2017.

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The meeting ended at 1700 hours.

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CHAIRPERSON