

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, 22 MARCH 2016 AT 15:00 HOURS
IN IMPACT HUB BIRMINGHAM, WALKER BUILDING, 58 OXFORD STREET, DIGBETH B5 5NY, [VENUE ADDRESS]

A G E N D A

1 **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 - 14

3 **MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting (1500-1505).

4 **CHAIR'S UPDATE**

To receive an oral update (1505-1515).

15 - 18

5 **SYSTEM RESILIENCE PLAN UPDATE**

To receive a presentation and report informing members about the NHS System Resilience Planning approach and impact on the Birmingham health and social care system (1515-1535).

19 - 24

6 **BETTER CARE FUND UPDATE**

To consider the approach taken in respect of development of the 2016/17 Better Care Fund Plan and delegating authority to sign-off the final submission (1535-1550).

- 25 - 34**
- 7 **TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES**
- To consider the overview of the draft Transformation Plan that has been developed with partners across Birmingham (1550-1610).
- 35 - 54**
- 8 **WHAT IS OUR EXPERIENCE OF AND RESPONSE TO CHILD POVERTY IN BIRMINGHAM**
- To receive a presentation and consider a report in respect of the Child Poverty Commission with a view to informing the Commission's thinking and identifying evidence opportunities (1610-1645).
- 55 - 60**
- 9 **HEALTH AND WELLBEING BOARD OPERATIONS GROUP UPDATE**
- To consider a report on the work of the Operations Group (1645-1650).
- 61 - 62**
- 10 **OUTLINE WORK PROGRAMME 2016-17**
- To consider the outline draft Work Programme (1650-1655).
- 11 **OTHER URGENT BUSINESS**
- NB: Only items of business by reason of special circumstances (which are to be specified) that in the opinion of the Chair of the meeting are matters of urgency may be considered (1655-1700).

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD 26 JANUARY 2016
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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 26 JANUARY 2016 AT 1500 HOURS IN COMMITTEE ROOM 2, COUNCIL HOUSE, BIRMINGHAM

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

ALSO PRESENT:-

Louise Bauer, Birmingham Education Partnership
Simon Cross, Business Manager, Birmingham Safeguarding Children Board
Judith Davis, Programme Director, Birmingham Better Care Fund
Jenny Drew, Health and Wellbeing Board Programme Manager, BCC
Paul Holden, Committee Services, BCC
Alan Lotinga, Service Director, Health and Wellbeing, BCC
David Melbourne, Chief Executive, Birmingham Children's Hospital
Anna Robinson, HeadStart Programme Manager, The Children's Society
Alice Spearing, Public Health Intern, BCC
Rob Willoughby, Area Director, The Children's Society
Birmingham Health Youth Panel Representatives

NOTICE OF RECORDING

- 139 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

- 140 Apologies for absence were submitted on behalf of ACC Marcus Beale, Dr Gavin Ralston and Alison Tonge.
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DECLARATIONS OF INTERESTS

- 141 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 was 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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CHAIR'S UPDATE

- 142 The Chair reported that this meeting was the first since the nationally-recognised Health Services Journal Awards for 2015 were announced and highlighted that Sandwell and West Birmingham CCG won 'Clinical Commissioning Group of the Year' and that Birmingham Children's Hospital NHS Foundation Trust won 'Provider Trust of the Year'. Furthermore, the Vanguard Modality Partnership (previously Vitality Partnership) won the award for 'Using Technology to Improve Efficiency'. She extended her congratulations to all those involved.

In turning to the Social Worker of the Year 2015 Awards the Chair drew attention to some of the successes for Birmingham which she regarded as important recognition of ongoing work to improve social care services. The meeting was advised that Birmingham City Council won a gold award for its new Hospital Extended Service initiative. This had involved, using no additional funding, basing a number of experienced social workers across 8 hospital sites and had resulted in an increase in more timely discharges from hospital. She thanked all the volunteers involved in making this important work happen. The Chair also reported that she was especially pleased to be able to report that individual gold awards were awarded to two City Council social workers for their commitment and creativity in challenging areas. Harprit Rai won 'Adult Social Worker of the Year' and Elizabeth Spencer won 'Newly Qualified Social Worker of the Year'. She extended congratulations to both of them.

Lastly the Chair referred to NHS Planning Guidance issued at the end of December on delivering the NHS Forward View. One of the important tasks from it for the local health system this year would be to produce a place-based five year Sustainability and Transformation Plan (STP) which would drive the NHS Five Year Forward View in the area and be subject to assessment. In order to be meaningful it would need all local health leaders coming together as a team which was what, she highlighted, everyone was working towards in developing the Health and Wellbeing Board.

(A) BIRMINGHAM SAFEGUARDING CHILDREN BOARD (BSCB) ANNUAL REPORT 2014 /15; (B) BIRMINGHAM EARLY HELP AND SAFEGUARDING PARTNERSHIP

The following reports were submitted:-

(See document Nos. 1 and 2)

Simon Cross, Business Manager, Birmingham Safeguarding Children Board presented the first set of PowerPoint slides.

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

- 1) Dr Adrian Phillips, Director of Public Health reported that a full Joint Strategic Needs Assessment was not undertaken every year but that some work was being carried out around Child Sexual Exploitation (CSE). Further to comments made by a Member, he highlighted therefore that CSE was the first priority but that this could be extended to include the issue of missing children if the members wished this to happen.
- 2) Dr Andrew Coward extended his gratitude to everyone across all the agencies involved in children's safeguarding and particularly Jane Held (Chair) and Dr Diane Reeves (Deputy Chair) of the BSCB for all their hard work. Furthermore, he drew attention to the following comments in the Foreword to the Executive Summary attached to the report which he endorsed: There is clear evidence that as a result of the hard work put in by the local authority, and all other partners to the Board, especially the NHS (in all its organisational forms) and West Midlands Police, children are safer in Birmingham, and the most vulnerable are getting a better response. He also enquired as to the potential impact of the formation of the West Midlands Combined Authority on the governance of children's safeguarding in the City.
- 3) Further to 2) above, the Business Manager advised the meeting that the Government had asked for a national review of local Safeguarding Children's Boards (SCBs). It was highlighted that there was already a transformation programme in Birmingham which involved looking at alternative models of how the functions of an SCB could be delivered and that there had been a view for a while that some could be done better at a regional level. A project team was looking at bringing proposals to the March 2016 meeting of the BSCB.
- 4) Members were advised that the voice of the child was heard in a number of ways including: via a group that existed which held communication and engagement events during the year that connected with young people on particular topics seeking their views; through Serious Case Reviews; and linking-in to all the consultation that was being done by partners around their service delivery which he highlighted also involved asking them what they had done in using feedback to shape future delivery arrangements.
- 5) In relation to the joint commissioning of services, the Business Manager reported that evaluation specifications usually formed part of commissioning briefs and the BSCB would normally ask the relevant organisation for a post-implementation review of impact to make sure that the services were delivering on the outcomes intended. Furthermore, he highlighted that when large partnership pieces of commissioning work were being designed the BSCB would be consulted around ensuring that the brief was correct and reflected the services that the budget holders were making efforts to design.
- 6) The Business Manager reported that the BSCB had a Performance and Improvement Plan and that BSCB reviewed its performance at the end of each year. In relation to setting its strategic direction the BSCB would look at some of the inspections there had been across the City to pick-up on the big themes and also take on board any national guidance in respect of areas that should be focused upon. In referring to the many organisations

represented on the BSCB he highlighted that the Board's agreed priorities for 2015/16 were a result of their analysis / judgements.

- 7) Members were advised that young people had helped with the design of the cover and nature of the language used in the Right Services, Right Time publication aimed at making more staff aware of its existence and the material easier to understand. Similarly, young people had been asked to design and put the BSCB Annual Report into a format and language that they could more easily relate to.

143

RESOLVED:-

- (a) That the BSCB Annual Report 2014/15 be received to enable the findings to inform the development of the Joint Strategic Needs Assessment;
- (b) that the Birmingham Early Help and Safeguarding Partnership update be noted.

BIRMINGHAM SAFEGUARDING ADULTS BOARD (BSAB) ANNUAL REPORT 2014/15

The following report was submitted:-

(See document No. 3)

Alan Lotinga, Service Director (and Chair of the Birmingham Safeguarding Adults Board) presented the PowerPoint slides accompanying the report.

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

- 1) The Chair asked that arrangements be made for the LGA Councillors' Briefing 2015 – Safeguarding Adults (April 2015) to be circulated to all members of the Health and Wellbeing Board.
- 2) In response to a question from Councillor Brigid Jones, the Service Director indicated that the increase in safeguarding alerts last year had been across the board in terms of where they had come from, with the proportions staying broadly the same. He also undertook to discuss the issue of unregulated care with the member outside the meeting.
- 3) Further to comments made by Councillor Lyn Collin, the Service Director considered that there was a need to look at how local Councillors could be kept better informed about preventative strategies and the work that was taking place across agencies in their areas whilst, at the same time, respecting the privacy of individuals.
- 4) Tracy Taylor highlighted that the findings in the Annual Report should also be used to inform the Joint Strategic Needs Assessment, similar to with the previous report considered on the agenda and this was agreed.
- 5) Dr Andrew Coward thanked the Service Director for all his work while chairing the BSAB over the last 4 years. In referring to Deprivation of Liberty Safeguards, he also advised the meeting that a theatre company had attended the Birmingham South Central Clinical Commissioning

Group (CCG) Governing Body to convey some of the ethical dilemmas pertaining to patients and asked that if any members wished this to be arranged for their organisations they contact him. In considering that tackling domestic violence been neglected for too long particularly at General Practice level he also referred to the IRIS (Implementation of Domestic Abuse Identification and Referral) programme, an evidence based intervention initiative that included providing training and linking with a domestic violence worker that was being piloted in a number of GP Practices - and which he felt had huge potential. He reported that unsurprisingly there had been an increase in referrals into domestic violence projects and he hoped and expected that the arrangements would be introduced city-wide. The member highlighted that naturally this would have implications for expanding the availability of domestic violence services in the City - something that he would very much support. In concluding, he indicated that he was also of the view that moving forward there was a need to improve the governance arrangements between the Health and Wellbeing Board, Community Safety Partnerships, Birmingham Safeguarding Children Board and the BSAB.

144

RESOLVED:-

- (a) That the BSAB Annual Report 2014/15 be received to enable the findings to inform the development of the Joint Strategic Needs Assessment;
- (b) the BSAB's achievements during 2014/15 be noted and the 2015/16 priorities be endorsed.

OPERATIONS GROUP PROGRESS REPORTS: (A) STRATEGY DEVELOPMENT; (B) WORKING LOCALLY

The following reports were submitted:-

(See document Nos. 4 and 5)

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

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

- (1) In commenting on the first report, Dr Adrian Phillips highlighted that the three areas referred to in the second bullet point of paragraph 4.2 were quite broad and in referring to comments that he had picked-up upon at other meetings considered that there was a need to focus on doing a few specific things really well and then in the future concentrating on other areas.
- (2) Karen Helliwell made reference to the Sustainability and Transformation Plan (STP) mentioned earlier in the meeting and highlighted the need for co-ordination with what was happening in other areas around the integration agenda and their timescales.

- (3) Further to (2) above, Dr Andrew Coward indicated that he considered that children and young people, particularly around Adverse Childhood Experiences (ACEs), was an area that should be prioritised.
- (4) The Service Director undertook to give further consideration to the points made by members. In responding to other comments, he also referred to work that the Operations Group was doing aimed at helping the Health and Wellbeing Board clearly identify where it could add value and in seeking to capture what was happening in the City that was relevant to its priorities and help shape these going forward.
- (5) Dr Aqil Chaudary considered that efforts should be made to influence activity / new developments taking place in the City at an early stage so that opportunities were not missed. The Service Director undertook to take on board the comments but also referred to the limitations in terms of resource capacity. Nonetheless, he highlighted that partners were asked whether there was anything that was being missed.

