

BIRMINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

TUESDAY, 04 SEPTEMBER 2018 AT 15:00 HOURS
IN WEST MIDLANDS FIRE SERVICE, 99 VAUXHALL ROAD,
BIRMINGHAM, B7 4HW, [VENUE ADDRESS]

A G E N D A

1 **APOLOGIES**

2 **DECLARATIONS OF INTERESTS**

Members are 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 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.

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3 **MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting.

4 **CHAIRS UPDATE (1505-1515)**

17 - 26

5 **HEALTH AND WELLBEING STRATEGY UPDATE - INCREASING
EMPLOYMENT/MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY
AND EMPLOYMENT (1515 - 1530)**

Jo Carney, Associate Director Joint Commissioning, Birmingham and Solihull CCG will present the item.

6 **SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE (1530-
1540)**

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG will give a verbal update on the item.

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7 **CQC LOCAL SYSTEM REVIEW ACTION PLAN - UPDATE (1540-1550)**

Graeme Betts, Corporate Director of Adult Health and Social Care, BCC will present the item.

8 **THRIVE UPDATE: MENTAL HEALTH COMMISSION (1550-1605)**

Sean Russell, WMCA Mental Health Commission Implementation Director will give a verbal update on the item.

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9 **PLACE BASED DEVELOPMENT INCLUDING WESTERN BIRMINGHAM (1605-1635)**

Paul Jennings, CEO, NHS Birmingham and Solihull CCG will give a presentation on the item.

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10a **ANY OTHER BUSINESS - (A) DONOR CITY PROGRAMME (1635-1640)**

Becky Pollard, Interim Director of Public Health will present the item.

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10b **ANY OTHER BUSINESS (B) DRAFT HEALTH AND WELLBEING BOARD CHILDREN'S WORK PROGRAMME (1640-1645)**

Becky Pollard, Interim Director of Public Health and Sarah Sinclair, Assistant Director, Children and Young People will present the item.

10c **ANY OTHER BUSINESS (C) UPDATE ON THE HEALTH AND WELLBEING DEVELOPMENT SESSION ON THE 2ND OCTOBER 2018 (1645-1655)**

Becky Pollard, Interim Director of Public Health and Professor Graeme Betts, Corporate Director of Adult Health and Social Care will give a brief verbal update on the item.

11 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

12 **DATE TIME AND VENUE OF THE NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING**

To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 27 November 2018 at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND
WELLBEING BOARD
TUESDAY, 31 JULY 2018**

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 31 JULY 2018 AT 1500 HOURS IN COMMITTEE ROOMS 3 AND 4, COUNCIL HOUSE, BIRMINGHAM

PRESENT: - Councillor Paulette Hamilton in the Chair; Graeme Betts, Councillor Kate Booth, Dr Peter Ingham, Paul Jennings, Becky Pollard, Peter Richmond, Antonina Robinson and Sarah Sinclair

ALSO PRESENT:-

Suwinder Bains, Partnership Manager, Strategic Services, BCC
Patricia Daley, Learning and Development Manager, Adult Social Care and Health, BCC
Judith Davis, University Hospitals Birmingham
Dr Andrew Dayani, Medical Director, Birmingham Community Healthcare, NHS Foundation Trust
David Harris, Transportation Policy Manager, BCC
Sharon Liggins, Chief Officer for Commissioning, Sandwell and West Birmingham CCG
Group Commander Sean McGrath, Birmingham South, WMFS
Pauline Mugridge, Assistant Director, Adult Social Care and Health, BCC
Station Commander Sam Pink, Woodgate Valley and Bournbrook, WMFS
Danielle Oum, Healthwatch Birmingham
Errol Wilson, Committee Services, BCC

NOTICE OF RECORDING

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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.

APPOINTMENT OF HEALTH AND WELLBEING BOARD - FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP

The following schedule outlining the functions, terms of reference and membership of the Health and Wellbeing Board agreed by Cabinet on 26 June 2018 was submitted:-

(See document No. 1)

The Chair advised that Dr Peter Ingham was appointed vice-Chair for the Birmingham Health and Wellbeing Board and that she was looking forward to working with him over the next year. She highlighted that Paul Jennings was appointed as the new Sustainability and Transformation Plan Lead for Birmingham and Solihull. The Chair expressed congratulations to Mr Jennings on behalf of the HWB, STP Group and Team.

Mr Jennings stated that he was happy to accept the role and would do the best that he could.

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RESOLVED:-

That the re-appointment of the Health and Wellbeing Board with the functions, terms of reference and membership as outlined in the schedule be noted.

DECLARATIONS OF INTERESTS

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Members were reminded that they must declare all relevant pecuniary interests and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest is declared a member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

APOLOGIES

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Apologies for absence were submitted on behalf of Councillor Matt Bennett, Richard Kirby (but Dr Andrew Dayani as substitute), Chief Superintendent Danny Long, Stephen Raybould, Andy Cave (but Danielle Oum as substitute), Professor Nick Harding (but Sharon Liggins as substitute) and Dame Julie Moore.

DATES OF MEETINGS

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RESOLVED: -

That the Birmingham Health and Wellbeing Board noted the dates of formal meetings of the Board for 2018/2019 as follows:-

2018

4 September
2 October*
30 October 2018
27 November 2018
18 December 2018

2019

29 January
19 February
19 March
30 April

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All meetings will be held on Tuesdays commencing at 1500 hours.

* This will be a development session

CHANGE TO THE ORDER OF BUSINESS

- 272 The Chair advised that she would take agenda item 6 ahead of agenda item 7, followed by agenda item 12 ahead of the remaining items.
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CHAIR'S UPDATE

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

(See document No. 2)

- ❖ LGA Development Session
- ❖ Consultations -
 - (a) Birmingham Community Cohesion Strategy Green Paper
 - (b) Clean Air Zone Consultation
- ❖ National Childhood Obesity Action Plan

The Chair commented that she had the pleasure of travelling to Pune, India and that the trip was used to highlight the similarities between Pune and Birmingham. The issue was that in Pune, a large proportion of children suffered from stunted growth due to a lack of nutrition which they were trying to address with supplements.

The Chair advised that there was a major issue developing around obesity in Birmingham which meant that many of our children and young people were overweight or obese due to the lack of good nutrition in their diet and that she would be speaking about these issues in the coming months. She expressed thanks to the Food Federation that took her to India and stated that she was looking forward to Birmingham working with India at an international level.

MINUTES

- 274 The Minutes of the Board meeting held on 19 June 2018 were confirmed and signed by the Chair.
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CONSULTATIONS

- 275 Birmingham Community Cohesion Strategy Green Paper

Suwinder Bains, Partnership Manager, Strategic Services gave the following brief introductory background to the Birmingham Community Cohesion Strategy Green Paper: -

- This was part of the consultation and they were trying to get as many views/comments on the strategy to ensure that it represents Birmingham. They had been having discussions around the Community Cohesion over the last 12 – 18 months.

- In December 2017, Councillor Tristan Chatfield, Cabinet Member for Social Inclusion, Community Safety and Equalities held a summit and brought together key partners from the voluntary community sector, the private sector and other public agency to kick-start the conversation on how they develop a strategy for Birmingham.
- It became apparent at the summit that they wanted a City strategy rather than a Council led strategy.
- The strategy sets out a vision that was developed with partners including community organisations. It sets out eight guiding principles and it was hoped that the partners, community organisations and public agencies adopt as a way of working and promoting community cohesion in Birmingham and how they took the strategy forward.
- An annual summit was proposed rather than having a Board and to have a session that was organic where they invite their partners and those from the community voluntary sector and individuals who were doing great stuff from across the city and share what they do well.
- A number of challenges had been identified by the community organisations that they needed to see resolved with other partners and public agencies.
- This was part of the bigger conversation that was leading to the final strategy which will be published in October. Members of the HWB were asked to give their feedback on a number of questions that were presented.

