BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 24 APRIL 2018

MINUTES OF A MEETING OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 24 APRIL 2018 AT 1500 HOURS IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair;
Professor Graeme Betts, Andy Cave, Operations Commander Steve Harris, Dr Peter Ingham, Paul Jennings, Commander Danny Long and Dr Adrian Phillips.

ALSO PRESENT: -

Mike Davis, Neighbourhood & Community Services, Place Directorate
Tony Davis, Commercial Director for WMAHSN
Dr Wayne Harrison, Assistant Director of Public Health, BCC
Carol Herity, Head of Partnership, NHS Birmingham and Solihull CCG
Richard Kirby, CEO, Birmingham Community Health Care Trust
Susan Lowe, Service Manager, Public Health Intelligence BCC
Claire Parker, Chief Officer for Quality, Sandwell and West Birmingham CCG as substitute for Professor Nick Harding
Errol Wilson, Committee Services, BCC

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At the start of the meeting the Chair invited the Board members who were present to introduce themselves.

NOTICE OF RECORDING

245 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/ public may record and take photographs except where there were confidential or exempt items.

DECLARATIONS OF INTERESTS

246 Members were reminded that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a disclosable 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.

APOLOGIES

247 Apologies for non-attendance were submitted on behalf of Councillors Lyn Collin and Carl Rice, Professor Nick Harding (Claire Parker, Sandwell and West Birmingham CCG attended as substitute), Colin Diamond, Jonathan Driffill and Stephen Raybould. An apology was also submitted on behalf of Antonina Robinson, MBE for her inability to attend the meeting.

The business of the meeting and all discussions in relation to individual reports was available for public inspection via the web-stream.

MINUTES

248 **RESOLVED: -**

That the Minutes of the meeting held on 27 March 2018 having been previously circulated were confirmed and signed by the Chair.

CHAIR'S UPDATE

249 The Chair gave a brief update on the things she had been involved with since the last Board meeting.

(See document No. 1)

The Chair highlighted that this was Dr Adrian Phillips last meeting. She placed on record her personal thanks and a thank you on behalf of the Board to Dr Phillips for all the hard work he had done, not just for the HWB, but for the city as a whole. The Chair further congratulated Dr Phillips for running the London Marathon in just over 4 hours. She added that she along with the Board will miss Dr Phillips and wished him well and all the best in his future endeavours.

HEALTH AND WELLBEING STRATEGY UPDATE

The following report was submitted:-

(See document No.2)

Dr Adrian Phillips, Director of Public Health, BCC introduced the item and advised that Dr Harrison and Carol Herity will present the key issues such as the role of the Board Lead and conflict of interest. He invited Dr Harrison and Carol Herity to present the item.

In putting some context to this, Carol Herity, Head of Partnership, NHS Birmingham and Solihull CCG advised that she was co-chair with Dr Harrison of the operations that sat below the HWB. She added that over the past year they had worked with organisations that were represented at this meeting to pull together this new

Strategy for the Board, basing it on work that they as a system were aiming to deliver so that the Board could have a collective holding to account of the programmes and the projects that had been identified. The people that sat on the Operations Board were people who were named key deliverers and managers of the programmes that were within the Strategy.

There were gaps in the Strategy around the Board Leads and Dr Phillips had alluded to the fact that there were people who had been asked, but felt that they would be unsure as to whether they would be able to identify themselves as that lead. She asked that the Board consider the Leads that they and their organisations would be able to undertake to ensure that they had the drive that they needed to deliver these programmes.

Dr Harrison stated that another issue was how they take this forward and get more details behind it. As the Board was moving to monthly meetings he suggested that they have a rolling programme where people who were leading this piece of work could come on an annual basis to give more detail behind the work they were doing, to allow the Board a better oversight of it, backed up by quarterly reports across the whole scope. This was the plan to take it forward and they were looking for the Board's support in that.

Dr Phillips stated that some of the Board Leads had indicated that they would like to attend as Board members and that they would pick up at least one of the issues. He added that following the local elections on the 3rd May, 2018, there may be other members who would come to this Board who may wish to pick up items.