145

RESOLVED:-

- (a) That the framework for revising the Health and Wellbeing Strategy, as outlined in the report, be agreed;
- (b) that approval be given to the Operations Group proposal for the Board to develop working relationships with the Council's 10 Districts via the Operations Group, as set out in section 4 of the report.

HEADSTART GOVERNANCE AND STRATEGY

The following report was submitted:-

(See document No.6)

Rob Willoughby, Area Director, The Children's Society introduced the information contained in the report and David Melbourne, Chief Executive, Birmingham Children's Hospital, advised members that the proposals had the full support of Forward Thinking Birmingham.

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

- 1) In referring to the particularly high and increasing school exclusion rate in the City, Councillor Brigid Jones advised the meeting that work would soon be starting aimed at making it clearer what support was available for children that had additional needs. She highlighted that a pathfinder in Ladywood led by the Birmingham Education Partnership (BEP) had shown that some of the relationships between schools and health providers were worse than many had realised. The member stressed the importance of the HeadStart programme.
- 2) Peter Hay informed the meeting that the City Council's school improvement functions were within the BEP's remit and therefore the organisation had reach to all schools. In commending the BEP for undertaking to take the lead he drew attention to the innovative nature of

the proposed way forward which he considered contained a degree of risk. He highlighted the responsibility of the Health and Wellbeing Board in terms of supporting the approach.

- 3) Dr Andrew Coward in fully supporting the paper and proposed governance arrangements reported that there was evidence that schools should be routinely enquiring about Adverse Childhood Events (ACEs) and referred to a school in the United States where this had resulted in a fall in the number of suspensions, exclusions and written referrals. He suggested that this was something that HeadStart, the BEP and Forward Thinking Birmingham might like to consider.
- 4) Louise Bauer, BEP reported on how it was proposed to work systematically with all schools to identify need and informed members that a city-wide event was scheduled to be held in May, 2016.
- 5) Dr Adrian Phillips informed members that linking health services and schools together had been specifically referenced in the school nursing tender documents. He also proposed an additional recommendation that the Chair of the Health and Wellbeing Board, Cabinet Member for Children's Services and the Chief Executive of the Birmingham Education Partnership be delegated authority to agree and sign-off the HeadStart stage 3 submission.

146

RESOLVED:-

- (a) That support be given to the strategic focus of the HeadStart stage 3 programme to support secondary schools in the City to develop the mental resilience of young people and in particular the more vulnerable young people;
- (b) that this Board confirms The Children's Society as the "Responsible Body" until different arrangements are proposed;
- (c) that governance of the Headstart stage 3 programme be delegated to the Birmingham Education Partnership;
- (d) that the Chair of the Health and Wellbeing Board, Cabinet Member for Children's Services and the Chief Executive of the Birmingham Education Partnership be delegated authority to agree and sign-off the HeadStart stage 3 submission.

(This report was brought forward on the agenda)

BIRMINGHAM BETTER CARE FUND UPDATE AND PLANNING FOR 2016/17

The following report was submitted:-

(See document No. 7)

Judith Davis, Programme Director, Birmingham Better Care Fund (BCF) presented the PowerPoint slides accompanying the report.

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

- 1) Dr Nick Harding proposed that the sign-off of the BCF submission be delegated jointly to the Chair of the Health and Wellbeing Board and Chairs of the Clinical Commissioning Groups.
- 2) Tracy Taylor considered that more could have been done in taking the BCF forward and stressed the need to be very clear regarding how the BCF, Sustainability and Transformation Plan (STP) and other elements were going to link-up so that opportunities to make real differences were not missed.
- 3) Further to 2) above, the Programme Director indicated that her expectation was that the Chief Executive Officers of the relevant organisations who need to come together to approve the STP would agree the wording. The Programme Director highlighted that she would be happy to support the coordination of that process.
- 4) The Service Director, Health and Wellbeing highlighted that as there was another board meeting in March 2016 it was now being recommended that the sign-off of the BCF submission only be delegated in respect of the 8 February 2016 submission.

147

RESOLVED:-

That the Board agrees to delegate sign-off of the Better Care Fund submission on 8 February 2016 to the Chair of the Health and Wellbeing Board and Chairs of the Clinical Commissioning Groups and, further to 2) and 3) above, to the Chief Executive Officers of the relevant organisations coming together to agree the wording in terms of linking-up with the Sustainability and Transformation Plan etc.

BIRMINGHAM PUBLIC HEALTH YOUTH PANEL

148

The following report was received:-

(See document No. 8)

Dr Adrian Phillips, Director of Public Health and Alice Spearing, Public Health Intern, BCC introduced the report. The short video presentation referred to therein encapsulating the views of the Birmingham Public Health Youth Panel around health and wellbeing for young people in Birmingham was played to the members.

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

- 1) A representative of the Public Health Youth Panel advised members that there had been a decline in extra curricular activity in schools and after-school clubs (and rising levels of childhood obesity) and that in addition to skateparks other new facilities that he would like to see being provided in public parks included basketball courts, football fields and tennis courts. In referring to regular Panel meetings that were held he indicated that he considered that to get everyone everybody wanted to be the members of the

board and others should take time to listen to the young people's thoughts and ideas to help them achieve their objectives.

- 2) Dr Andrew Coward advised the young people that he did not believe that the Health and Wellbeing Board had all the answers and that he had partly learnt this through the redesign of the 0-25 years mental health services where if there had not been extensive interaction with children, young people and families the right type of arrangements would not have been designed. He enquired how the young people would like to be engaged with and, as an example, suggested an interactive webcast.
- 3) Further to 2) above, a representative considered that there was a need for health and social care leaders to go out to the young people to ascertain their interests. He highlighted that when they wished to expand their skatepark this had happened when someone had been proactive, come to them and offered help. It was therefore important to go to young people not wait for them to come to you.
- 4) Members were advised that when young people were faced with serious problems with other family members at home they generally turned to each other for support but were not informed of where they could get other help if they felt intimidated or threatened by parents. The representative of the Panel considered that a young person's problems needed to be confronted so that new relationships could be developed within their families. It was also highlighted that young people needed to be able to talk to someone that they could trust and that the only people that they could really trust was their friends.
- 5) Further to 4) above, Chief Superintendent Richard Moore undertook to speak to the young people to provide them with the links to the support mechanisms available through the Early Help and Safeguarding Partnership so that these could be accessed by their friends and peers when they needed help.
- 6) The Chair emphasised the importance of taking the time to go out and listen to young people to hear what they had to say. She highlighted that not only was it enjoyable, but one learnt so much.
- 7) Candy Perry referred to a survey of young people carried out by Healthwatch Birmingham and an issue that had been picked up around using primary care. She offered the young people the opportunity to help develop and shape the recommendations contained in a report being produced.
- 8) Further to 7) above, a representative of the Panel indicated that a lot of young people did not feel that a GP was someone that they could talk to especially about mental health issues and were more confident using call helplines. She highlighted that they were therefore working to overcome any perceived stigma / shyness and make young people feel comfortable and reassured that it was completely fine to come forward and seek help. Mention was also made by another representative of there being gender differences in terms of willingness to seek help i.e. fewer men did so. Candy Perry undertook to share some of Healthwatch Birmingham's findings with Alice Spearing to see how they fitted-in with work that the Panel was undertaking.

- 9) Councillor Brigid Jones informed the meeting that about ten years ago the words mental health, depression and anxiety were not commonly used by herself and her peers. She considered that the fact that the young people were addressing these conditions in a positive way demonstrated how much progress had been made in a relatively short space of time but highlighted how much further there was still to go. However, the member felt that what had not changed were concerns about there not being places to go or enough opportunities to engage in physical activity. The young people were advised that she would welcome meeting with them and the Chair of the Health and Wellbeing Board to discuss ways in which areas of the Council could assist them in driving matters forward. A representative, on behalf of the Panel, commented that this was really positive and confirmed that they would like to meet-up.
- 10) Dr Andrew Coward in recognising that sometimes young people did not wish to visit their GP highlighted that as part of the Forward Thinking Birmingham mental health programme there would be drop-in centres / early intervention available in communities and the city-centre. He reported that the new arrangements would start to come into play on 1 April 2016.
- 11) A representative of the Panel asked how they could support the board in engaging with young people and how the members of the board wished to hear their voices.
- 12) Further to 11) above, the Chair advised the young people that she would very much like to see them come back to the board with issues they had at least once a year. Councillor Lyn Collin suggested that the Director of Public Health be tasked with submitting a report to the board and also reviewing arrangements in terms of the Public Health Youth Panel featuring on the Birmingham City Council website. Dr Andrew Coward referred to looking at how interaction might take place with children and young people through arranging a question time session which could be done over the web or might be broadcast through a local radio station. Further to 3) and 6) above, Karen Helliwell also felt that one of the salient points that had come of the discussion at the meeting was the importance of going out and listening to young people. In commenting that there was sometimes a need to consult quickly she highlighted that it would be helpful to know the best places to visit and highlighted the need to set-up contact arrangements.
- 13) Peter Hay reported that as part of the Council's children's services work consideration was being given to how best to summarise what the City stood for in relation to children. He also mentioned work in Leeds which he advised the meeting was regarded as a particularly good city for children. Furthermore, he referred to ways in which it was intended with partners to make it different for young people in the City e.g. through Forward Thinking Birmingham, Early Help activity and Birmingham Education Partnership work aimed at improving schools.

Dr Adrian Phillips thanked the young people for their contributions and attending the meeting and related organisations for their work. He considered that it would be very beneficial if some type of session could be arranged with the young people in the future. In highlighting that he was fully committed to ensuring that the voice of young people were heard he also thanked Alice Spearing and her colleague Amy, both Public Health Interns, for arranging today's session.

The Chair indicated that recommendations on a way forward would be brought to the Board and thanked the young people for attending and their excellent presentation.

WORK PROGRAMME

The following Work Programme was submitted:-

(See document No. 9)

Members were informed that notwithstanding the information contained in the Work Programme it was now proposed to bring a report to the Board on infant mortality in the next Municipal Year when a full year's data was available.

The Chair advised the meeting that the Operations Group would give consideration to what matters it might be appropriate for the Board to consider in 2016/17 and members notified accordingly.

149

RESOLVED:-

That the Work Programme be noted.

MINUTES

150

The Minutes of the Board meeting held on 30 September 2015 were confirmed and signed by the Chair.

Further to Minute No. 132 contained in the Minutes of the last meeting, Dr Andrew Coward reported that he'd had a meeting with Professor Jane Barlow at Warwick University who was an expert on Adverse Childhood Experiences (ACEs). Members were advised that she had offered to assist the Board and suggested that the issue of alcohol consumption in pregnant women be investigated. He highlighted that Birmingham South Central Clinical Commissioning Group (CCG) hosted the maternity commissioning team and that conversations in this regard were ongoing. Furthermore, he pointed out that she had referenced that 80 per cent of children who were given up for fostering or adoption had some form of cognitive impairment due to maternal alcohol consumption. The member highlighted that there was a huge evidence base of the positive impact that reducing alcohol consumption during pregnancy could have in terms of improving outcomes.

Dr Andrew Coward also notified members of a Public Health England summit scheduled to be held in Birmingham on 22 February 2016 - the day being set aside to look at ACEs. In strongly encouraging members to attend he undertook to e-mail through a link to information on the event. The member considered that the issue was something that everyone could work on together to genuinely improve the lives of citizens and at the same time also reduce the burden on health and social care systems.

In response to a query from Candy Perry relating to the integration of Patient and Public Involvement into the Homeless Health Scrutiny Committee work (Minute No. 131 referred), Jenny Drew, Health and Wellbeing Board

Programme Manager, BCC advised the meeting that at the Operations Group it was considered that more work first needed to be done by the CCGs on actions to respond to the Inquiry recommendations. Consequently, no progress report had been submitted to this meeting. She advised members that although the area of work was not referenced in the Work Programme a report would be coming back to the board.

The meeting ended at 1730 hours.