As the strategy was not circulated to the HWB, it was agreed that the strategy be circulated to the Board members in order that they could send their feedback to Ms Bains. Ms Bains undertook to circulate the link to the strategy to the Board. Professor Betts advised that Channa Payne-Williams and Jade Hussain would coordinate the responses and then send these to Ms Bains.

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Clean Air Zone (CAZ)

David Harris, Transportation Policy Manager advised that the report on *Tackling Air Quality in Birmingham – Clean Air Zone Consultation* that was submitted to Cabinet on the 24 June 2018 could be circulated to the HWB. Mr Harris gave the following verbal presentation: -

- ❖ That the HWB may be aware that air quality was a key challenge for the city and across the UK as a whole and that they had been given some challenging requirements by the Government to achieve compliance with air quality limits in the shortest possible time.
- ❖ By way of context, the UK did not comply with the statutory legal limits for nitrogen dioxide and the UK government was asked by the European Union (EU) to bring forward methods that would achieve compliance.
- ❖ In addition to this, in 2015, the Environmental Lobbying Group Earth took the government to court over its inaction to meet these legal requirements.
- ❖ Out of that process the Government published a Clean Air Strategy in 2015 which sets out that in order for a number of areas including Birmingham to achieve compliance of these legal limits in the shortest time possible, CAZ would need to be implemented.
- ❖ On that basis work had been on-going to look at options for addressing air quality in Birmingham including implementing a CAZ.

- ❖ At the end of June 2018, a report was submitted to Cabinet setting out the proposals and options around choosing a CAZ in Birmingham that was felt was the most appropriate option to deliver compliance in the shortest possible time.
- ❖ This was a CAZ that would encompass the area inside Birmingham's Ring Road the A4540 and would essentially operate 24 hours per day every day. It would charge the most polluting vehicles which was essentially any vehicle.
- ❖ There were certain standards – Euro IV Petrol which was any vehicle purchase from mid-2006, Euro VI diesel which was any vehicle from 2015/2016. The government had set these as acceptable limits in terms of the standards.
- ❖ They had undertaken some local modelling and the government in their national work in air quality strategy, they undertook a local modelling and transport modelling to compare the situation. Their modelling showed a comparison with the government air quality modelling and forecasting.
- ❖ They had gone through a range of options including different types of clean air zone to look at what would be suitable in the shortest possible time and to consider what would be the most appropriate approach.
- ❖ A CAZ was not a congestion charge and was not targeted at all vehicles, but was around encouraging an improvement in the vehicle fleet. They were encouraging people to shift to cleaner modes of transport. It was not a congestion charge and it was not designed to generate income.
- ❖ Any money that was generated as surplus income curated by the scheme would be ring-fenced and reinvest into transport improvements or other measures to improve air quality. They were currently out for consultation and the timescales were tight.
- ❖ The consultation was open until the 17th August 2018 and they were planning on submitting a report to the Cabinet meeting on the 10th September 2018 that would set out the responses to the consultation and the next steps going forward in terms of their proposals.
- ❖ The consultation was critical as part of their work, alongside the modelling and trying to identify the options and to understand the impacts, both positive/negative in putting a scheme in.
- ❖ There were air quality benefits, but there could be dis-benefits in terms of economic impacts and they were working through this to identify where the dis-benefits would sit and then start to design the mitigations they could introduce.
- ❖ Some of these things could be discounts to businesses or groups; set periods where there were no vehicles on the market that would meet the standards and the time period they were speaking about. Other schemes to give people support to buy cleaner vehicles but also looking at things around public transport and people who might suffer accessibility issues – looking at mobility credit types of schemes.
- ❖ They were trying to shape a strong robust package of measures that would off-set the negative impacts of the CAZ that they had to put in.
- ❖ They were doing work around improving the transport network and had secured funding from the government to implement further measures to help them with a robust priority for the city centre and other traffic management measures to help reduce air quality in the worst location.
- ❖ There was work around introducing a hydrogen bus fleet in the region and city and they were in the process of introducing a charging network. They were about to start expanding their car clubs across the city.

- ❖ There was a range of things that they were already doing on air quality to improve the situation. The consultation website address was birmingham.gov.uk/caz and they would urge people to respond to that.
- ❖ They were also doing a number of drop-in sessions across the city, details of which were on the website. They had some stakeholder events with businesses etc.
- ❖ Air quality was a key issue with up to 900 people dying early in the city each year and the impact it had on from cradle to grave and was impacting on the most deprived communities air pollution each year. He was happy to circulate further background information and urged the Board to respond to the consultation.

In response to questions, Mr Harris made the following statements: -

- a. The timescale in terms of achieving compliance against the timescale to introduce larger scale introductory methods did not aligned against other things that were already in train such as the bus rapid transit routes, the sprint routes, the metro extensions and the new stations, example, Moseley, Kings Heath and Hazel well would not be delivered until 2021.
- b. The key message was that they had a public transport network where the bus was a flexible transport system and they were working with Transport for West Midlands (TfWM) and the bus operators to look at how between now and 2020 to make the bus network more attractive.
- c. There were mitigations and the questions were whether there were things they could do to subsidise or assist people who may feel that they could not afford public transport for them to shift to other modes.
- d. The system would work on an Automatic Number Plate Recognition (ANPR) system. Any vehicles that passed the cordon would be recognised and it ties in with the DVLA database which would know whether a vehicle was compliant i.e. Euro IV; Euro VI or below and the system would work on the proposed daily charge for non-compliant vehicles. If this was not paid within a specified period then there would be a penalty notice.
- e. They had been working with the previous Director of Public Health and were engaging with the Children's Hospital and other Trusts through this process. They had met with the Chamber of Commerce and there were stakeholders there from the service who was also feeding in. Through this network they needed as much feedback as possible.
- f. The behaviour change element of this would be significant as it had to generate an element of behavioural change. Behavioural change was not the answer as they were doing this for a long period of time with Travel Plans etc., but unfortunately the CAZ had required them to drop that behaviour change quickly.
- g. That element in terms of educating people regarding the issue of air quality and how it impacts them and children, how their behaviour had a natural impact. They had been working with public health colleagues in the schools on projects for them to understand the air quality issues which feed into the process.
- h. Working with communities in terms of a shift in change was a multi-layered approach. This was a huge piece of work that needed action at many levels.

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The Chair requested that the CCG's, Fire Service, Police, Healthwatch etc. put some submissions back. Professor Betts advised that Channa Payne-Williams and Jade Hussain would coordinate the responses.

The Chair thanked Suwinder Bains and David Harris for attending and presenting the information.

UPDATE ON THE EARLY INTERVENTION WORKSTREAM

The following report was submitted:-

(See document No. 3)

Judith Davis, University Hospitals Birmingham introduced the item and drew the Board's attention to the information contained in the report.

