

BIRMINGHAM CITY COUNCIL

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| BIRMINGHAM HEALTH AND WELLBEING BOARD 31 JANUARY 2017 |
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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 31 JANUARY 2017 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Andy Cave, Dr Aqil Chaudary, Councillor Lyn Collin, Dr Andrew Coward, Jonathan Driffill, Peter Hay, Chief Superintendent Chris Johnson, Councillor Brigid Jones and Dr Adrian Phillips.

ALSO PRESENT:-

Judith Davis, Programme Director, Birmingham Better Care
Dr Sue Ibbotson, Director of Public Health England in the West Midlands
Superintendent Sean Russell, Implementation Director, West Midlands Mental Health Commission
Paul Holden, Committee Services, BCC

NOTICE OF RECORDING

- 180 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.

WELCOME AND APOLOGIES

- 181 Members introduced themselves and apologies were submitted on behalf of Cath Gilliver and Dr Gavin Ralston.

DECLARATIONS OF INTERESTS

- 182 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.

MINUTES

- 183 The Minutes of the Board meeting held on 29 November 2016 were confirmed and signed by the Chair.
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CHAIR'S UPDATE

- 184 The Chair advised the meeting that she had just come from an event hosted by the West Midlands Combined Authority Mental Health Commission to launch the Thrive Action Plan and knew that if the West Midlands worked together a real difference would be made. She also highlighted that Superintendent Sean Russell would be reporting on the work of the West Midlands Mental Health Commission during the meeting (Minute No. 185 refers).

In relation to the Council's budget proposals, the Chair reported that during December and early January, the Leader, Deputy Leader and Cabinet had been carrying out extensive consultation with citizens and partners. She pointed out that it had been a very challenging few weeks and not a position they wished to be in as no one wanted to consult on cutting services. Members were informed that they had listened to lots of strong and hard messages and had been assessing how these should be reflected in the final budget to be put to City Council on 28 February, 2017 for ratification.

(The following report was brought forward on the agenda)

WEST MIDLANDS MENTAL HEALTH COMMISSION BRIEFING PAPER

The following report was submitted:-

(See document No. 1)

Superintendent Sean Russell, Implementation Director, West Midlands Mental Health Commission introduced the information contained in the report and also referred to the Thrive Action Plan which had been published earlier in the day and circulated to members of the Health and Wellbeing Board.

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

- 1) Tracy Taylor considered that work taking place reflected what the majority of the Sustainability and Transformation Plans were trying to achieve and requested that the Wellbeing Board being set-up be used to share good practice so that some speed and pace could be injected into the work across the West Midlands. She highlighted that some areas would be doing some aspects really well and quickly and this learning needed to be shared to avoid duplication.
- 2) Dr Andrew Coward referred to one of his patients who wanted to work but had developed a debt problem and become lonely, withdrawn and, a few years ago, suicidal. He also highlighted that the individual had received letters from the Department of Work and Pensions that even he could not understand. However, Dr Andrew Coward indicated that after putting his patient in contact with the Mental Health Trust the person's wellbeing was

gradually improving. Dr Andrew Coward underlined that through the work of the Mental Health Commission he wished to see people like this thrive and offered the Implementation Director his full support.

- 3) The Implementation Director reported that the Independent Placement Support Budget would seek to put 5,000 people back into mainstream work and keep them in employment. In referring to work that was taking place on producing a £10m plan for the region he highlighted that across the West Midlands there were about 70,000 people inactive due to mental ill health which cost the taxpayer £12.1bn each year.
- 4) Dr Adrian Phillips referred to conversations that had taken place with people in crisis due to a mental health condition and reported that a large number of them had said that they did not want more treatments or therapists: they wanted a purpose. He stressed the important contribution that work played in this respect.
- 5) In acknowledging that it was outside the scope of the West Midlands Mental Health Commission, Dr Adrian Phillips nevertheless highlighted that poor mental health was starting to be seen at a younger age and its prevalence increasing due to pressures placed on children and young people at school. In referring to work taking place with the Birmingham Education Partnership in schools as reported upon at the last meeting he therefore underlined the need for this issue to also be addressed by the Board.
- 6) The Chair emphasised the need for a person-centred approach so that people were not lost track of when moving around the country or from one system to another. The Implementation Director indicated that it was hoped that there would be a strand of work which addressed this and emphasised that they were determined to make a difference.
- 7) Reference was made by the Chair to how many different agencies were present at the launch of the Thrive Action Plan earlier in the day and to the need for them to follow through and deliver.
- 8) The Chair referred to a Walking Out of Darkness event scheduled to take place on 6 May 2016 and asked that members of the Board be invited to attend. The Implementation Director explained that this would be a 10-mile walk from Eastside to Cannon Hill Park and was in support of the prevention of suicide agenda and raising awareness of the importance of good mental health. He indicated that they were aiming for a turnout of around 3,000 people and hoped that members of the Board would be able to join them.