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CHAIRPERSON

	<u>Agenda Item: 5</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22 nd March 2016
TITLE:	SYSTEM RESILIENCE PLAN UPDATE
Organisation	BCC
Presenting Officer	Judith Davis, Programme Director

Report Type:	Information
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1. Purpose:
The purpose of this report is to inform members about the NHS System Resilience Planning approach and impact on the Birmingham health and social care system. The arrangements are emerging at pace and a presentation at the Board will be delivered on the day and not circulated prior to the meeting.

2. Implications:		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		N
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation
The Board is asked to note the requirement and emerging local approach and request regular updates.

4. Background

4.1 NHS Planning Guidance

4.1.1 In accordance with the NHS Mandate to act from Central Government, NHS providers and commissioners are required by NHS England to produce two separate but linked plans:

- A five year Sustainability and Transformation Plan (STP), place based and driving the Five Year Forward View covering October 2016 to March 2021
- One year Operational Plan for 2016/17, organisation based but consistent with the STP

4.1.2 There is recognition that NHS systems will only become sustainable if work on prevention and care redesign is accelerated in partnership with Local Authorities.

4.2 Sustainability and Transformation Plans

4.2.1 The basis of these STPs is to plan a shift from organisation to place based thinking and planning

4.2.2 System leadership – local leaders are required to come together as a team, developing a shared vision with the local community and local government as appropriate, programming a coherent set of activities to make it happen, execution against plan, learning and adapting. Where effective leadership can't be found, NHS England and NHS Improvement has the right to secure remedies through more joined up and effective system oversight.

4.2.3 Success will depend upon open, engaging and iterative process, harnessing all stakeholders including local authorities through health and wellbeing boards

4.2.4 STP must cover better integration with local authority services, including but not limited to prevention and social care, reflecting local agreed health and wellbeing strategies

4.2.5 STP will become the single application process for being accepted onto programmes with NHS transformational funding for 2017/18 onwards. For 2016/17 the limited available additional transformational funding will continue to be run through separate processes

4.2.6 Involving communities should follow the six principles created around the Five Year Forward View.

4.2.7 Whilst the need to deliver integration of health and social care by 2020 is not a specific requirement for the STP it is anticipated that this will be factored into planning.

4.3 Timetable

Localities to submit proposals for STP footprints	By 29 th January 2016
Short return including priorities, gap analysis and governance arrangements	11 th April 2016
Development of plans with engagement and support from national teams	April/ May / June 2016
Submission of full STPs	30th June 2016
Assessment and Review of STPs	End of July 2016

4.4 The Role of Health and Wellbeing Boards

The role of the Birmingham and Solihull Health and Wellbeing Boards will continue to emerge over time as the governance infrastructure around the STP is developed and finalised for April and beyond. It is not a national requirement for the Boards to be part of the formal governance of the STP however as the Better Care Fund Plan is expected to be an intrinsic part there is a need to be clear about how the two link together in our local context. There is also an oversight and influencing role as system leaders which the Boards can play and is currently being defined.

5. **Compliance Issues**

5.1 ***Strategy Implications***

This plan is concerned with delivering a sustainable and transformed health and social care system and therefore will have support the achievement of HWBB aims and outcomes

5.2 ***Governance & Delivery***

Final governance arrangements have to be completed by 11th April submission. The HWBB whilst not part of the formal governance is identified as the key forum for engagement and report. Regular reports should be requested from the identified STP leader and programme director.

5.3 ***Management Responsibility***

The Director of People will be responsible for ensuring engagement and update

6. **Risk Analysis**

TBC in subsequent reports given current status

Appendices
None

Signatures	<i>P. Hamilton</i>
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	18/3/2016

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

Judith Davis,
Programme Director - Birmingham Better Care
Mob: 07545 600760
Email: judith.davis6@nhs.net

Dr Patrick Brooke

Peter Hay

	<u>Agenda Item: 6</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22 nd March 2016
TITLE:	BETTER CARE FUND UPDATE
Organisation	BCC
Presenting Officer	Judith Davis, Programme Director

Report Type:	Decision and Endorsement
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1. Purpose:
<p>Following the presentation at the last Health and Wellbeing Board this paper updates members on progress on the 2016/17 Better Care Fund plan and submission and at the point of writing outlines the guidance that has been received.</p> <p>An update of progress will be provided at the meeting.</p>

2. Implications: # Please indicate Y or N as appropriate]		
BHWP Strategy Priorities	Child Health	N
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		N
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		N
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation

The Board is asked to:

- endorse the approach taken to development of the planned submission
- delegate authority to the Health and Wellbeing Board Chair, Director of People BCC and CCG Chairs to jointly sign off the final submission prior to the final submission date of 25th April

4. Background

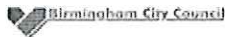
- 4.1 The previous Health and Wellbeing Board meeting received a progress report on delivery of the 2015/16 Better Care Fund Plan, including a review of progress, success and issues including the delivery or not of anticipated trajectories against the BCF metrics. It also outlined the BCF Policy guidance for 2016/17 and this included the removal of the previous payment for performance element of policy to be replaced by two new national conditions.
- 4.2 It was noted that the supporting technical guidance had been delayed considerably from its original planned release date. The Board gave delegated authority to the Chair of the board and CCG Chairs to sign off the initial submission when the guidance arrived.
- 4.3 The awaited technical guidance was released on 23rd February and included the national conditions including two new ones, vii and viii below. The conditions require:
- (i) That a BCF Plan, covering a minimum of the pooled Fund specified in the Spending Review, should be signed off by the HWB itself, and by the constituent Councils and CCGs;
 - (ii) A demonstration of how the area will meet the national condition to maintain provision of social care services in 2016-17.
 - (iii) Confirmation of agreement on how plans will support progress on meeting the 2020 standards for seven-day services, to prevent unnecessary non-elective admissions and support timely discharge;
 - (iv) Better data sharing between health and social care, based on the NHS number;
 - (v) A joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - (vi) Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
 - (vii) That a proportion of the area's allocation is invested in NHS commissioned out-of-hospital services, or retained pending release as part of a local risk

- sharing agreement; and
- (viii) Agreement on a local action plan to reduce delayed transfers of care.
- 4.3 The submission was required on 2nd March and the main focus was to confirm minimum pool size and proposed trajectories for the BCF metrics. It also included an outline joint spending plan of pool resources that has been jointly agreed for 2016/17.
- 4.4 The submission followed the proposal and agreement at the last Health and Wellbeing Board to maintain current pool size, roll over the schemes, and therefore spending plan, started in 2015/16 to completion and evaluate the impact against the planned trajectories of the BCF metrics. The planned trajectories are based around the planned timescales for delivery and a more detailed impact assessment than previously possible. However there remains a significant risk to achievement of the metrics given the many dependencies that impact on each area of service targeted e.g. the reasons why people are admitted to hospital. It is anticipated that ultimately the mitigations around this risk will be clearly defined and supported through the more comprehensive Sustainability and Transformation Planning Process.
- 4.5 The submission requirements for the 2nd March did not include a commentary about the plan or any details of risk sharing agreements arising from the first of the new conditions. Both will be required for the next submission required on the 21st March.
- 4.6 The delay in the technical guidance was as a result of ongoing debate about the use of previous performance monies between health and social care representative bodies. The guidance states:
- ‘New condition vii replaces the national payment-for-performance element of the Fund, linked to delivering a reduction in non-elective activity that was a condition in 2015-16. It is expected that a similar local performance element will be deployed in areas which have not achieved the required reduction in non-elective admissions.’
- 4.7 This requirement applies to Birmingham and at the time of writing this report agreement around the use of this element and the instigation of any risk share has not been agreed. An update can be provided at the meeting.
- 4.8 Guidance on the narrative requirements was received on 7th March and has a requirement to give evidence for 75 ‘key lines of enquiry’. It has been agreed by the Programme Board that the plan submitted in 15/16 should be used as the basis and updated rather than a rewrite as it was always anticipated that the plan was for longer 2 years.
- 4.9 As outlined at the last meeting the actions outlined in the table below have been achieved this year and also successful delivery of targets in the metrics of reduced numbers of long term care home placements, delayed transfers of care, enablement (if baseline corrected) and length of stay reductions. It is recognised that close working through the System Resilience Group has

contributed significantly to these achievements.

- 4.10 In addition it has fulfilled the national conditions as outlined within the policy except the joint approach to assessments and care planning, which was highlighted previously and the approach has now been changed.

4.11



The Story So Far

What we have achieved

- A suite of products to support integrated working in primary care which supports ethos of person centred and anticipatory care – ready to use
- Procurement of wellbeing co-ordinators and route to wellbeing – live from April 2016
- Agreement on use of carers monies for 16/17
- Procurement of CUR tool – implementation from January 2016
- Commissioning of 26 virtual beds for winter – live Dec/Jan
- Improved processes for hospital discharge
- Commissioning additional enablement resource – increase from Dec 2015 incl provision particularly for those with challenging behaviours
- Retention of EAB beds
- New dementia cafes and training for carers around physical health crises – in place
- Progress on information sharing agreements and protocols

BIRMINGHAM BETTER CARE

- 4.12 The last Health and Wellbeing Board received a summary of the challenges that had occurred during 15/16 and these have been considered by the Commission Executive in its decision to continue with the implementation of plans to fruition and conduct an appropriate evaluation of schemes over the next 12 months.
- 4.13 The BCF Programme Board has recommended that the BCF Programme should move into the STP as quickly as possible, were the other factors impacting upon particularly the decisions to admit to hospital, can be addressed. This is the only area where progress has not been made and has been an issue for the majority of BCFs nationally.
- 4.14 The final BCF submission is required on the 25th April. The Health and Wellbeing Board is asked to delegate authority to the Chair to sign off this final submission, along with the Chairs of the CCGs and Director of People as required by the policy guidance.

4.15 Timetable

Second submission following assurance and feedback, to consist of: <input type="checkbox"/> Revised BCF planning return <input type="checkbox"/> High level narrative plan	21 st March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

5. Compliance Issues

5.1 Strategy Implications

This plan is concerned with delivering a sustainable and transformed health and social care system and therefore will have support the achievement of HWBB aims and outcomes

5.2 Governance & Delivery

Governance arrangements will be reviewed in light of Sustainability and Transformation Planning requirements and proposals developed

5.3 Management Responsibility

Alan Lotinga is the senior responsible officer

6. Risk Analysis

In relation to the specific nature of this report around the 2016/17 plan

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Reputational – failure to agree submission and in particular payment for performance elements	3	5	Negotiations at executive level

Appendices

None

Signatures <i>P. Hamilton</i>	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	<i>11/3/2016</i>

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

Judith Davis,
Programme Director – Birmingham Better Care
Mob: 07545 600760
Email: judith.davis6@nhs.net

	<u>Agenda Item: 7</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22 nd March 2016
TITLE:	TRANSFORMING CARE IN BIRMINGHAM FOR PEOPLE WITH LEARNING DISABILITIES
Organisation	Birmingham Transforming Care Partnership including Birmingham CrossCity CCG, Birmingham South Central CCG, Sandwell & West Birmingham CCG and Birmingham City Council
Presenting Officers	<p>Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme</p> <p>Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme</p>

Report Type:	Endorsement
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1. Purpose:
To provide the Health & Well Being Board with an overview of the draft Transformation Plan that has been developed with partners across Birmingham. The final version of the plan will be submitted to NHS England on 11 th April 2016 once approved through formal governance processes.