In response to questions and comments, Ms Davis made the following statements:-

- 1) Ms Davis noted Ms Oum's enquiry concerning patient experience and advised that this was one of the questions they would ask.
- 2) That in the past they had a lot of information in the city that they gathered over the last five years through different historical work streams that had consistently stated the same thing.
- 3) The starting point was that CCG's had been having annual consultations where they discuss their commissioning intentions and they had been part of those consultations over recent years.
- 4) They could say with confidence that they know what citizens had stated and they were seeking to act upon that as it was important that they engage with citizens that were using the service so that they could contribute into more detailed redesign and also assess their outcomes and experiences as part of the process.
- 5) That Andy Cave was now a member of the Programme Board.

Professor Betts made reference to a conversation that he had with a potential bidder who had worked in Birmingham previously and who had stated that it had been a number of years since they had been in a position where they had all the partners working together in this way and commented that this would be a success. He added that it was important to get that engagement through the organisation.

The Chair commented that she was impressed with the speed at which the programme was going and the progress that had been made. She further stated that she was in agreement with the way Ms Davis and Team was approaching this as without staffing engagement, this would fail if they were not on board with the programme. The Chair added that this item will be brought back on a regular basis to the Board meetings.

The Chair thanked Ms Davis for attending the meeting and presenting the item.

That the Health and Wellbeing Board: -

- (a) Noted the progress of the Early Intervention Work stream and
- (b) Provided comments on the next steps of the Early Intervention Work stream.

HEALTH AND WELLBEING STRATEGY UPDATE – IMPROVING THE INDEPENDENCE OF ADULTS

The following report was submitted:-

(See document No. 4)

Paul Jennings CEO, NHS Birmingham and Solihull CCG and Pauline Mugridge, Assistant Director, Adult Social Care and Health, BCC presented the item and drew the attention of the Board to the information contained in the documents.

Personal Health Budget and End of Life Personal Budget

Mr Jennings stated that this was an update on progress made relating to individualised care and person health budgets. This was a key element of NHS England policy and a national policy around local government moving authority control into the hands of individuals and the kind of services they received. He added that they were slow in putting together the services, but they had now got in place all of the various structures in place that they need to make it work. They would focus on the following four areas in future in terms of delivering and making this possible: -

- Adult continuing health care delivery – the CCG had moved to a step in provider and services were now improving. They had managed to remove the fast track CHC times which were weeks to less than a week. The rates of assessment were more accurate and were happening more frequently. Associated with that they were looking to move all of their continuing health care packages to personal health budget if at all possible in the future.
- Children's continuing care - they had gotten to the point where they started negotiating this and they had a set of arrangements in place for people to review the possible alternatives they could use.
- Section 117 Mental Health – was the most immediately successful
- Wheelchairs provision – particularly for children was a service that had a long history of long waiting list with complications and difficulties which they have put together now a programme a number of providers they could engage with and a budget with suppliers of wheelchairs that should be progress in terms of access to this group.

Mr Jennings referred to the end of life document, but the Board did not formally agree a recommendation.

In response to questions, Mr Jennings made the following statements:-

- 1) They were putting together a register of providers, but before putting them on the register, they had to ascertain whether they were appropriate.

Individuals that had access to people who were using the personal health budget had access to that catalogue of providers and they come with a degree of ratification before they are put onto the system.

- 2) They had a more sophisticated way of giving people budgets in terms of virtual budgets they could use. They also had a system where if individuals needed to employ carers, they could employ them through an agency arrangement, not with an agency premium. It guarantees that individuals were appropriately checked and had the right skills before they were listed on the website.
- 3) In terms of how they capture information from the website, this needed to be checked. It was not necessarily that people were buying services from elsewhere, but this was mainly that it more suits their needs. They currently had a pilot programme around end of life care where they were offering personal health budgets to individuals who were known to be approaching the end of their lives, but so far very few of them had taken this up.
- 4) This may be because they were relatively content with what they had received to date and therefore they go with the flow on that. It was probably a bit more complicated than what they chose not to have. There were issues about giving people more choice earlier on in the end of life process so it becomes part of the care planning.
- 5) Giving people more opportunity to think through earlier in the process before they get to the personal health budget. As this was relatively new, it tended to catch people unaware, as it was not a common way of doing things.
- 6) Once somebody had a recognised solution, it was difficult to wean them off it. People with CAPD had been brought to believe that if they had an exacerbation they had to go to hospital and would insist on going to hospital. People who had been brought up to be managed at home would be happy to be managed at home.
- 7) It would take time for that change to happen as individuals would need to be given the opportunity at the beginning of that service journey. The further they were into the service journey, the more difficult it was to persuade them to change. The earlier people were offered this in their journey, the more likely they were to take advantage of it.
- 8) In terms of children and young people, they were some of their main priorities in terms of the work and continuing care for children which were an important issue, wheelchairs for children. They were conscious about trying to start that work with families and their children and hopefully when children become adults they get more control themselves.
- 9) It will take time for people to understand that there were alternative services to do these things. They were beginning to see the groups and practices working together to deliver extended access, working with the community services. They were beginning to see a slightly different approach which was partly built around geography.
- 10) The important work that the Council was doing around asset based approach to service delivery was linked to this kind of care. If they were having the asset based conversation using the three conversation social

work model, as a way of interrogating, it would start to get people thinking in a different way about what they might need.

Professor Betts commented that personal budgets and direct payments were transformational in Adult Social Care both for citizens and also for staff. However, for staff to do this there was a huge cultural shift which was the most difficult thing as some people were very committed and did it well, but others were not grasping it which was a challenge. In general it helped them to move away from that approach where the professional knows best as it was giving control back to the individuals which were an important shift to make, but a difficult one for professionals.

Integrated personal Commissioning – Direct Payments

Pauline Mugridge, Interim Service Director for Community Services, Adult Social Care and Health, BCC and Patricia Daley, Learning and Development Manager, Adult Social Care and Health, BCC presented the report and drew the Boards attention to the information in the report.

Ms Mugridge advised that a lot of work was being done around direct payments and there was connection between personal health budget and direct payments. The Direct Payment Board within Adult Social Care had invited a representative from the CCG onto the Board, vice versa so that they could get that learning across. The Board in Adult Social Care was to look at the learning in developing direct payments, but it was also to help them meet the target of the 30% take up of direct payments by eligible clients within this financial year. They were doing this in a number of ways: -

- Through conversations by looking at the person as an individual and having a conversation with the person to find out what was really important to them.
- They had recently moved to 5 innovation sites and now had 17 teams that had started to work within the three conversations which would have an impact on direct payments.
- The purpose of the three conversations was to give people back control of their lives. Individual team targets were targets for direct payments and they were monitored on that as it was important to give ownership.
- The recipients of direct payments were ensured about how to do it, what to do and people were concerned about it from that angle, but equally, Personal Assistance (PA) were concerned and its support.
- There was a lot of work with the CCGs etc. to look at the support service so that that service would support PA if they wanted it but equally it would support direct payment recipients.
- The other piece of work was about matching PA to direct payment recipients. This work was on-going with health and they were looking at a number of vehicles to ascertain whether they could match the PAs as this could be difficult.
- Managers within the constituencies with the community model was working with providers to look at the best way of providing care, particularly around Day Centres and Day Opportunities to talk with providers about looking at people that had direct payments rather than the traditional service.
- This work was also going on with home support providers. They were benchmarking across the whole of the local authority to look at and share good practice. They were considering introducing employee of

- the month recognition in terms of the most direct payments that month and individual team targets, but this was a work in progress.
- Going forward, there were areas that they still needed to look at. Direct payments through PA could be complicated, if someone was admitted to hospital and their needs change. They were looking at how they could streamline that system to make it beneficial for citizens.
 - In terms of performance of the directorate, they had a steady rise of direct payments and as of this morning they had 26.2% take up of direct payments for July 2018. This meant that they were steadily increasing, but they needed to speed this up. The three conversation role had helped with the speed up.