The Chair commented that she was keen for these areas to be populated. They had some time where they knew what their key objectives were. She stated *liberally* that people that came to the Board would be requested to take the lead on certain areas. The Chair stated that she would like to see the names populated by June 2018 as it would be difficult to go forward and drive change if the names were not populated.

The Chair thanked Drs Phillips and Harrison and Carol Herity for reporting to the meeting. It was

250 **RESOLVED:-**

(i) That the Board noted the developments related to the Strategy;

(ii) Agreed to provide specific leadership to individual objectives; and

(iii) Agreed a programme of receiving more detailed updates from each of the priority leads as a rolling programme over 12 months.

DISTRICT AND NEIGHBOURHOOD CHALLENGES EXERCISES – MENTAL HEALTH

The following report was submitted:-

(See document No.2)

Mike Davis, Neighbourhood and Community Services, Place Directorate presented the item and drew the Board's attention to the information contained in the document. Mr Davis further drew the Board's attention to Recommendation 7 on page 54 of the report and added that the District Committee Members for Hodge Hill and Erdington Districts were interested in some mental health awareness training. He had met with Superintendent Sean Russell on a number of occasions who had commissioned on behalf of the WMCA the THRIVE report around mental health to see if there was any opportunity they could collaborate for the recommendations for WMCA report on mental health.

There were still some partnership activities taking place even with the discontinuation of District Committees. There was still a north, south, east and west Jobs and Skills Boards several of which had identified mental health as one of their priorities in terms of barriers to employment. Equally, there was also the local Community Safety Partnerships that were interested in mental health from the perspective of crime and disorder and the part that people with mental health issues may play in terms of this.

Members of the HWB then made the following comments:

- The report was helpful as it was getting a Place Based focus. A comment was that the anti-psychotic medication referred to in the report did not give a good indication of the prescribing; there was a need to look at anti-depressants which would be a better marker when looking at those levels of mental health that they were interested in. Anti-psychotic tends to give those specialist mental health offerings.

  Mr Davis advised that this was the information that the Public Health team was able to provide. Whether they had the other prescribed type of medication would help to move forward.

- That given the changes that were taking place it might be helpful if the reports were referred on to the constituency teams that was set up in Health and Social Care as they will be developing over time to become locality based teams that would be involved in primary care, mental health etc.

- The Chair commented that she was excited with the work that was going on with the former District Committees and did not wanted this work to be lost. She enquired how they were linking in with other partners such as the Third Sector.

  Mr Davis advised that they had not done as much as they would like in terms of working with Third Sector partners as this was a piece of work that was being done with limited resources. Within Erdington District there had been a local Erdington Health Partnership that was meeting regularly over the period the report was being produced which had a number of Third Sector representatives attending. They had also attended the Open Day at Highcroft, Reservoir Road, Erdington, where there was a whole range of practitioners and Third Sector organisations present.

The Chair advised that she had led the Perry Barr Health and Wellbeing Group which was successful. The officers leading that were Neill De Costa and Kyle Stott and they had the Third Sector, Health Service and the CCGs attending at the local

level. It was hoped that they would pull these together as she had sent it to the Corporate Director of Place and Adult Social Care and had requested that through that arena to go to Jonathan Tew, Assistant Chief Executive, BCC who leads on communities. She had further requested that it there was any good work that was happening that these be passed on to Jonathan Tew.

The Chair thanked Mike Davis for attending and presenting the information.

251 **RESOLVED:-**

(i) That the Birmingham Health and Wellbeing Board noted the content of the report and supports the recommendations of the respective Neighbourhood Challenge (mental health) reports produced in conjunction with Erdington and Hodge Hill District Committees; and

(ii) That the reports be referred to the Constituency Teams in Health and Social Care as they will be developing over time to become locality based teams.

RESPONDING TO THE PLACE BASED AGENDA

252 Dr Adrian Phillips, Director of Public Health, BCC introduced the item and advised that this would be a discussion by the Board which follows on from Mark Lobban's paper that was submitted at the previous HWB meeting.