2. Implications:		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation
The Health & Well Being Board is asked to endorse the Draft Transformation Plan.
4. Background
<p>4.1 In 2011, a Panorama programme exposed evidence of abuse of some clients with learning disabilities, who were living in an Assessment and Treatment Unit, called Winterbourne View. Following the subsequent enquiry into this case, many changes have been made to services for people who have learning disabilities. One of these changes has been the development of the Transforming Care agenda which is a national workstream that focuses on ensuring that care is safe, appropriate and delivered in the least restrictive environment possible.</p> <p>4.2 In October 2015 NHS England, the Local Government Association, and the Association of Directors of Adult Social Services published <i>Building the right support</i> a national plan for people with learning disabilities and/or autism with behaviour that challenges including those with a mental health condition and a <i>new service model</i> for commissioners. Taken together these documents require Local Authorities, Clinical Commissioning Groups (CCGs) and NHS England specialised commissioners to come together to form Transforming Care Partnerships (TCPs) to build up community services, close unnecessary inpatient provisions and redesign pathways to better support people with learning disabilities (including children and young people). The National Model is described in Appendix 1.</p> <p>4.3 The local TCP covers the Birmingham population and encompasses Birmingham City Council, Birmingham CrossCity CCG, Birmingham South Central CCG and also the West Birmingham population (Sandwell and West Birmingham CCG)</p> <p>4.4 The new national model of care requires a significant reduction in the need for hospital care and describes how in three years, local areas should need hospital capacity to care for no more than:</p> <ul style="list-style-type: none"> • 10 – 15 inpatients in CCG-commissioned beds per million adult population at any one time; • 20 – 25 inpatients in NHS England commissioned beds per million adult population at any one time. <p>4.5 In December 2015, NHS England set out the requirements for TCPs to deliver the first draft of a Transformation Plan by 8th February 2016 with the final plan due on 11th April 2016. Commissioners are required to:</p> <ul style="list-style-type: none"> • Build up community capacity and close some inpatient services in order to shift the investment into high quality, personalised support;

- Transform and redesign pathways (investing in preventative services/early intervention in the community) – not just ‘resettlement’ of current inpatients into the community.

4.6 In Birmingham the progress that has been made provides a good platform for the further development of supportive community services that will prevent hospital admission where appropriate, facilitate timely discharge and improve outcomes for people with learning disabilities.

4.7 Further work is required to develop a cohesive response to the complex needs of clients who are stepping down from inpatient provision. In particular, an understanding of the needs of those patients in NHS England commissioned beds, both adults and children, is required to plan and develop supportive community support to facilitate discharge and prevent readmission. The TCP together with, clients, carers, families and wider stakeholders is working to co-design services that will improve support and outcomes for this vulnerable group.

4.8 The Transformation Plan

4.8.1 The three year joint Transformation Plan has been co-designed with individuals with experience and partners across Birmingham and aims to simplify and improve support and services throughout the individual's life journey with the service user at the core. The key aims are to:

1. Improve the quality of care;
2. Improve quality of life;
3. Reduce the reliance on inpatient care;
4. Improve people's experience;
5. Improve health outcomes.

4.8.2 In order to deliver this, services will be focused around the diverse and individual needs of clients, gathered in part through care and treatment reviews (CTRs) but also through engaging and listening to individuals, their carers and advocates. The provider market will be developed to meet specific needs and individual choice will be promoted through the development of personalised care packages and offering of personal health budgets and personal budgets.

4.8.3 The model of care focuses on:

1. Prevention;
2. Developing suitable post discharge support and community provision to keep people out of hospital;
3. Reducing the reliance on inpatient facilities.

4.8.4 Some individuals may have been in inpatient units for long periods of time and will need extensive support to transition from inpatient care to community care. Integrated teams will work to develop the support model needed with joint personal budgets that wrap around the needs of the individuals to improve the quality of care provided and also the individual's quality of life.

- 4.8.5 Often a hospital admission is the only option due to risks around keeping the person safe with staff that is skilled to respond. In order to reduce the reliance on inpatient services, the model will ensure that there are clear processes around crisis, crisis planning, respite services and places of safety. A joint policy/protocol will be developed to describe exactly what is needed prior to an admission and where further clarity and support can be found.

4.9 The Model

- 4.9.1 The local Transformation Plan is built on the 9 principles in the national model and also 11 "I" statements (see appendix 2) which the TCP has developed in collaboration with people with experience. Four key specific services have been identified that we would like to develop, test and evaluate to understand their effectiveness in enabling clients to be discharged safely from inpatient facilities and are able to live in the community as follows:

- Intensive and crisis support services by a multi-disciplinary health and social care team 7 days per week for children including behaviour support planning;
- Enhanced intensive and crisis support services by a multi-disciplinary health and social care team including social workers, 7 days per week for adults;
- Effective care, crisis and relapse planning with clients, carers and families including exploring the need for the introduction of an intensive wrap around service short term 'place of safety' linking to the Crisis Concordat and better access to understandable information (a capital bid will be submitted to support the 'place of safety');
- A Learning Disabilities HUB linking with local third sector developments to provide an advocacy, training and information HUB.

- 4.9.2 Delivery of the plan will require the following key developments and actions:

- Ensuring clients and carers/families are at the heart of the Transformation Plan;
- Ensuring that all pathways are clinically appropriate, safe and high quality through an Expert Reference Group;
- Standardising and integrating CTR processes across Birmingham;
- Further development and embedding of risk stratification processes and person centred care planning for adults and children;
- Further work to understand, develop and redesign Children's pathways and services;
- Developing the provider market to reflect the complex needs of clients, their carers and families;

- Integrated partnership working across organisational boundaries including work to develop the personalisation agenda;
- Understanding the required housing and accommodation provision to reflect clients' complex needs;
- Developing personalised care including processes for joint health and social care funded Personal Budgets and Education Health and Care Plans (children);
- Developing and integrating the workforce to reflect the changing landscape. This includes helping to up-skill clients and carers linking to outreach teams;
- Focusing on transition from inpatient care to community care;
- Developing the 5 year Joint Strategy to deliver the model of care from childhood to older adults;
- Producing a Communications and Engagement Plan which will include 'Making the Plan Happen' Events;
- Establishing programme management and delivery support.

4.9.3 The model will test a number of new ways of working that build on the work already undertaken locally and create a seamless journey for people with Learning Disabilities from childhood through to older adulthood.

4.10 High Level Programme Timeline

In order to deliver the final Transformational Plan on the 11th April 2016, the short term timeline is set out below:

- Stakeholder mapping event – 14th January 2016
- First Transforming Care Partnership Board – 21st January 2016
- Wider Stakeholder Event (including stakeholders, clients and carers) – 22nd January 2016
- Transforming Care Partnership Board (extra meeting to review draft plan) – 2nd February 2016
- Partner sign off in principle – 3rd -5th February 2016
- NHS England Submission – 8th February 2016 (midday)
- Fully understanding the complex needs of NHS England Specialised Commissioned data/clients – February 2016

- Gain wider stakeholder views – February 2016
- Incorporate NHS England feedback further to first submission – February 2016
- Submit revised plan to NHS England – 8th March 2016
- Governance processes (partner organisational sign off) – March/April 2016
- Submit Final Plan - 11th April 2016.

4.11 Funding the Plan

4.11.1 National guidance on the financial mechanisms surrounding the Transforming Care agenda is expected in early March. It is currently unclear how payment mechanisms including dowries for people who have been in hospital long-term will work or indeed how many Birmingham clients will be eligible for a dowry, however there is a working assumption that funding will follow the patient. Detailed financial analysis is being undertaken and will be refined as we go forward.

4.11.2 To support the transition phase, NHS England has made available up to £30m of transformation funding nationally, which will need to be matched by CCGs. To support the Birmingham Transformation Plan, investment has been requested totalling £3.6m over 3 years. Commissioners are expected to match fund bids and the Birmingham plan includes match funding for adult intensive support team, additional staff capacity undertaking CTRs, in-house estates and communications support, in house programme leadership, management and finance resource, GP sessional time, and local authority advocacy support. Total match funding exceeds £1.5m per annum.

4.11.3 Capital funding is also available and investment of £1.2m has been requested to develop a 12 bedded step down unit in East Birmingham. NHS England has confirmed that details of funding awards will be received in April 2016.

5. Compliance Issues

5.1 Strategy Implications

The Birmingham Transforming Care Partnership Programme supports the Health & Well Being Board aims including *Improving the health and well-being of our most vulnerable adults and children in need, Improve the resilience of our health and care system and Improve the health and well-being of our children*.

Some individuals may have been in inpatient units for long periods of time and will need extensive support to transition from inpatient care to community care and furthermore, to be supported to live active lives and develop positive social interactions. The aim is to make the journey for individuals as person

centred and inclusive as possible with personalised support and good communication all with the aim of keeping individuals well and out of inpatient facilities.

5.2 Governance & Delivery

The local Transforming Care Partnership is a collaboration across Birmingham CrossCity CCG, Birmingham South Central CCG, Birmingham City Council, Sandwell & West Birmingham CCG and NHS England's Specialised Commissioning team together with service users and carers, professionals and provider organisations.

A programme of work has been created and will be delivered through the Transforming Care Partnership Board and a number of key workstreams. Regular updates will be provided to interested parties throughout the programme lifecycle.

5.3 Management Responsibility

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme
- NHS Birmingham South Central CCG, Sam Davies, Lead for Governance, Quality and Safety
- NHS Sandwell & West Birmingham CCG Jon Dicken, Chief Officer (Operations)
- Transforming Care Partnership, Roxanna Modiri, Programme Manager.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Available resources in the local health and social care economy are extremely challenging and therefore there is no new money to	Very Likely	Severe	Key partners will work across organisational boundaries in order to deliver the best care possible within available resource envelop. Shared working, resources and paperwork will reduce the

support Transformation Plans.			cost burden across the City. An assumption has been made that funding will follow the client and therefore will be sustainable in the longer term. This will be confirmed once the 'who pays guidance' is available.
The data provided by NHS England Specialised Commissioning requires significant validation in order for the Transformation Plan to be finalised. Where activity numbers do not reflect accurately the number of clients in inpatient units, the financial and activity plans will also be inaccurate.	Certain	Severe	The Birmingham Plan includes the immediate requirement to undertake joint CTRs and client profiling in order to establish the correct CCG and detailed care needs in order to effectively and accurately plan discharges to community provision and ensure financial planning is accurate.

Appendices

- Appendix 1. Building the Right Support, National Model (October 2015)
- Appendix 2. Birmingham Transforming Care Partnership - "I" Statements

Signatures

Paulette Hamilton

**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

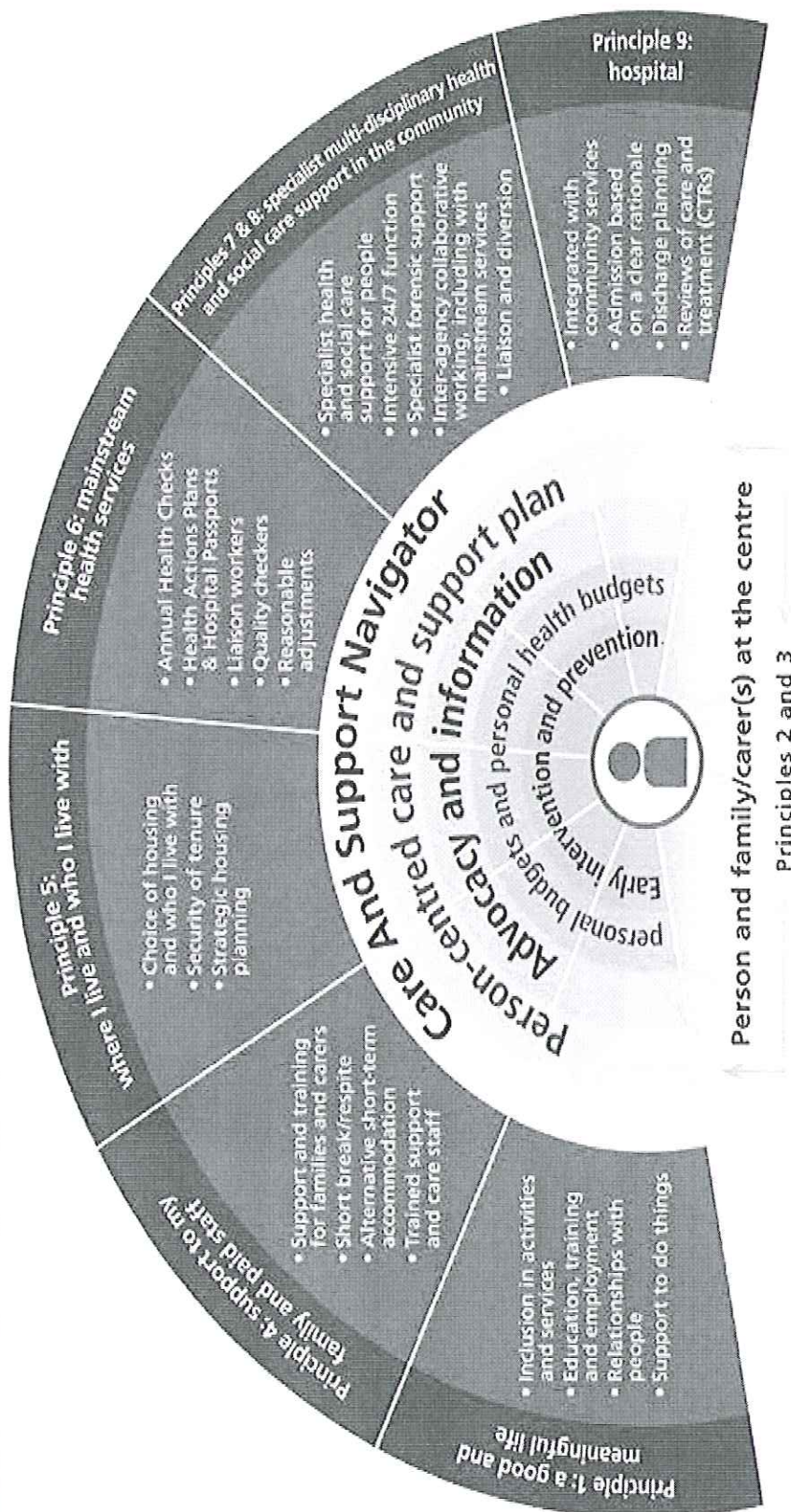
Date:

11/3/2016

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

- NHS Birmingham CrossCity CCG, Jenny Belza, Chief Nurse and Senior Responsible Officer Transforming Care Programme (jenny.belza@nhs.net)
- Birmingham City Council, Maria Gavin, Assistant Director Commissioning Centre of Excellence and Deputy Senior Responsible Officer Transforming Care Programme (maria.gavin@birmingham.gov.uk)
- Transforming Care Partnership, Roxanna Modiri, Programme Manager (rmodiri@nhs.net).

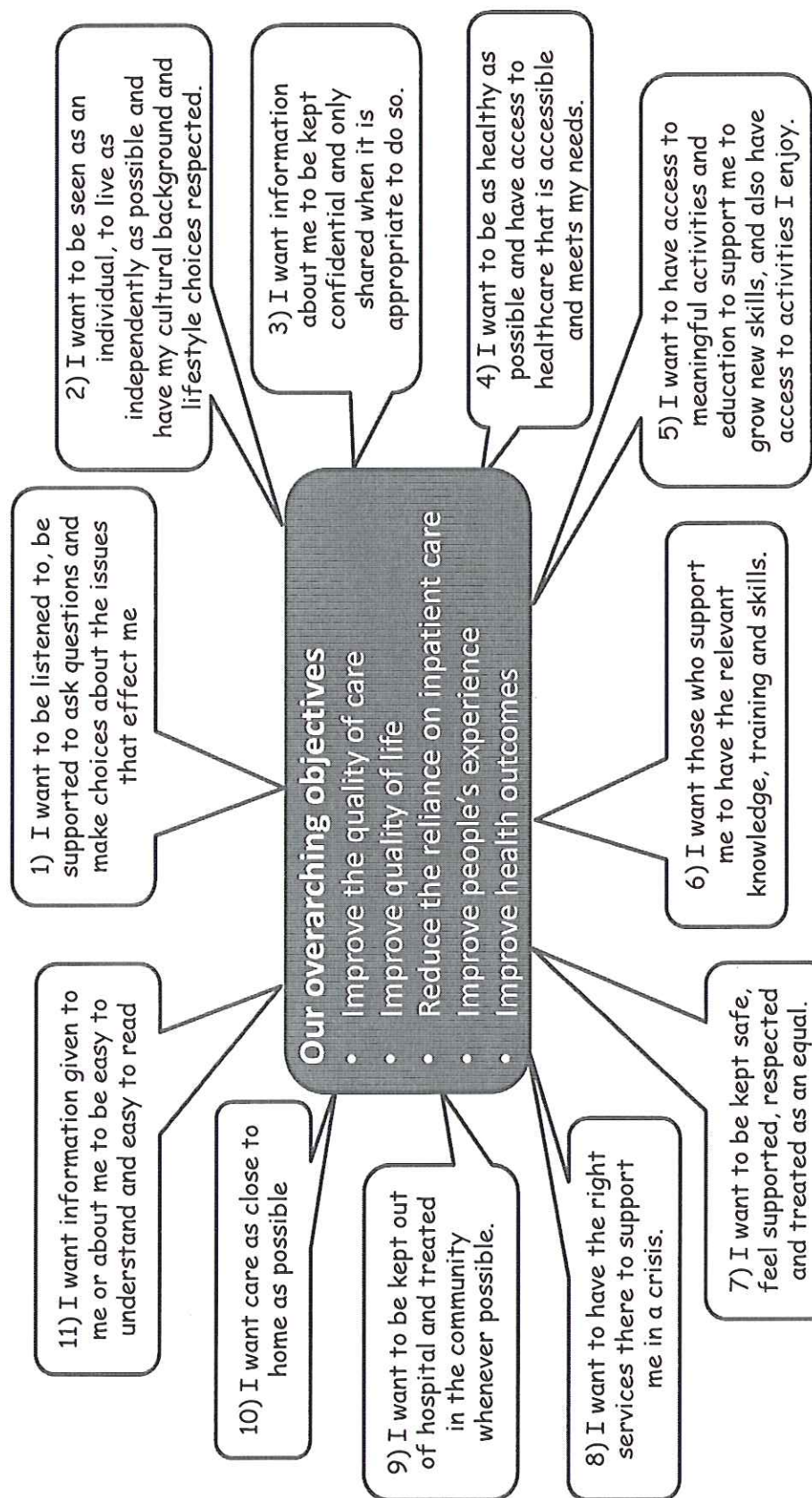
Appendix 1 - Building the Right Support, October



Service Model

Commissioners understand their local population now and in the future

Appendix 2- Birmingham Transforming Care Partnership - "I" Statements



	<u>Agenda Item: 8</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22nd March 216
TITLE:	WHAT IS OUR EXPERIENCE OF AND RESPONSE TO CHILD POVERTY IN BIRMINGHAM?
Organisation	Birmingham City Council
Presenting Officer	Dr Dennis Wilkes: Birmingham Child Poverty Commission Member and Consultant in Public Health, Birmingham Public Health, Birmingham City Council. Suwinder Bains , Partnership and Engagement Manager, Secretariat and policy support to the Commission

Report Type:	Information
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1. Purpose:
<p>The Child Poverty Commission was convened in 2015. The background section of this paper identifies its scope and remit. It wishes to gather evidence from the members of the Health & Wellbeing Board to inform its thinking and opportunities for further themes of evidence.</p> <p>The Child Poverty Commission would like a discussion to include:</p> <ul style="list-style-type: none"> a) A brief description of the background to the Commission's remit, the Birmingham context from the Needs Assessment, and any interim themes that are emerging from the evidence gathering so far; b) What are the Health & Wellbeing Board members response to and experience of the drivers and impact of child poverty in Birmingham that we might capture as evidence; and c) Can the Board identify any further opportunities (other parts of their organisations or stakeholders) who might contribute further evidence?

2. Implications		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	
	Systems Resilience	

Joint Strategic Needs Assessment	Y
Joint Commissioning and Service Integration	
Maximising transfer of Public Health functions	
Financial	
Patient and Public Involvement	
Early Intervention	Y
Prevention	Y

3. Recommendation

The Health & Wellbeing Board's comments are invited to assist in informing the Child Poverty Commission's thinking and opportunities for further themes of evidence

4. Background

4.1 Reducing child poverty is a key priority for the City. Estimates of child poverty for Birmingham show that 37% of children in Birmingham were living below the poverty line in 2013 after housing costs (AHC).¹

4.2 In some areas of the city, approaching 50% of all children are growing up in poverty. For example: three parliamentary constituencies in Birmingham have child poverty rates (AHC) that put them in the top twenty in the UK: Ladywood with 47% Hodge Hill with 43% and, Hall Green with 42%.

4.3 Estimates of child poverty rates in Birmingham wards since 2010 show that child poverty has consistently been highest in the Nechells and Sparkbrook wards, where child poverty rates have been around 50% for this period. The lowest child poverty rates in the city have consistently been found in Sutton Vesey and Sutton New Hall.²

4.4 Responding to the Challenge: Birmingham's Commission on Child Poverty

Further details about the aims of the Commission are included in the briefing note attached.

4.5 Child Poverty and Public Health

4.5.1 The Commission has identified Health as one of the key themes it wishes to

¹ <https://brumchildpoverty.files.wordpress.com/2015/07/child-poverty-needs-assessment-for-birmingham-summer-20155.pdf>

² <https://brumchildpoverty.files.wordpress.com/2015/07/child-poverty-needs-assessment-for-birmingham-summer-20155.pdf>

gather evidence to inform its thinking and opportunities.

- 4.5.2 The links between poverty and poor childhood health are well documented. The Joseph Rowntree Foundation's systematic review of the relationship between income and health reveals, a distinct and significant effect of income on children's social, emotional and cognitive outcomes, and to some extent on physical health. These impacts are independent of any effects of parental education or attitudes which might correlate with income.³

4.6 Obesity

Children in Birmingham have worse than average levels of obesity. 11.9% of children aged 4-5 years and 24.3% of children aged 10-11 years are classified as obese. 50.8% of children participate in at least three hours of sport a week which is worse than the England average.

4.7 Young carers

Based on data from the 2011 Census 2.1% of children aged 5 to 17 years are providing unpaid care. In the West Midlands this percentage increases slightly to 2.2% meaning that almost 19,000 children in the West Midlands are providing care⁴.

4.8 Mental Health

Mental health problems amongst children are a national and local concern. Years of research and commentators on child poverty have argued the strong evidence that links children's mental health to income inequality. The Commission is keen to learn more on how the city responds to this challenge and to what extent is the city taking a co-ordinated and integrated approach.

The Joint Strategic Needs Assessment for Birmingham recognises the priority of improving the health and wellbeing of children, and includes measures on some of the wider determinants of health such as housing and employment.

4.9 Free school meals

In 2014 the Coalition Government announced it would be providing free school meals for all infant pupils. This is a welcome step in ensuring all children have access to a warm and nutritious meal during school hours. According to a Freedom of Information request responded to by the Council in 2012 in 2011-12 the number of children entitled to free school meals was 42,394, of which 33,506 (79%) took up the support.

4.10 **Next Steps**

The Commission has made significant progress in gathering evidence from

³ Joseph Rowntree Foundation, Does Money Affect Children's Outcomes? A Systematic Review, 2013. Available at: <http://bit.ly/1OVBDdE>

⁴ <http://www.ons.gov.uk/ons/rel/census/2011-census/detailed-characteristics-for-local-authorities-in-england-and-wales/sty-young-unpaid-care.html>

children's and families since it was established. Over the following months there will be ongoing programme of work including:

- Putting in place arrangements to draw together, analyse and produce the findings from the evidence gathered: qualitative and quantitative research.
- Putting in place arrangements to launch a Young People's Board in April 2016 that will help the Commission sense check the recommendations
- Commission to present its finding and recommendations to Full Council in June 2016.

Moreover, agree arrangements to propose how the recommendations will be progressed through an ongoing process of collaboration with public agencies, private sector, Voluntary and community organisations and crucially children and families.

5. Compliance Issues

5.1 Strategy Implications

It addresses the most important contribution to undermine the health & wellbeing of Children and families with significant consequences for future generations' health & wellbeing.