In response to questions Ms Daley made the following statements: -

- a. They had to bring people along with them in the same way that they brought the staff along. They had to bring the direct employers along in this instance and they had over 2000 people in receipt of direct payments and they wanted to set up a peer support service for those groups of people.
- b. There will be forums in local areas. If they build those local networks, they would be able to get direct feedback from the citizens themselves and they would help to build and shape the service they need. They already had support groups and working groups that they could involve citizens at different levels in relation to training and development they support in terms of the planning and delivery of those programmes.
- c. They had done this in partnership with colleagues across the NHS and there were opportunities that were coming up where they could work more collaboratively in relation to staff who work in mental health services.
- d. They had already started and there was community networking opportunities which had brought together people from the voluntary sector, the social work teams that worked in the localities. They would be including partner providers from health in those meetings and to make this richer, the direct employers and PAs from that local area all coming together to identify what local issues were for that area and to work up those solutions and partnership together. This work had started to see how this could be developed and enhanced moving forward.

The Chair thanked Paul Jennings, Pauline Mugridge and Patricia Daley for presenting the information. It was

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RESOLVED:-

- I. To continue the work to increase the take up of direct payments; and
- II. To work with partners to strengthen the relationship around the development of personal health budgets and direct payments.

CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW ACTION PLAN

The following report was submitted:-

(See document No. 5)

Professor Graeme Betts, Corporate Director, Adult Health and Social Care introduced the information contained in the report and advised that the system was reviewed in December 2017 and January 2018. He highlighted that in May 2018 the findings were looked at and from this, the Action Plan was put together in response to the CQC review. He stated that the Plan was submitted to the CQC and was well received; the Department of Health, with their representative stating that it was very good and a feedback from the Social Care Institute who felt that it was a comprehensive Action Plan. Professor Betts advised that he would continue to be in touch with the Department of Health and to feedback/update on anything that would come back to the system. Updates will be brought to the HWB in due course.

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RESOLVED:-

That the Health and Wellbeing Board ratify the CQC Local System Review Action Plan and agree to receive quarterly updates for the duration of the Plan.

NATIONAL CHILD OBESITY PLAN

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Becky Pollard, Interim Director of Public Health introduced the item and advised that this was a verbal report. She stated that it was a great opportunity to raise a really important issue and a national plan that was published in June 2018, by the government focussing on the whole issue of childhood obesity. A quarter of five years old was considered overweight or obese and children become obese earlier these days and remain obese for longer, so considerable health issues associated with obesity – diabetes, heart disease, cancers, mental wellbeing. It was a really important thing for the HWB to consider.

To address this in Birmingham, it needed to be given some focus, effort and energy. Ms Pollard suggested that the HWB consider the national plan looking at five key areas, but recognised that if they were going to address this, they had to address it at all levels – what they could do as individuals, as families, society, communities and nationally in terms of government policy. The national plan looked at what national policy was being developed – looking at the issue of sugar reduction, energy drinks do they brought in the tax now on high energy drinks which provides the framework but they needed to think about what did that meant for them and what could they do locally.

A key issue was around calorie reduction - the amount and type of calories looking at healthy diets. The national plan looked at advertising and promotions and the government was keen on restricting advertising aimed at young children before the watershed, looking at promotion the two-for-one and try to control that. There was a section in the plan on what local areas could do with case studies in Derbyshire and another area. This was looking at a whole range of things in terms of how they work with their work place, schools with early years setting, teens, businesses as well as food manufacturers and retailers to make healthier choices easier.

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Ms Pollard proposed to come back to the Board with a specific proposal and action plan based on the national plan looking at those areas. She stated that this fits with what the JSNA were telling them as they do have higher rates of childhood obesity in Birmingham, between different communities and poverty, where they saw higher rates. It was an opportunity to take the learning from that and built that into a childhood obesity plan. This would require commitment from the Board and beyond and then come back with some specific action going forward.

The Chair thanked Becky Pollard and commented that this was something they should build into their work plan. She added that whatever work goes on behaving the scene, that Planning and Licensing be involved. She further stated that she would like to see Birmingham take a position that they could work towards making a difference.

OTHER URGENT BUSINESS

281 No items of urgent business were raised.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

282 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 4 September 2018, at 1500 hours at the West Midlands Fire Service Headquarters, 99 Vauxhall Road, Birmingham B7 4HW.

The meeting ended at 1620 hours.

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CHAIRPERSON

	<u>Agenda Item: 5</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	4th September 2018
TITLE:	INCREASING EMPLOYMENT/ MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT
Organisation	BSol CCG
Presenting Officer	Jo Carney, Associate Director for Joint Commissioning

Report Type:	Update Report
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1. Purpose:
To provide an update on the Individual Placement Support (IPS) element of the Mental Health Recovery and Employment Service (MHRE)

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	MHRE provides a nationally recognised full fidelity Individual Placement Support (IPS) service.

	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		
Early Intervention		
Prevention		

3. Recommendations

The new Mental Health Recovery and Employment Service (MHRE) began in April 2018. It is currently in the early stages of delivery. This means that although there have been a number of Job starts, sustainable employment figures will not be available until the end of quarter 2.

4. Background

The Mental Health Recovery and Employment service offers a more integrated way for delivering mental health recovery services to patients. It is closely aligned to community mental health services providing enhanced support to people within and stepping down from secondary care. The programme will provide a Full Fidelity evidence based approach to employment support in line with the requirement of the 5 Year Forward View, which states that all CCG must commission Individual Placement Support services to support people into employment by 2020/21

The MHRE offers a full fidelity Individual Placement Support Service for individuals aged over 18 who have a mental illness or recognised mental health issue that is integrated into community mental health services within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and Forward Thinking Birmingham (FTB) hubs.

The service is commissioned by the JCT and began operating in April 2018. MHRE has been commissioned on a consortium basis. Better Pathways is the prime provider of the service and offer specialist IPS and Employment support within the service, while MIND and Creative Support are sub-contractors and provide the recovery element of the contract.

The IPS service provided by Better Pathways is nationally accredited as a Full Fidelity IPS service and follows 8 fidelity principles, these are:

1. Every person with severe mental illness who wants to work is eligible for IPS supported employment.
2. Employment services are integrated with mental health treatment services.
3. Competitive employment is the goal.
4. Personalized benefits counselling is provided.
5. The job searches starts soon after a person expresses interest in working.
6. Employment specialists systematically develop relationships with employers based upon their client's preferences.
7. Job supports are continuous.
8. Client preferences are honoured.

To achieve Full Fidelity accreditation, the service has demonstrated compliance with a number of Fidelity targets, for example:

- **Caseload size** - The maximum active caseload for any full-time employment specialist is 20 or fewer active clients
- **Employment services staff**- Employment specialists provide only employment services and do not provide mental health case management services
- **Vocational generalists** - Employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along support before step down to less intensive employment support from another MH practitioner and/or peer support.
- **Integration of supported employment with mental health treatment through team assignment** – Employment Advisors are integrated with Community Mental Health teams and FTBs Community Hubs

- **Zero Exclusion** - All clients interested in working have access to supported employment services, regardless of job readiness factors, substance abuse, symptoms, history of violent behaviour, cognitive impairments, treatment non- adherence, and personal presentation
- **The Service demonstrates a focus on competitive employment-** The MHRE KPI's focus on service user obtaining sustainable employment i.e. 13 weeks or more.