The Chair thanked the Implementation Director for reporting to the meeting.

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RESOLVED:-

That the West Midlands Mental Health Commission's work be reviewed and that priorities be established from the Thrive Action Plan that it would be appropriate for this Board to support.

(The following report was brought forward on the agenda)

HEALTH AND WELLBEING STRATEGY

The following report was submitted:-

(See document No. 2)

Dr Adrian Phillips, Director of Public Health introduced the information contained in the report.

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

- 1) In referring to the Birmingham and Solihull Sustainability and Transformation Plan (STP) (Minute No.188 refers), Tracy Taylor considered that it was important that the Birmingham and Solihull Health and Wellbeing Boards had very high profiles and played an active part in the new Improving Health and Wellbeing programme element of the STP process. She also highlighted the need to use the priorities in the Health and Wellbeing Strategy report to get things moving across the footprint.
- 2) Tracy Taylor considered that the personalisation agenda was really important moving forward as it would lead to organisations listening more to what care and support communities and individuals wanted and help to integrate services. In addition, the member pointed out that good mental and physical health often came together. She highlighted that there was therefore a need to consider how this was addressed when integrating services and recognise that patients/individuals and their families were a unit and came as a package.
- 3) Further to the ambition for all children to be in permanent housing, Jonathan Drifill suggested that the delivery mechanism for the objective be Housing Birmingham which was a multi-agency body. He highlighted that the opportunity to address some of the issues would only be achieved if organisations worked collectively. The member therefore undertook to seek a cross reference to this objective in their Housing Delivery Plan and then arrange for the document to be circulated to the members of the Health and Wellbeing Board. The Chair welcomed this approach and the Director of Public Health informed the member that he would be happy to attend a meeting of Housing Birmingham if required.
- 4) In response to comments made by Dr Andrew Coward, the Director of Public Health suggested that it might be best for him to consider the Adverse Childhood Experiences (ACEs) Task and Finish Group's report and recommendations as a member of the Board when that information became available, rather than serve on the Group itself.
- 5) The Chair reinforced the comments made regarding the importance of the personalisation agenda and considered that until there was any real progress in this area, organisations would continue to struggle to provide services in a joined-up way.
- 6) Councillor Brigid Jones highlighted that personalisation was something that she also wished to replicate in children's services and commented that not enough was being done, particularly in respect of young people with learning or physical disabilities. The member referred to an Inclusion

Commission that was looking at issues concerning children with special educational needs and disabilities and hoped that from that work there would be a greater push towards personalisation.

At this juncture Dr Sue Ibbotson, Director of Public Health England in the West Midlands presented the following PowerPoint slides:-

(See document No. 3)

The Chair thanked the Director of Public Health England in the West Midlands for the presentation and highlighted that the Board would welcome her support over the coming years.

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RESOLVED:-

- (a) That the limited number of priorities for the refreshed strategy be agreed;
- (b) that further development of measures be delegated to the Operations Group;
- (c) that a Task and Finish Group be commissioned to identify suitable outcomes related to Adverse Childhood Experiences (ACEs);
- (d) that the Mental Health System Strategy Board be invited to comment on the proposed outcomes or suggest alternatives;
- (e) that the Health and Wellbeing Board liaise with other Boards, as appropriate.

AIR POLLUTION AND HEALTH IN BIRMINGHAM

The following report was submitted:-

(See document No. 4)

Dr Adrian Phillips, Director of Public Health presented the PowerPoint slides accompanying the report.

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

- 1) Dr Andrew Coward advised members that he considered that Birmingham's 'motor city' was not only the prime cause of air pollution that was resulting in early deaths (e.g. 891 deaths in 2010/11) but also associated with the obesity epidemic, inactivity and social isolation / loneliness. He reported that that what had been learnt from such cities as Copenhagen and Amsterdam was that £10-£20 per head had to be invested every year to reduce the number of vehicles and create a city that was friendly for walkers, runners and cyclists. In highlighting that there was a projected cost of £2.6bn by 2050 for child obesity alone he

therefore asked whether an economic case could be made for the per capita investment each year.