5.2 Governance & Delivery

See Terms of Reference in Appendix document

5.3 Management Responsibility

Not Applicable

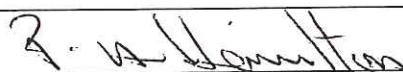
6. Risk Analysis

Not Applicable

Appendices

1. Child Poverty Commission Briefing Note.

Signatures



**Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)**

Date:

11/3/2016

Birmingham

Child Poverty Commission

A fairer start for all our children and young people

Birmingham Child Poverty Commission

Health & Wellbeing Board Briefing Note

Purpose

The Child Poverty Commission was convened in May 2015. The background section of this paper identifies its scope and remit. It wishes to gather evidence from the members of the Health & Wellbeing board to inform its thinking and opportunities for further themes of evidence.

The Child Poverty Commission would like a 30 minute discussion to include:

- a) A brief description of the background to the Commission's remit, the Birmingham context from the Needs Assessment, and any interim themes that are emerging from the evidence gathering so far;
- b) What are the Health & Wellbeing Board members response to and experience of the drivers and impact of child poverty in Birmingham that we might capture as evidence; and
- c) Can the Board identify any further opportunities (other parts of their organisations or stakeholders) who might contribute further evidence?

Background

Child poverty in Birmingham is at unacceptable levels where a third of children are living in poverty, with some parts of the city having over 46% of children in poor households. The City Council has made a commitment to create a fairer city. Tackling child poverty is one of the key priorities towards a fairer city. A Child Poverty Commission was established, in partnership with the city's schools; social care, health services and employers, to examine the extent and impact of poverty and inequality across the city and make recommendations on pathways towards ending child poverty.

The Commission is be made up of senior leaders in all spheres of influence including policy makers, politicians and practitioners who provide expertise, knowledge and experience to help formulate proposals for a citywide approach. The Child Poverty Commission is non-partisan in its approach and time limited. It involves a rigorous gathering of knowledge from Birmingham and beyond as well as active dialogue and learning from our experiences to date with a view to formulating proposals for action by a wide range of partners.

The core focus of this Commission is to implement actions rather than produce theoretical strategies without any goals. The Commission aims to set out a number of actions that will address child poverty in a Birmingham context and help to reduce it.

As well as asking professionals to give evidence, the Commission wants to listen to the everyday experiences of children and families living in poverty and understand poverty from their perspective and bring to life the stories of children and families behind the hard statistics. The Commission also seeks to explore the circumstances that create poverty, understand the causes and identify any gaps in knowledge that hinder progress in reducing poverty. Terms of Reference attached in see appendix one.

Child Poverty Measures

The Child Poverty Act (2010) established a legal requirement for the UK government to reduce child poverty in four areas by 2020:

- **Relative low income** – income less than 60% of median household income before housing costs. (target less than 10%)
- **Combined low income and material deprivation** – children living in households below 70% of median income before housing costs for the financial year (target less than 5%)
- **Absolute low income** – the proportion of children living in households where income is less than 60% of median income before housing costs in 2010-11 adjusted for prices. (target less than 5%)
- **Persistent poverty** – the proportion of children living in relative low income for at least three of the last four years.

Birmingham's Challenge and Response to Child Poverty

As of 2011, of the major cities, Birmingham had the fourth largest proportion of children living in poverty (below Manchester's 36.6%, Nottingham's 34.4%, and Liverpool's 32.5%). Out of all 151 local authorities in England, Birmingham has the 13th highest proportions. With 90,060 children in poverty (in 2011 – a reduction of 2575 from the 2010 total) Birmingham has by far the largest volume of child poverty to deal with of any local authority in England.

Current Situation by Ward

The maps below show the child poverty disparity across Birmingham, with 2012 and 2015 showing similar patterns across the city. According to the 2012 data, 20 wards have levels above the national and Birmingham averages. In the worst of these (Nechells) the level of child poverty reaches 46.5%. There are 14 wards where child poverty levels are worse than the national level but better than the average for Birmingham.

Only 6 wards have levels of child poverty that are better than (i.e. lower than) the national average. These are the four Sutton Coldfield wards, Harborne and Hall Green.

Figure 2. Child Poverty – End Child Poverty 2012 estimates

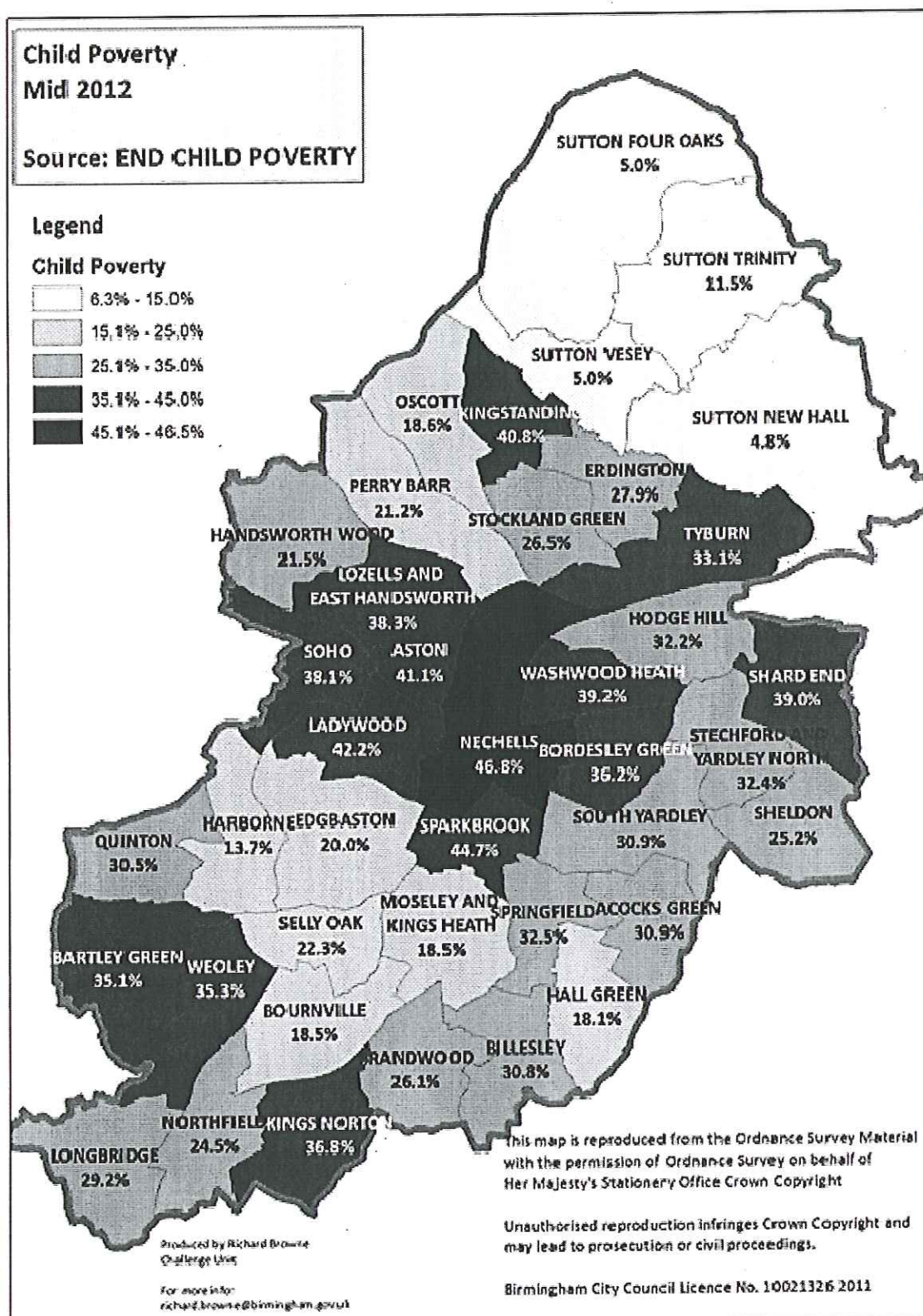
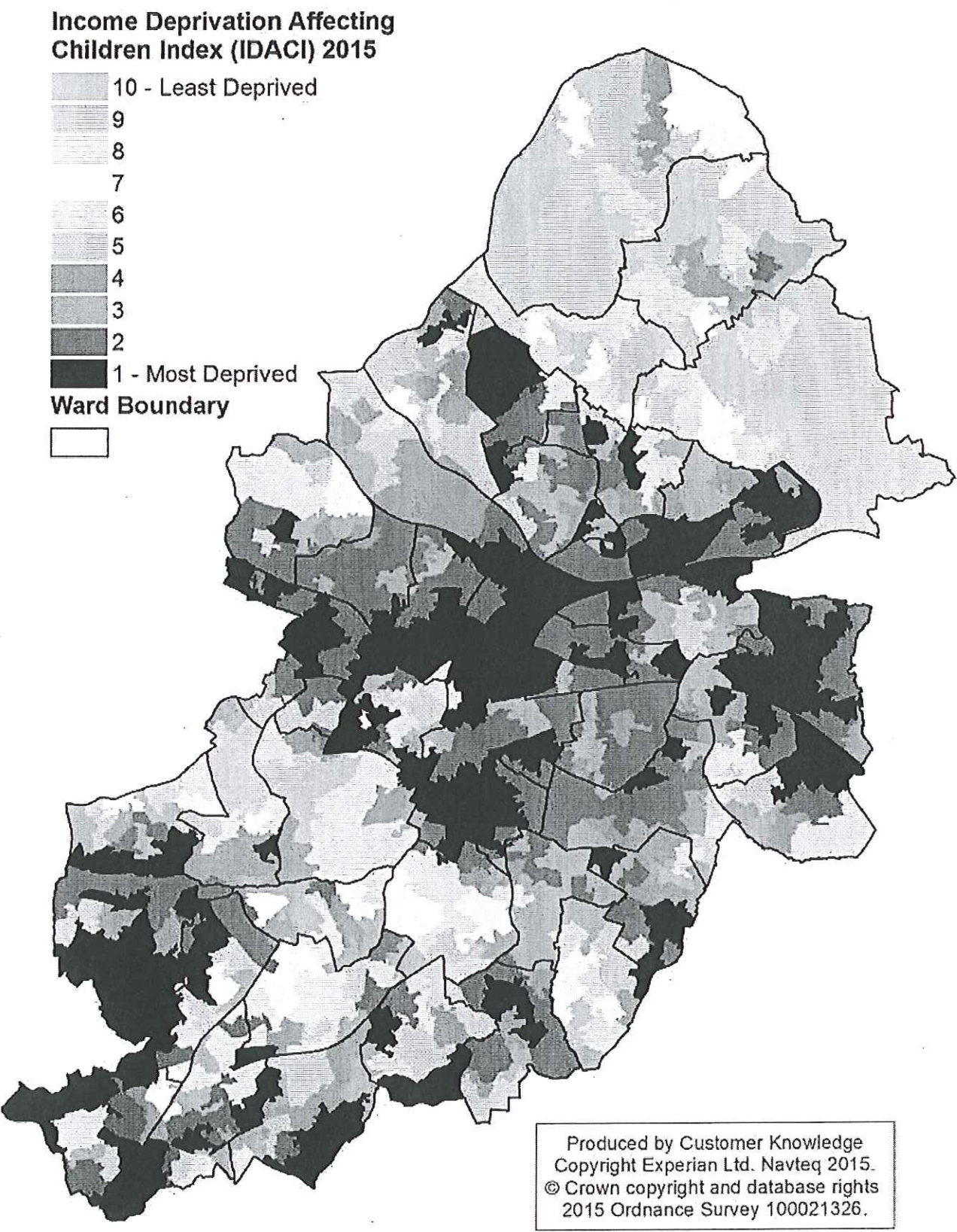


Figure 3. Child Poverty - “Low-Income Families Local Measure” 2015



3 Targeted themes

Given the diversity and complexity of child poverty the Commission published a Child Poverty Needs Assessment in 2015 setting out the landscape of child poverty in Birmingham. This assessment of need helped the Commission identify the key drivers of child poverty in the city and agreed six broad key themes against which it will work to develop detailed understanding of the challenges; propose actions to alleviate child poverty, these include:

- Local Economy and Unemployment
- Health
- Education and Lifelong Learning
- Transport
- In work poverty: child care, living wage
- Housing

In September 2015 the Government released the new English Deprivation of Indices which update the 2010 Indices. In light of these recent statistics the Needs Assessment will be update accordingly. The Needs Assessment is available from:

<https://brumchildpoverty.files.wordpress.com/2015/07/child-poverty-needs-assessment-for-birmingham-summer-20155.pdf>

4 Capturing the Experiences of Poverty

To help formulate and design actions which reduce child poverty the Commission has been listening to young people and parents to get a better understanding of the lived experience of poverty; as well as expert opinion from community and voluntary organisations, statutory services and private sector. Listening to those who experience or have experienced hardships gives an understanding of the narratives that play out across the city while at the same time allowing participants to suggest solutions. Similarly, learning from expert practitioners from grass root organisations about services already delivered in the city, how effective they are and how we can learn from their experience.