5. Future development

It is anticipated that NHS England wave 2 Funding will be released in the Autumn 2018. This funding is provided to extend or enhance existing services. Once released, it is the intention to bid for funding to enable the extension of IPS provision offer to Solihull.

6. Compliance Issues

6.1 Strategy Implications

KPI's attached to the MHRE service will ensure that 500 service users will be in paid employment (reported under/over 16 hours per week and sustained for 13 weeks) over the next 3 financial years (120 in 2018/19, 190 in 2019/20 and 190 in 2020/21)

6.2 Governance & Delivery

The MHRE is monitored through the Primary Care and Community task and finish group. Updates are provided on a monthly basis, and issues or risk identified will be escalated to the Mental Health Programme Delivery Board.

6.3 Management Responsibility

The MHRE is commissioned by BSol CCG, through the Joint Commissioning team. The service is provided by Better Pathways, all monitoring data, information and performance KPI's are scrutinised by the JCT.

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
1, Under the MHRE contract Individuals can be referred by a GP as long as the patient is on the practice SMI register. There is a risk that some individuals could instead be referred to Thrive Primary Care IPS randomised control trial commissioned by the West Midlands Combined Authority. This would result in individuals not receiving any IPS services they are entitled to, especially if they are selected to be part of the control group.	Possible	Low	1. Birmingham referral forms have been amended to ensure that referring GP's identify SMI
2, There is a risk of a delay in GP's confirming to providers that individuals are on the SMI register. This could result in a delay in individuals accessing the service.	Possible	Low	Information clarifying the referral process to be sent to GP practices

Appendices
1. Health and Wellbeing Strategy Update Report

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

Health and Wellbeing Strategy Report Update

TITLE: (BHWP Strategy Priority	INCREASING EMPLOYMENT/ MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT
Author:	Jo Carney, Associate Director for Joint Commissioning
Date:	4th September 2018

1. Background

The Mental Health Recovery and Employment service (MHRE) began in April 2018, it offers a more integrated way for delivering mental health recovery and employment services to patients. It will be closely aligned to community mental health services providing enhanced high quality specialist employment support to people within and stepping down from secondary care

2. Current Update on -: Activities, Progress and Developments?

MHRE began in April 2018. It is currently at a transitional stage. Although there have been a number of Job starts, the service is being monitored on the number of individuals gaining sustainable employment of over 13 weeks. As a result data will not be available until the end of quarter 2.

3. Current and Emerging Risk and Issues

1, Under the MHRE contract Individuals can be referred by a GP as long as the patient is on the practice SMI register. There is a risk that some individuals could instead be referred to Thrive Primary Care IPS randomised control trial commissioned by the West Midlands Combined Authority. This would result in individuals not receiving any IPS services they are entitled to, especially if they are selected to be part of the control group.

2, There is a risk of a delay in GP's confirming to providers that individuals are on the SMI register. This could result in a delay in individuals accessing the service.

4. What is your Ambition?

The programme will provide a Full Fidelity evidence based approach to employment support in line with the requirement of the 5 Year Forward View, which states that all CCG must commission Individual Placement Support services to support people into employment by 2020/21

MHRE provides IPS service a Full Fidelity IPS service following the 8 principles outlined by the Centre for Mental Health. these are:

- To ensure that no service user is excluded from the service
- Employment Support and treatment are integrated
- Job search is rapid and intensive
- Only minimal pre-work training is offered and that the focus should be on obtaining sustained employment.
- Service users are offered a Personalised Job search.
- IPS work with employers to develop links and support.
- Long term support in work, both before, during and after employment.
- Access to Welfare and benefits advice

4.1 What needs to happen to get there?

The MHRE service has been operating since April 2018, success of the service will be determined through monitoring KPI's and service user feedback.

4.2 What does this look like – Numbers, Impact & Outcomes?

<i>Quality and Performance Indicators</i>	<i>Performance Indicator(s)</i>	<i>Threshold</i>
Engagement in IPS service	Number of people engaged in IPS service (see note below)	2018/19 – 504 2019/20 – 560 2020/21 – 560
Paid Job Outcomes	Service Users in paid employment (reported under/over 16 hours per week and sustained for 13 weeks)	2018/19 – 120 2019/20 – 190 2020/21 – 190
Job retention	Number of people in existing paid employment who retain their employment	2018/19 – 12 2019/20 – 19 2020/21 – 19

5.	How can the Health & Wellbeing Board Support you?
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<p>As the service has only been operating since April 2018, no support is required from the board at this stage. If, however, issues are identified in the future, support would be welcomed.</p>

6.	What can the Health and Wellbeing Board Track and Influence?
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<p>The Board could track the performance the project.</p>

	<u>Agenda Item: 7</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	4th September 2018
TITLE:	CQC LOCAL SYSTEM REVIEW ACTION PLAN - UPDATE
Organisation	Birmingham City Council
Presenting Officer	Graeme Betts – Corporate Director of Adult Social care and Health Directorate, Birmingham City Council

Report Type:	Headline report
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1. Purpose:
To note the progress made against the CQC Local System Review Action Plan.

2. Implications:		
BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	X
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	

	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		X
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		X
Early Intervention		X
Prevention		X

3. Recommendations

That the Health and Wellbeing Board note the progress made against the CQC Local System Review Action Plan.

4. Background

CQC carried out a Local System Review in January which focused on how well people move through the health and social care system. An Action Plan was written in order to address the recommendations made by CQC and this was submitted to DoH in June. Progress against the plan will be monitored via monthly conversations between Graeme Betts as Senior Responsible Officer for the Local System Review and Ed Moses, Deputy Director of Social Care Oversight at DoH.

For the most part, actions fall under the Birmingham Ageing Well Programme and are being progressed via the 3 workstreams that have been created: Prevention, Early Intervention and Ongoing Personalised support. These groups report directly to the Birmingham Older Person's Partnership Board.

Significant progress has already been made against the plan, notably:

- **Prevention:**
 - Neighbourhood networks and community assets work is progressing well
 - The workstream has secured funding for a pilot around social prescribing.

- **Early Intervention:**
 - A Business Case for external support for locality based enablement pilot has been approved by Cabinet. The procurement process is in place and the pilot is due to start in September
 - An additional Business Case for an Enhanced Assessment Bed pilot at the Norman Power Centre has just been approved.
- **Ongoing Personalised Support:**
 - A new process for delivery of Continuing Health Care is being developed
 - A workshop is being held in September to agree key points around delivery of integrated home support services at locality and neighbourhood levels.

The first update against the Action Plan has been submitted to DoH who were positive about the detail in the plan and how we are progressing against it.

5. Future development

Delivery against the action plan will continue. Actions are currently scheduled up to June 2020.

6. Compliance Issues

6.1 Strategy Implications

Actions contained within the Action Plan are being integrated into the Birmingham Ageing Well Programme. This programme delivers the multi-agency response in Birmingham on the STP strategic priority of ageing better and later life.

6.2 Governance & Delivery

Delivery of the actions will be via the Ageing Well Programme. Accountable to the Health and Wellbeing Board with suggested quarterly reporting of progress to the Board.

6.3 Management Responsibility

As Senior Responsible Officer for the Local System Review, Graeme Betts is accountable for delivery of the Action Plan and reporting progress to DoH and Health and Wellbeing Board.