- 2) In referring to some of the negative experiences associated with travelling on buses, Councillor Brigid Jones considered that unless pricing was addressed and improvements made around such issues as quality, safety and journey times, people would not use public transport in preference to their cars. She therefore enquired what plans there were to liaise with the public transport sector to address these issues.
- 3) The Chair felt that national policy on air pollution was to some extent confusing and that clarity had been lost as legislative requirements had passed from the European Union (EU) to the UK Government and then been conveyed to Local Authorities. Nonetheless, at a local level, she considered that a key question for Birmingham as part of a large conurbation was whether it wished to move in the direction of having much fewer cars in the City.
- 4) The Director of Public Health underlined that Birmingham had to do something to reduce the level of outdoor air pollution and drew attention to paragraph 4.1.4 in the report where it was highlighted that the City exceeded the EU legal limits in this regard. Further to (2) above, he also informed members that there was representation from transport groups within the West Midlands on the Air Quality Board.
- 5) Chief Superintendent Chris Johnson had concerns that there appeared to be more emphasis on enforcing rather than encouraging i.e. making it hard for an individual to do something that they wanted to do rather than make it easy for the person to do something that government / public organisations wished them to do.
- 6) Further to 5) above, the Director of Public Health indicated that the London congestion charge had only had a temporary beneficial effect.
- 7) In responding to a question from Councillor Lyn Collin, the Director of Public Health reported that he believed that poor air quality was not just an issue in some areas of the City but a problem throughout the whole of Birmingham. However, he acknowledged that there was a need for more information in this regard. He highlighted that current day air pollution was different to the 'smogs' of the past and referred to research in North America where well away from roads and residential suburbs there had been high readings for PM_{2.5} and nitrogen oxides.
- 8) The Director of Public Health considered that there would need to be a mixture of enforcement measures, encouragement and innovative ideas in order to achieve the ambition of cleaner air in Birmingham.

The Chair thanked the Director of Public Health for reporting to the meeting.

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RESOLVED:-

- (a) That adverse outdoor air quality be considered as a theme in the Health and Wellbeing Strategy;
- (b) that this Board supports the improvement of air quality by reducing air pollution as being a collective priority;
- (c) that updates be received at future meetings.

BIRMINGHAM AND SOLIHULL SUSTAINABILITY TRANSFORMATION PLAN

The following report was submitted:-

(See document No.5)

Judith Davis, Programme Director, Birmingham Better Care introduced the information contained in the report.

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

- 1) Andy Cave enquired what the intentions were with regard to the engagement plan and how people would be able to access the document and influence the work taking place. In also referring to the Black Country Sustainability and Transformation Plan (STP) and West Birmingham he also asked how it was proposed to address the issue of the confusion that the public experienced due to there being various health related engagement / consultation exercises.
- 2) Dr Adrian Phillips reported that he would soon be meeting with his counterpart from the Solihull Health and Wellbeing Board, the Programme Director and other colleagues to look at what themes / issues should be included in the new Improving Health and Wellbeing programme that formed part of the Birmingham and Solihull STP process.
- 3) Councillor Lyn Collin asked why the new models of care approach had not been covered in the Birmingham and Solihull STP.
- 4) The Programme Director acknowledged that the current arrangements caused confusion to people who lived in West Birmingham and highlighted that NHS England's position this time last year was that Sandwell and West Birmingham CCG could only be part of one STP. However, in referring to developments on this issue, she felt that it might now be possible to find a way for the CCG to formally work within two STP areas. In relation to new models of care, she highlighted that STPs were a completely new way of working for health organisations that had a responsibility through their governance and accountability arrangements to see themselves as separate bodies rather than how they contributed to a place / locality. However, she considered that there was a growing recognition within the organisations that a different balance had to be found in this regard.
- 5) The Chair welcomed that the pace of STP activity had slowed in a way that would allow the public to be involved and also that it appeared that the process was now being looked at over a longer timescale. Furthermore, she asked that when the dates of the engagement events became publically available the members of the Board be provided with details.
- 6) The Programme Director reported that she considered that conversations would begin to change from talking about STPs to discussing collective Local Delivery Plans. She also indicated that she would contact communication leads over the need for them to talk to Healthwatch Birmingham.

The Chair thanked the Programme Director for reporting to the meeting.

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RESOLVED:-

That the review of the Birmingham and Solihull STP feedback, amended programme framework and the proposals for engagement be noted.

OTHER URGENT BUSINESS

Retirement of Peter Hay, Strategic Director for People

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Members were advised that Peter Hay, Strategic Director of People would be retiring in July, 2017 and be standing down from his current role at the end of March. The Chair informed the meeting that she would very much miss the support that she'd received from Peter Hay over many years and wished him all the best in his retirement.

The meeting ended at 1657 hours.

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CHAIRPERSON