Discussion

An extensive discussion took place and the following is a summary of the principal points made:-

- The questions were what the opportunity to share intelligence and data across a whole range of institutions around criminal justice and local authority social care were; what were the barriers and challenges.

- As an organisation they would be interested in looking at where they identified opportunities and barriers and working with the wellbeing boards to address those, by either designing or moulding innovative approaches or going out and see where it works successfully in other communities and try to look at implementation or adoption into other communities and setting challenges.

- Six localities across Birmingham and Solihull were created which was the point of the compass and they fit in with Central and Solihull and with the Parliamentary Constituency boundaries.

- Each locality had an elected lead from the membership of GP Lead and those GP Lead sat on the Governing Body. The GP Leads were creating a substructure underneath them comprising of various networks, groups of GPs which reflects the local challenges within those areas. They had created a Place Based structure.

- It would be good to share the findings of Hodge Hill and Erdington from the previous item with the GP Locality Leads who could take this forward. There

was an avenue to start sharing what they were doing with Locality Leads which would be useful from a health perspective.

- There were three things that would be reinforcement as there was consistency between all as to how they should organise below the city. They were working on the same model and thinking what they do at city level. They act at locality level and all localities would do the same as the CCG, Mental Health Trust and Adult Social Care.

- What was needed to be done at a neighbourhood level or within the localities there was work to be done to be consistent at that level as they were about locality level.

- They needed to thing about data and patients as the power of this was in being able to get groups of clinicians at a local level looking at the groups of service users who needed them and working out what they do differently for that group who were the most vulnerable people in the localities. Data helps to find the right groups of people and was an agenda they should all start to work on together.

- Apart from constructing locality structures they needed to work out how they join up their teams within the localities - they were at a forming stage still. They needed to find parts of the city where the boundaries work where there was strong co-terminousity and try this out in practice.

- The Place Based approach from a local government perspective resonates with everything they stood for and seek to do. Local government was about place and the people. They could use this as a building block for care and health, but it requires shifting resources and they were keen to work with the STP to see the shift that was necessary.

- The HWB had a broader role, not just to think about care and health, but about broader engagement with a wider range of organisations that was responsible for economic development. The offer from the academic sides were important as they would be better place to understand people's needs.

- In terms of data, this would be anonymised data – they all collect data on movements of people, place and activities. There were successful models around the country and the world where if they utilised the resources of open data and the work with the data development … using an open and creative purpose working with the citizens or groups to design services that will help them to understand the locality and how services work or the type of interaction they need.

- They provide and incubator and accept the capacity around the region and tapping into those types of communities, they could start to develop some of those Place Based tools.

- It was important to look at localities and understanding people's experience. There was an opportunity to share people's stories as it was not just about listening about the services they were delivering.

- There was a need to look at health mapping and social isolation and how they could overlay that with health and social care.

- There was a need to link Mr M Davis paper with this in relation to recommendations 4 and 6. There was a need to consider different meetings in different places by the HWB to show connectivity. There were lots of infrastructure to get mobilised and get things going. The HWB was an opportunity to make this happen.

- There was a requirement and an interest in ensuring that every contact counts with citizens around their wellbeing regardless of which agency it was. There was a challenge for them to look at in relation to how they facilitate communication between organisations structure in terms of sharing that contact.

- Data and technology allows them to scan the latter at a larger level and to ensure those contacts are multiplied across a larger group of citizens through the development of Place Based tools.

The Chair commented that the points that were made would be taken on board.

JOINT STRATEGIC NEEDS ASSESSMENT PLACE BASED INTELLIGENCE

Dr Wayne Harrison, Assistant Director of Public Health, BCC and Susan Lowe, Service Manager, Public Health Intelligence, BCC presented the item and drew the attention of the Board to the information in the report. A brief discussion and comments from the Board it was

253 **RESOLVED:-**

(i) That the Birmingham Health and Wellbeing Board noted the place based intelligence available to inform development of a place based approach to delivering services; and

(ii) That Board Members feedback any additional locality based intelligence resources and needs as part of the further development of the JSNA.

The meeting ended at 1635 hours.

CHAIRMAN