6. Risk Analysis

This will be developed for individual actions as part of the programme management of Ageing Well.

Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices

1. Birmingham CQC Action Plan June July 18 updates.

Signatures

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

Date:

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
1. Governance and Leadership						
1.1	There needs to be stability in the leadership to build on recent improvements and collaborative ways of working.	Implement the agreed governance arrangements for the Ageing Well Programme:		Birmingham Older People's Partnership Board (Graeme Betts and Karen Helliwell – co-chairs).	As of July 2018 all of the meetings and governance arrangements were agreed, including reporting arrangements. Dates for most of the meetings have been agreed for the rest of this calendar year. Terms of reference developed for each of the meetings with identified officers to attend from the respective organisations.	
		i. BSol Ageing Well and Later Life Portfolio Board	Jun-18			
		ii. BSol End of Life Workstream Board	Jul-18			
		iii. Birmingham Older People's Partnership Group	Jun-18			
		iv. Prevention Workstream Board	Jun-18			
		v. Early Intervention Workstream Board	Jun-18			
		vi. Ongoing Personalised Support Workstream Board	Jun-18			
		vii. Agree ToR	Jun-18			
		viii. Establish boards	Jun-18			
1.2	The relationship between the STP Board and Health and Wellbeing Board needs to be reviewed and strengthened to ensure there is agreement and clarity around roles and responsibilities.	i. Mutually agree Terms of Reference for HWBB and STP Board.	Jul-18	Rachel O'Connor for STP. Wayne Harrison for HWB	i. The draft ToR will be discussed at next STP Board meeting.	
		ii. Establish regular reporting from STP Board to HWBB	Deadline TBC.		ii. Chair of HWB now has ongoing invite to attend STP Board and STP Lead has a permanent seat on the HWB Board.	
		ii. Review workplan of HWBB and Overview and Scrutiny in the context of Ageing Well Programme	Deadline TBC.		HWB Board receives monthly updates on the Ageing Well programme. There is also quarterly reporting to Overview and Scrutiny Committee.	
1.3	System leaders should develop and drive forward a shared strategic vision for the future with a shared use of language, ensuring it incorporates all parts of the pathway and is a collaborative approach.			BSol Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts		
		i. Development of BSOL Strategic Statement for Ageing Well and Later Life	Aug-18	i. Louise Collett		
		ii. Develop Birmingham Ageing Well Strategy – to incorporate the delivery framework and model.	Apr-19	ii. Pip Mayo		
		iii. Produce a shared short, sharp strategic statement for staff across the system	Aug-18	iii. June Marshall	A slide deck has been created which describes the programme for briefings.	
		iv. System leaders to visit front line teams across health and social care to share details of the vision for the system in Birmingham going forward.	Sept/Oct 18	iv. Dawn Baxendale/ Paul Jennings/ Richard Kirby/ Dame Julie Moore (Fiona Alexander coordinating).	Visits are scheduled for October/November.	

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
2. Prevention						
2.1	A consistent approach to identifying high risk population groups and managing risks to people within the community should be developed across the city.	Develop a multi-agency, system-wide approach to risk stratification:		Ageing Well Prevention Workstream: Graeme Betts – SRO Operational Leads: Wayne Harrison/ Dennis Wilkes/ Mike Walsh/ Simon Doble		
		i. System wide session to be organised to include wider partners such as housing, fire, police, MH	Sep-18		Workshop has taken place.	
		ii. Review national best practice	Sep-18			
		iii. Agree scope, purpose and project plan – learning from best practice and current risk stratification tools	Oct 18			
		iv. Implement project plan	From Nov 18			
2.2	There needs to be a shared understanding of the prevention agenda, ensuring this is based on a robust Joint Strategic Needs Assessment and up to date public health analysis, which reflects the diversity of Birmingham’s population. Publication of an annual public health report is a statutory obligation and the system needs to ensure this is fulfilled.	i. Website restructured.	Jun-18	Ageing Well Prevention Workstream: Graeme Betts – SRO Operational Leads: Becky Pollard/Wayne Harrison	i. Website restructure complete.	
		ii. Health & Wellbeing Operations Group to identify key individuals from the wider health & social care system to take joint editorial responsibility for specific sections of the JSNA to ensure relevant reports (such as the current work on predicting demand) are identified for inclusion and the content is kept up to date.	Aug-18		i. This has been agreed by the Operations Group and they are in the process of setting up a new group.	
		iii. Annual Report completed and published to website.	Aug-18		Deadline to be revised.	

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
3. Early Intervention						
3.1	There needs to be a review of the eligibility criteria and assessment process for the Enhanced Assessment Beds to ensure they are being used appropriately to meet people's needs.	i. Business case to BCC Cabinet for external support for the Early Intervention workstream and planning for locality based enablement pilot.	June 2018	Ageing Well Early Intervention Workstream: Andrew McKirgan - SRO, Operational lead: Mark Lobban/Judith Davis	i. Business case was approved by Cabinet week commencing 26/6/18. Procurement process in place – award planned to be made on 13/08 in time for pilot to commence in September.	
		ii. Locality pilot to commence	Sep-18			
		iii. City wide projects to be identified.	Oct-18			
3.2	System leaders need to continue to address current performance issues and work together to implement the recommendations made following the jointly commissioned Recovery, Rehabilitation and Reablement review.	i. Business case to BCC Cabinet for external support for the Early Intervention Workstream	Jun-18	Ageing Well Early Intervention Workstream: Andrew McKirgan - SRO, Operational lead: Mark Lobban/Judith Davis	i. Business case was approved by Cabinet week commencing 26/6/18. Procurement process in place – award planned to be made on 13/08 in time for pilot to commence in September.	
		ii. Establish Early Intervention Workstream Board	Jun-18		ii. Board established and meeting monthly	
		iii. Delivery of place-based pilot to design an integrated pathway for intermediate services with a one-team approach. To include the following components: a. MDT with 7 day working b. Quick response in a crisis c. Home and bed-based enablement – with a focus on getting people home.	Sept 2018 – March 2019			

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
4. Ongoing Personalised Support						
4.1	The personalisation agenda should be developed with more people supported to access personal budgets and direct payments.			Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO		
		i. The system needs to develop a robust and shared vision of personalisation to underpin transformation (wider than personal budgets/direct payments) as part of Ageing Well Strategy formulation.	End Aug-18	i. Pip Mayo	A shared vision of personalisation has been approved by the HWB Board, and will be presented to the STP.	
		ii. Undertake analysis of reasons why citizens have declined the offer of direct payments	End Jul-18	ii. Pauline Mugridge	The direct payment project board has reviewed the reasons that a direct payment was not taken up, as recorded on CareFirst. This information has been used to agree actions by the board accordingly.	
		iii. Develop personalisation offer for Health and Social Care in the context of locality working.	End Dec-18	iii. Richard Kirby		
4.2	The local authority needs to ensure it continues to fulfil its statutory obligation under the Care Act 2014 and provide assurance there is capacity of good quality services within the social care market.	i. Mobilise new contracts including commencing annual monitoring visits and using quality to prioritise providers used by BCC.	End Jul-18	Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO, Operational lead - Alison Malik	i. Tender for residential, nursing and supported living was completed and new contracts effective from 01 May 2018. A risk register has been produced for all contracted providers to enable prioritisation for annual quality monitoring visits. The first quality monitoring visits commenced during w/c 23 July 2018.	
		ii. Commence decommissioning of inadequate providers and ensure support provided to effected service users. DMT due to discuss/agree proposals June 2018. Begin with service user dialogue in September.	Sep-18			
		iii. Retender for home support providers; commence with tender launch in July	Jul-18		iii. The retender of home support services has been postponed and will now be launched in early September 2018.	