5.2 Initial Findings

The qualitative research undertaken by the Equalities and Cohesion Service with young people, parents and practitioners so far has highlighted:

- The need for flexible, good quality and affordable childcare to help access employment opportunities that will maximise family income and improve life chances.
- The need for good quality and affordable housing. Substandard private rented accommodation which puts children's physical and mental health at risk needs to be tackled to prevent poor educational outcomes and life chances.
- A more widely held concern on the lack of safe and accessible social and leisure activities and spaces available to young people. Young people and parents gave evidence to the Commission about the importance of having youth centres as places to build social bonds and access opportunities.

- High cost of transport limits access to economic and social opportunities. Not being able to visit places outside immediate neighbourhoods hinders development and social networks.
- Greater provision of high quality ESOL classes for parents to enable access to employment, training, services and engagement in their child's school life.
- Negative media coverage and narratives of neighbourhoods with high levels of families on low income can have a stigmatising affect, reducing chances of accessing employment and opportunities to improve social mobility.
- A majority of participants showed a keen interest to be part of the solutions to alleviate poverty, with an appetite to contribute towards the design and delivery of actions that will help improve their social and economic mobility.

The Children's Society has been contracted to undertake further Quantitative research with children and parents.

Birmingham Child Poverty Commission

A fairer start for all our children and young people

Birmingham Child Poverty Commission

Terms of Reference

2015

Purpose

No child growing up in Birmingham should have their childhood or future life chances scarred by living in poverty. The Leader's Policy Statement 2014 makes a commitment to reduce child poverty. One of the key recommendations is to set up a Birmingham Child Poverty Commission that will work with schools, social care, health services, voluntary and Community Sector and employers to tackle poverty across the city.

Overall Aim of Commission

Examine the extent and impact of poverty and inequality across Birmingham, identify the key challenges and issues; and report on causes and possible solutions.

Role of Commission:

- Establish clear future targets for child poverty
- Set out the child poverty challenge for Birmingham: update the needs assessment to understand the scale of the challenge
- Produce a Birmingham child poverty strategy/framework for action, building on local and national practice and exploring new approaches.
- Establish a coordinated approach to reducing child poverty by bringing together fora that address child poverty
- Identify and determine the impact of poverty on different groups, communities and geographical areas most at risk
- Make policy recommendations on integrated approaches that mitigate the effects of child poverty

Proposed Membership of the Commission

The Commission brings together experts and practitioners to identify solutions that mitigate against the effects of child poverty. Members of the commission are individuals with the expertise, knowledge and experience that will help meet the

objectives of the Commission. The composition of the commission will include the following organisations and experts:

Commission Membership

Chair	Matthew Reed, Chief Executive, The Children's Society
Vice Chair	Sam Monaghan, Executive Director of Children's Services, Barnardo's
Public Health	Dr Dennis Wilkes Specialist Public Health lead for Children's Health & Wellbeing
Children and families, Birmingham City Council	Peter Hay, Strategic Director of People
Voluntary and Community Sector	Alison Moore, Third Sector Assembly
Birmingham City Council	Cllr Shafique Shah, Cabinet Member for Inclusion and Community Safety
Expert Commissioner	Prof Peter Alcock, Birmingham University
Private Sector	Dr Jason Wouhra, Regional Chair of Institute of Directors
Birmingham City Council	Councillor Robert Alden (Conservative)
Birmingham City Council	Councillor Roger Harmer (Liberal Democrat)

Governance

Chair: An independent chair will be appointed for the lifetime of the commission.

The Child Poverty Commission is commissioned by Birmingham City Council. Findings and recommendations will be reported to Birmingham City Council (BCC).

The Commission will gather evidence from research, expert witnesses and children and families to draw up recommendations accordingly.

The accountable officer for delivering the Commission's recommendations will be the CEO of BCC, Mark Rogers, and the accountable Elected Member will be the leader of BCC, Cllr John Clancy.

Duration of Commission: Time limited for 10 months. However, timescales will be reviewed by the commission.

Secretariat: The Commission will be supported by Equalities, Community Safety and Cohesion Service, Birmingham city Council.

Work Strands

1. Develop a Communications strategy to promote the work of the commission

2. Research and Review

- Undertake desktop research to understand and examine successful approaches and policy interventions that look to address child poverty locally, nationally and internationally
- Undertake a needs assessment that will help to identify the extent of the challenge and the causes of child poverty in Birmingham
- Include the work already taking place under the national social inclusion declaration that makes recommendations to support families out of poverty.

3. Activities to support evidence gathering

Organise an event that will kick start the evidence gathering to explore:

- Symptoms and causes
- What action is needed?
- Identify existing activity and what works

Invite policy makers, practitioners, councillors, communities from a range of sectors with knowledge, expertise and experience to explore the challenges and identify solutions that will tackle child poverty.

Undertake dialogues and gather evidence from young people and families to ensure the lived experience of poverty is reflected in our approach to tackling child poverty.

COMMISSIONERS

Matthew Reed: Chair



Matthew joined The Children's Society as Chief Executive in May 2012 after two years as Chief Executive for The Cystic Fibrosis Trust. Prior to this Matthew was Marketing Director at Christian Aid and an Anglican parish priest.

Matthew is passionate about social justice, opportunity and inclusion. He is now leading The Children's Society to develop its work with many of the most disadvantaged children in the UK through further tackling the effects and causes of child poverty and neglect.

Matthew has a degree in Theology from the University of Oxford, a degree in Engineering and Management from the University of Nottingham, and a Masters in Management from the University of Surrey.

He is a Member of the Chartered Institute of Marketing, a Fellow of the RSA, and a trustee of Children England. He lives in Buckinghamshire with his wife Jennifer and two teenaged children.

Sam Monaghan: Vice Chair



Sam originally qualified as a graphic designer, but re-trained as a social worker in 1988. Over the first 15 years he worked as a child care practitioner, manager and senior manager in three Midlands local authorities. Whilst gaining his MBA, Sam moved to work in the voluntary sector, joining children's charity NCHJ as Deputy Director in 2003.

In 2006 he moved to take up the post of Director with Barnardo's in the Midlands. Sam took up the position of Interim Director of Children's Services UK in January 2013. He was appointed to the position of Executive Director of Children's Services on 1 September 2014.

Prof Peter Alcock



Peter has been teaching and researching in social policy for forty years. He joined the University of Birmingham in 1998. From 2003-2008 he was Head of the School of Social Sciences at Birmingham, from 2008-2014 he was Director of the Third Sector Research Centre (TSRC), and since 2013 he has been Director of the University's ESRC Doctoral Training Centre.

He is author and editor of a number of leading books on social policy including *Social Policy in Britain 4e* (2014), *The Student's Companion to Social Policy 4e* (2012), *Understanding Poverty 3e* (2006), and *International Social Policy 2e* (2009). His research has covered the fields of poverty and anti-poverty policy, social security, and the role of the UK third sector.

Councillor Shafique Shah



Shafique was appointed to the role of Cabinet Member for Inclusion and Community Safety in October 2015, having had the privilege of holding the position of Lord Mayor in 2014/15 and Deputy Lord Mayor.

Living in Bordesley Green, Birmingham since childhood, Shafique was educated at Sir Wilfred Martineau School. He graduated in mechanical and manufacturing engineering being qualified to Incorporated Engineer status which progressed into owning his own business.

In 2005 he stood as a candidate for Birmingham City Council and elected councillor for Bordesley Green Ward. Having travelled extensively around the world on business, visiting countries such as China, Malaysia, Canada, America and Dubai, he has experienced a great diversity of social cultures which are all reflected here in Birmingham.

Shafique has always had a desire to serve the community and put something back in recognition of what the country and city have given him and his family. He has been

a school governor in the east of the city for many years and is the chair of Governors at a local girls' school. Some of his priorities are to:

- Work with partners to develop actions to be taken forward by the Council and its partners to address child poverty across the city, to ensure that every child has the opportunity to fulfil their potential.
- Adopt the Road Safety Strategy to make the city's roads safer.
- Support the development of a city-wider advice offer through the establishment of a coherent advice strategy and integration of advice services across the council and partners.
- Develop a city-wide comprehensive and sustainable approach to keeping victims and children safe from domestic violence.

Dr Jason Wouhra



Jason is a Director and Company Secretary of East End Foods plc; a family-owned cash & carry wholesaler which also operates an ethnic food division.

He has worked for the business since 1998, and is currently Operations Director of its flagship £11m Cash and Carry facility on the site of the HP sauce factory in Aston and the Digbeth Cash and Carry.

Jason is the chairman of both the Institute of Directors (IoD) in the West Midlands and the Birmingham Library Advisory Board, and he was vice chairman of the Black Country LEP. He has recently become Non-Executive Director of University Hospitals Trust.

He holds a BA in Law with Business Studies and a Masters in Commercial Law. He was the youngest IoD Chartered Director in the country and is a Fellow of the IoD. Jason was awarded an Honorary Doctorate from Aston University in July 2014 for services to business and charitable causes both regionally and nationally.

Over the last two decades his vision, management skills and business acumen have helped to grow the company turnover to £200 million supplying to the regional independent retail stores through their cash and carry operations. The company currently supplies to 70% of the UK's independent retail stores as well as multiple retailers such as M&S, Tesco, Waitrose and Aldi amongst others. East End Foods also exports to over 40 countries in Europe, USA, and the Middle East and sells spices back to India.

Alison Moore



Alison has been working for St Paul's Community Development Trust for thirteen years, establishing one of the first Sure Start Local Programmes in Birmingham and her role has evolved over that time into her current position of Head of Children's Services managing a group of Children's Centres in Balsall Heath. The organisation achieved Outstanding from Ofsted, under the new framework, in September 2014. She is also the Sparkbrook/hill

Locality Manager.

Alison's career spans 34 years with strong roots embedded in Early Years and Family Support and roles that have enabled her to make significant impact on the lives of children, young people and their families. Her current position has enabled her to draw upon her accumulated knowledge, skills and experiences and enabled her to develop as a strong Voluntary Sector and Community Advocate.

Her learning journey to date has been varied and extensive and in September 2005 she embarked on the National Professional Qualification in Integrated Centre Leadership (NPQICL). The NPQICL programme focused on what it is like being a leader in an integrated Children's Centre, encouraging reflection on experiences of leadership and forging the relationship between theory and practice. She continues to use what she has learnt from the programme as well as the National Leadership Framework as the Standard of practice that she and her team work to.

Peter Hay



Peter is one of a team of strategic directors working within the city council to transform outcomes for Birmingham's residents. Peter's responsibilities include Adult Social Care, Children's Social Care and Safeguarding, Education and Schools and coordinating the Health and Wellbeing Partnership.

Other responsibilities include Housing needs and hosting Public Health functions. The city council has been transforming care to meet the demands of personalised care. It is also driving through improvements in children's safeguarding and school governance and working with Government appointed commissioners. With reduction in budgets more effective use of scarce resources and better outcomes are demanded.

From joining Birmingham in 2003, Peter has overseen major changes in residential and community provision of care. The council now offers individual budgets for all citizens receiving public funding alongside a growing emphasis on universal information, prevention and enablement.