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
4.3	There needs to be more proactive scrutiny and contract monitoring to prevent further performance issues, such as those identified in relation to continuing healthcare.	i. All system workshop on 25 May to agree a refreshed and improved CHC pathway and processes.		Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO, Operational Lead: Carmel O'Brien.	Process mapping event complete	
		ii. CCG in contractual discussions for both short and mid-term fixes and to consider longer term commissioning solutions. New CSU provider to take over contract 1st June.	Jun-18		Complete and in place. Mobilisation group continues to monitor handover. Project lead due to commence mid-July to develop the End to End process for CHC.	
		iii. CCG Project to commence early July to scope an End to End service for CHC.	End Apr-19			
4.4	The system needs to consider how the current online micro-tendering procurement system for social care support impacts on peoples' choice, dignity and person centred care.	i. Continue development of new IT solution for implementation 1 Oct 2018.	Oct-18	Ageing Well Ongoing Personalised Support Workstream: Richard Kirby - SRO; Operational Lead: Alison Malik		

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
5. Locality working						
5.1	The health and social care landscape needs to be rationalised with clear points of access. However, the system needs to ensure there is a comprehensive evaluation of current services and ways of working throughout the city before wholesale changes are made which could demotivate staff and destabilise good practice.	Design and implement models of locality working across the life-course:		Ageing Well Prevention Workstream: Graeme Betts – SRO (Work has subsequently been handed over to the Ongoing Personalised Support workstream under Richard Kirby)		
		i. Identify a small number of neighbourhoods/ localities to act as accelerator exemplars	Jul-18		i. The proposed geographical split of the city has been presented to the working group, which includes CCG and GP reps who are currently considering these proposals. Localities (200-250k) have been agreed by all partners.	
		ii. Agree locality governance model across the life-course including establishing the appropriate geographical level for different offers;	Sep-18		A workshop has been arranged for September to progress this work.	
		iii. Establish neighbourhood/locality exemplar shadow boards	Oct-18			
		iv. Map and evaluate the offer to citizens within exemplar areas	Dec-18			
		v. Exemplars develop proposals for locality working in their area	Apr-19			
		vi. Exemplars undertake comprehensive needs analysis across the life course to establish local priorities	Apr-19			
		vii. Mobilize locality exemplars.	2019/20			

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
6 a) Enablers - Communications and Engagement						
6.1	Public engagement in shaping the future of the health and social care system in Birmingham needs to be strengthened with a systematic and joined up approach to involving people to ensure that Birmingham's diverse communities are engaged in the planning and delivery of services.					
		i. Further development of Comms and Engagement Framework linked to STP to underpin all STP programmes	End Aug-18	i. Fiona Alexander	i Comms strategy has been drafted.	
		ii. Re-commissioning of Healthwatch – review scope of contract and opportunity to embed system-wide feedback. Approach to be agreed by July 2018.	Jul-18	ii. Pip Mayo	ii. Healthwatch Birmingham are aware that the service will be re-commissioned later this year, the procurement timeline has been agreed in principle and will see BCC leading the procurement with representatives from health as part of the specification development and moderation. A survey was recently sent to all acute hospitals, CCG and other colleagues to gain further insight to the current impact of the Healthwatch service and the feedback from this will form part of the development for the future. A session is planned to take place in August with health colleagues to discuss and finalise the outcomes and specification for the service. Deadline will be revised - TBC.	
		iii. Co-production of the Ageing Well Strategy for Birmingham	Apr-19	iii. Pip Mayo		
		iv. Establish Birmingham Ageing Well Communications and Engagement workstream	End Jul-18	iv. June Marshall	iv Comms and engagement group established and meeting; made up of LHLH, CCG and BCC Corporate Comms and ASCH Comms reps.	
		v. Develop Birmingham Ageing Well Communications Strategy & Action Plan	End Jul-18	v. June Marshall	v Strategy and Action Plan has been drafted and is due to be signed off by Birmingham Older People's Partnership Board in September 18.	

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
6.2	Strategic planning should be co-produced with all stakeholders, including independent care providers and voluntary sector organisations, to ensure the diversity of Birmingham’s population is reflected.	i. Audit of current engagement activity	End Jul-18	Ageing Well Communications and Engagement Workstream - June Marshall	i. The way stakeholders are recruited has been reviewed and amended along with website content. Additional work will be undertaken once new Citizen Engagement Manager is in post in September 2018.	
		ii. Map Ageing Well Stakeholders and agree engagement methods	End Jul-18		ii. Stakeholders have been mapped as part of the Communications Strategy – as 6.1.	
		iii. Establish independent sector and voluntary sector reference arrangements.	End Sep-18			
6b) Enablers - IT						
6.3	Improving the capacity for information sharing across the health and social care interface should be prioritised, as this is currently a key barrier to integrated working.	i. Create an STP information sharing protocol	Dec-18	STP Digital Roadmap Board: Operational Lead: Ciaron Hoye	Dawn Baxendale, Chief Executive of Birmingham City Council, is now taking the lead on this for the STP.	
		ii. Review all STP Enabler action plans	Dec-18			
		iii. Progress work on single health and care record (Phase 1 under way and will be delivering all GP records from the region into acute and urgent care settings by Sep 2018. Phase 2 requirements being quantified in line provisionally with the Dec 2018 information sharing protocol).	Jun-20			
		iv. Design and implement a system-wide single patient consent model for sharing data (pending agreement from the STP/region for a patient based consent model, and clarification of national policy with regards to consent and national infrastructure)	Dec-19			
		v. Enable citizens to have access to their own data to support self-management and to remain well.	Dec-19			

CQC Local System Review Action Plan

Ref	CQC Area for Improvement	What action now needs to be taken?	Deadline	Who is leading?	Progress update	BRAG rating
6c) Enablers - Workforce						
6.4	Organisational development work needs to be undertaken to break down organisational barriers, strengthen relationships, improve communication and ensure there is a shared understanding among staff of their role in achieving the strategic vision at an operational level.	Develop a shared OD programme across the system to develop a collaborative culture and set of values and behaviours with a common purpose. To include:	Approach to be agreed by September 2018. Implementation from Sept 2018.	BSoL Ageing Well Portfolio Board: Paul Jennings/ Graeme Betts/ Andrew McKirgan	Communications around Ageing Well have been developed and briefings are taking place. A single team approach will be progressed through the Early Intervention workstream pilot at the Norman Power Centre from November 18.	
		i. Building and sharing stories and success.				
		ii. Single team approach.				
6.5	System leaders should develop a coherent workforce strategy for Birmingham.	i. Translate 5 year strategy into year by year action plans – produce Year 1 plan for city-level workforce requirements	Sep-18	STP Local Workforce Action Board: John Short - SRO	The need to develop more localised workforce planning around the Ageing Well programme has been identified.	
		ii. Undertake comprehensive workforce analysis of current/future needs in context of locality working	TBC			
		iii. Develop Birmingham workforce/careforce strategy in context of locality working	TBC			

	<u>Agenda Item: 9</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	4th September 2018
TITLE:	PLACE BASED DEVELOPMENT, INCLUDING WESTERN BIRMINGHAM
Organisation	NHS Birmingham and Solihull CCG
Presenting Officer	Paul Jennings , Chief Executive NHS Birmingham and Solihull CCG

Report Type:	For approval
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1. Purpose:
<p>The presentation will:</p> <ul style="list-style-type: none"> • Provide an overview of emerging NHS national policy and planning guidance • Provide an overview of placed based locality development across Birmingham • Report progress on Western Birmingham joint working arrangements • Consider recommendation and next steps.