Implementing real choice and control, alongside budget reductions and new arrangements with the NHS means that the council continues to reshape relationships with citizens, staff and providers. This includes some radically new approaches to meeting this challenge, integration with NHS partners and investment in prevention.

Peter was President of ADASS in 2011/12 and Chair of Research in Practice for Adults (RiPFA) at Dartington. Peter has undertaken a range of national work including exploring integration as part of the Future Forum and in the Whole Person Care Commission.

In June 2012, Peter was awarded a CBE in the Queen's Birthday Honours - the citation is for services to social and health care, and his role as president of ADASS.

Dr Dennis Wilkes



Dennis is a full time Consultant in Public Health for Children, Young People and families in Birmingham. He has also been a General Practitioner (North West England, West Midlands, and New Zealand), a Consultant in Public Health (Solihull, Coventry, and South Staffordshire), and Solihull's Director of Public Health (2002-2007).

His concern about the impact poverty has upon families has been formed through the experience of serving communities in Liverpool, Oldham, Stockport and North Solihull as a General Practitioner. In addition, having five children and serving in Solihull MBC at the time of the development of Every Child Matters, has aroused concerns about the limitation of educational and training opportunities for families, particularly in disadvantaged communities.

Cllr Robert Alden (Con)



Robert was elected as Leader of the Conservative Group in 2014 having previously been the Deputy of the Group since 2011. Robert was first elected to the council in Erdington Ward in 2006, where he lives and remains one of the Councillors for the Ward. In his time on the city council Robert has previously been Chairman of the Equalities and Human Resources Committee and a member of the Integrated Transport Authority (ITA) since

2007.

As a member of the ITA Robert had been the Lead Member for the Environment and subsequently Finance until Conservatives lost control in 2012.

Prior to being elected as a Councillor, Robert worked at Aston Villa Football Club Catering Company. Robert has a degree in Geography and a Post Grad Diploma in Air Pollution and Control and Management from the University of Birmingham (Edgbaston).

Cllr Roger Harmer (Lib Dem)



Roger has represented Acocks Green in three spells; from 1995-2001, 2008-12 and 2014 onwards. During this time he has served as Chairman of the Housing Overview and Scrutiny Committee and Deputy Leader of the Lib Dem Group. He is currently a member of the Neighbourhood and Community Services Overview and Scrutiny Committee.

He lives in Acocks Green where he is also a School Governor and a Trustee of the Charles Lane Trust.

Roger studied Politics, Philosophy and Economics at Oxford University. He then came to Birmingham and after starting as a sales manager for an international chemicals company, switched to the voluntary sector. He has since worked for Business in the Community, the Neighbourhood Renewal Unit in what is now DCLG (as a secondee) and Groundwork UK. He is currently Head of Income Generation at Garden Organic.

Secretariat : Equalities , Community Safety and Cohesion Services, Birmingham City Council

For more information contact: Suwinder Bains, Equalities, Community Safety and Cohesion Service, Birmingham City Council Suwinder.bains@birmingham.gov.uk or 0121 303 0268.

	<u>Agenda Item: 9</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	22 March 2016
TITLE:	Health and Wellbeing Board Operations Group update
Organisation	Health and Wellbeing Board Operations Group
Presenting Officer	Alan Lotinga, Service Director Health and Wellbeing

Report Type:	Briefing and Endorsement
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1. Purpose:
To obtain Board endorsement for Operations Group work as set out in the report.

2. Implications:		
BHWP Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		Y
Prevention		Y

3. Recommendation
To endorse the work set out in the report.

4. Background

The Health and Wellbeing Board Operations Group has met twice since the last Board meeting on 26 January. Even with support staffing changes, it has strengthened its membership with new senior representatives from West Midlands Fire Service, BVSC and the Council's Economy Directorate. Mirroring Health and Wellbeing Board membership, Birmingham Cross City CCG's representative to the Group will be taking on the role of Vice Chair of the Group.

4.1 Strategy Development

At the January Health and Wellbeing Board meeting, members agreed three broad themes or work areas for the developing draft strategy:

- Maximising the independence of adults
- Improving outcomes for children and families.
- Integrated/coordinated services that are resilient and sustainable – that is essential 'Enablers' for the Board to focus on collectively to improve the scale, effectiveness and coordination of system working such as improving the sharing of information and multi-disciplinary approaches

Mapping of partners' current and planned projects and ongoing work which contributes to these themes is underway and findings will be considered at the April Operations Group meeting. The Group will then find where work can be aligned along with gaps in activity and work across organisations to limit these as far as possible.

4.2 West Midlands Fire Service

As part of mapping work, West Midlands Fire Service (WMFS) set out their health and resilience offer at the March Operations Group meeting. This made clear their key role in the areas of prevention and risk reduction targeting vulnerable communities shown to be highest risk of deprivation and ill-health. Work is clearly aligned with a range of current and developing Board priorities as well as those of individual member organisations.

WMFS Leads highlighted their unique access to more than 27,000 homes each year through their new 'Safe and Well' visits and the impact that these have had already. Pilot work is underway around fall response, hospital discharge and extending 'Safe and Well' visits to all those in receipt of an Adult Care package.

Clinical Commissioning Group Leads, the CSP's Domestic Violence Lead and the City Council's Wellbeing Service identified several potential new links from the work WMFS representatives outlined including:

- Support for better working relationships with primary care;
- Making the most of WMFS' Vulnerable Persons Officers (VPOs)
- Road casualty reduction and
- Youth Projects which target individuals who are disengaged from schools and other youth activities. .

The Operations Group will report on these to the next Health and Wellbeing Board meeting as part of a wider discussion item on future opportunities for Board work with WMFS and potentially West Midlands Police.

4.3 Domestic Violence

Paula Harding of Birmingham Community Safety Partnership presented to the March Operations Group meeting on progress with the CSP's review of the Domestic Violence Strategy. She highlighted a number of challenges and opportunities including:

- Governance
- Understanding new legislation on coercive control and
- The inclusion of references to domestic violence within Section 11 safeguarding audit tools.

As the final version of work will not be ready for wider consideration until April, it is proposed that the Board considers a CSP report on member and other stakeholder commitments to preventing and reducing domestic violence at its first meeting in the new municipal year in order to agree next steps for action.

4.4 Adverse Childhood Experiences (ACEs)

Several members of the Operations Group along with Board members and related stakeholders attended Public Health England's West Midlands' event on Routine Enquiry into Adverse Childhood Experiences (ACEs) on 22nd February. This was in response to previous Health and Wellbeing Board brief discussion on the impact of ACEs on individuals as trauma and their associated health and wellbeing.

Evidence shared on how knowledge of patient/service user ACE levels can identify and address the root causes of symptoms or presenting problems through appropriate support, particularly for those with most complex or persistent needs, was compelling. Nevertheless, despite ACEs, such as experiencing domestic violence, being regrettably common and frequently co-occurring, awareness of their health impact across the life course on individuals and families is low and the use of Routine Enquiry to explore them with service users is still an emerging area of work.

As a result, the Operations Group will coordinate a Board development session, including other stakeholders, to open up coordinated local discussion on how members and partners can:

- Embed learning on Routine Enquiry on ACEs into current working practices in the context of Making Every Contact Matter
- Overcome associated challenges and
- Make the most of opportunities for earlier intervention.

Essential components already identified include:

- Increasing ACE awareness across the culture of the (paid and voluntary)

- workforce of areas represented by Health and Wellbeing Board members
- Considering ACEs in future commissioning and decommissioning
- Ensuring the refreshed Health and Wellbeing Strategy is ACE-informed and reflects these areas.

4.5 Further Board Development Sessions

One final Board Development Session is planned for this municipal year on how members can support Active Citizenship in the city. This will take place during May at two Birmingham Wellbeing Service sites. The session will also enable Board members to contribute to the development of a new Active Citizenship strategy for Birmingham.

While the health benefits of physical activity are widely known and supported, increasing work is being undertaken to demonstrate the benefits of physical activity to mental health and wellbeing. In addition, as part of the new Department of Media, Culture and Sport (DCMS) strategy Sporting Futures: an active nation there is an increasing focus on the benefits of physical activity to communities as 'social glue' or local cohesion.

Within Birmingham there are a number of initiatives aimed at increasing the numbers of people physically active. Physical inactivity is not evenly spread across communities. In more disadvantaged communities there is more likelihood of inactivity due to the number of barriers individuals face when engaging.

Sessions identified for the new municipal year include:

- Board work with young people and
- Opportunities for prevention from work with West Midlands Fire Service

4.6 Working Locally

Since the Operations Group report to the Health and Wellbeing Board on 'Working Locally, Yardley and Erdington City Council Districts have been agreed as 'Future Council' area pilots of the Council's 10 Districts for collaborative community planning.

Recognising additional Cross City CCG commitment to support health and wellbeing planning in Yardley and Erdington, these are the first Districts agreed to meet with the Operations Group in a rolling programme of meetings to see how area-based and city-wider perspectives can connect in a meaningful way. Sessions will focus on District links to the developing Board strategy and enable Districts to explore with partners informally opportunities and barriers in contributing to the delivery of outcomes.

Meeting findings and actions will be reported to the Board via Operations Group updates. They will also provide a structure for the Board to obtain further information if required or share information with Districts.

5. Compliance Issues
5.1 Strategy Implications
The strategy is at the early stages of being updated to provide the evidence-based foundation for the Board's future work programme. In the meantime Operations Group work is endeavouring to span current and developing Board priorities
5.2 Governance & Delivery
Operations Group progress will be reported to the Health & Wellbeing Board regularly and partner Boards/Working Groups as appropriate.
5.3 Management Responsibility
Board: Adrian Phillips Day-to-day: Alan Lotinga and Jenny Drew.

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
Board & Operations Group not fully engaged in work areas identified	#	Significant	Changes to Operations Group membership & structure Continuing attention to member engagement

Appendices
N/A

Signatures	<i>P. A. Hamilton</i>
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	<i>11/3/2016</i>

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

Jenny Drew
 Health & Wellbeing Programme Manager, Birmingham City Council

Outline Draft Programme for Health and Wellbeing Board Meetings 2016-17

April 2016+ (Meetings and Development Sessions to be programmed)

Theme	Item	Who	Outcomes and contribution	Purpose	H&WBB Lead
Vulnerable People	West Midlands Fire Service - health & wellbeing offer & opportunities	Steve Boucher/Dave Ball	Tbc	Discussion	CSP lead tbc
All	HWB Strategy Development	Alan Lotinga	All outcomes	Discussion	Adrian Phillips
Vulnerable People	Domestic Violence Strategy and Health and Wellbeing Board role.	Paula Harding	Tbc	Discussion.	Adrian Phillips
Children's Health	Infant Mortality.	Dennis Wilkes/Adrian Phillips	Reduce infant mortality.	Discussion.	Adrian Phillips
All of 61	HWB & wider relationships – including WM Combined Authority	Tbc	All outcomes	Discussion	Adrian Phillips
All of 62	Mental Health – Secondary Care	Tbc	Tbc	Discussion	Aquil Chaudary
All	Adverse Childhood Experiences (ACEs)	Dennis Wilkes	All outcomes	Discussion	Andrew Coward
Vulnerable People/Maximising the Independence of Adults	Mental Health & Employment	Tbc	Tbc	Discussion	Aquil Chaudary
All	HWB Work with Young People	Tbc	Tbc	Discussion	Adrian Phillips
Child Health/Vulnerable People/Maximising the Independence of Children & Families/Maximising	Autism Strategy & outcomes – a life course approach	Ashok Roy	Tbc	Discussion	Tbc

the Independence of Children & Families All	Working Locally – Yardley and Erdington Districts	Tbc	All outcomes	Discussion	Tbc
Child Health/Maximising the Independence of Children & Families	Child Sexual Exploitation (CSE) and Health	tbc	Tbc	Discussion	CSP lead tbc
Child Health/Maximising the Independence of Children and Families	Birmingham Child Poverty Commission – follow-up	Dennis Wilkes	Tbc	Discussion	Brigid Jones