2. Implications:		
BHWP Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/	

	meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	
	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		X
Joint Commissioning and Service Integration		X
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		X
Early Intervention		X
Prevention		X

3. Recommendations

To support a focused workshop on the alignment of Western Birmingham health and care outcomes.

4. Background

Following the creation of NHS Birmingham and Solihull CCG on 1 April, work has been ongoing to establish joint working relationships and processes with NHS Sandwell and West Birmingham CCG, to ensure that high-quality health services are consistently commissioned for patients in the whole of Birmingham, whilst also recognising the specific health needs of patients in Western Birmingham.

5. Future development
<ul style="list-style-type: none"> • The Western Birmingham 'place' approach needs development and alignment • The existing collaborative commissioning arrangements are already in place • Alignment on the principles of integrated health and social care are required • A committee has been established to coordinate strategic planning in Western Birmingham which needs strengthening • There is a need to align the health and care outcomes for Birmingham, which includes West Birmingham.

6. Compliance Issues
6.1 Strategy Implications
N/A
6.2 Governance & Delivery
N/A
6.3 Management Responsibility
N/A

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices
1. Presentation

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

Place Based Development, including Western Birmingham

Paul Jennings

Birmingham Health and Wellbeing Board

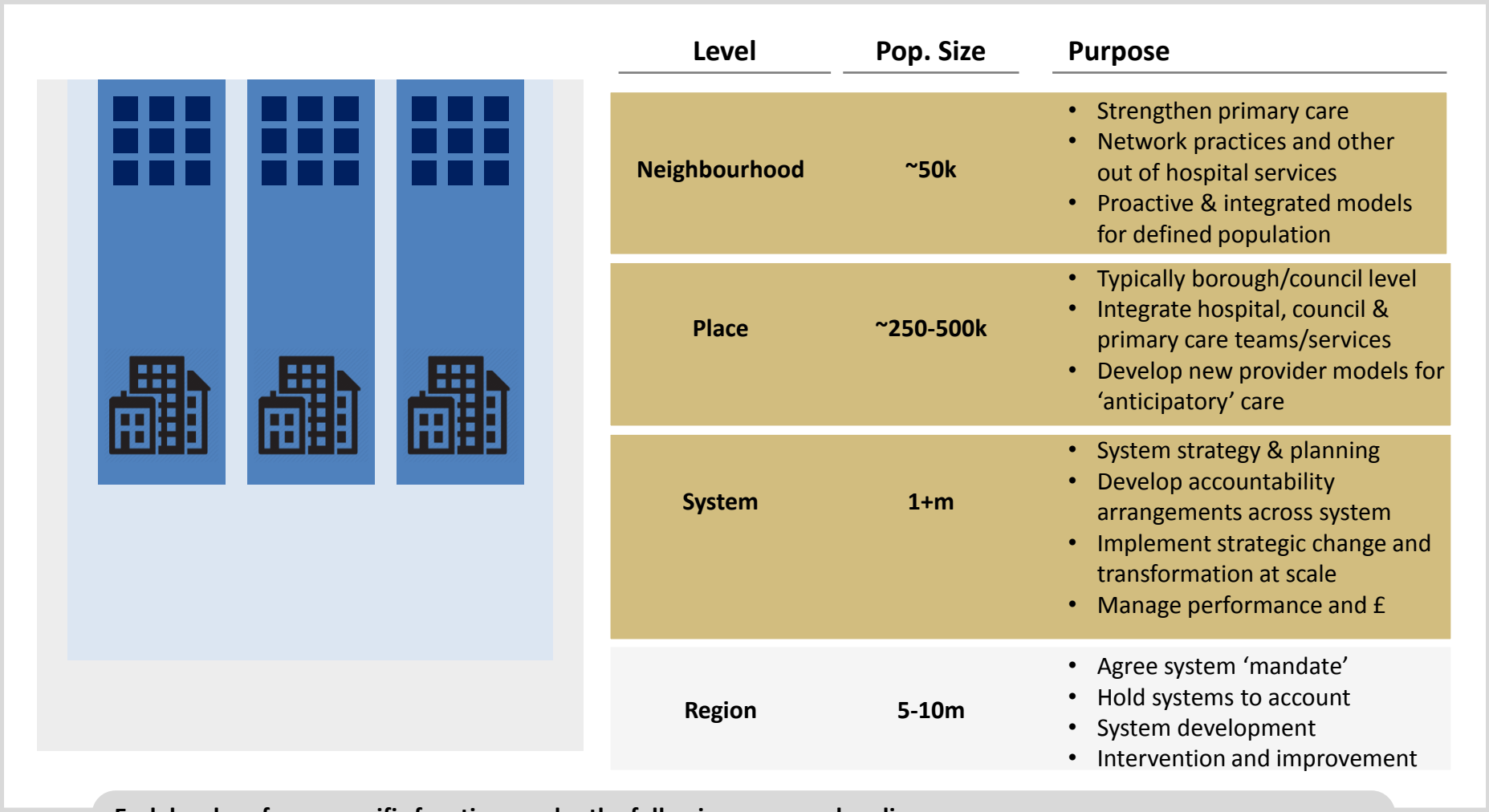
September 2018

Introduction

The presentation will:

- Provide an overview of emerging NHS national policy and planning guidance
- Provide an overview of placed based locality development across Birmingham
- Progress on Western Birmingham joint working arrangements
- Recommendation and next steps.

National: what is an integrated care system?



Each level performs specific functions under the following common headings

- Leadership and workforce
- Strategy and planning
- Population health management & care redesign
- Performance and improvement
- Managing collective resources

What should be done in places?

	Beginning	Maturing
Leadership & workforce	<ul style="list-style-type: none"> Partner with local government to develop a shared strategy for integration across health and social care Engage staff (NHS, social care and VCS) & local community Implement actions to retain shortage staff 	<ul style="list-style-type: none"> Clinicians leading service integration across providers Develop multidisciplinary workforce models Develop meaningful & continuous ways to involve staff and residents in decisions
Strategy and Planning	<ul style="list-style-type: none"> Provider trusts (acute, community and MH), primary care providers and local government are engaged in system-wide strategy and planning 	<ul style="list-style-type: none"> Develop place-specific plans that underpin system strategy and both aggregate and inform neighbourhood plans Providers (including primary care and networked care homes) and local government lead the development of these plans
Population health management and care redesign	<ul style="list-style-type: none"> Implement UEC priority actions including reducing DTOCs and length of stay, especially long waiters Use data (eg RightCare & GIRFT) to identify and tackle unwarranted variation Invest in targeted prevention programmes with Local Authorities Catalyse full coverage of GP networks at neighbourhood level 	<ul style="list-style-type: none"> Identify population segments with high utilisation or unmet need (population health analyses) Develop integrated services and teams (NHS and social care) to keep people out of hospital Network hospitals and mental health services to improve resilience and standardise care Design new provider collaborations, alliances, contracts or organisational forms to 'hard-wire' integrated teams/services
Performance and improvement	<ul style="list-style-type: none"> Improve delivery of constitutional standards Agree models of shared accountability for primary care networks 	<ul style="list-style-type: none"> Instigate clinically led quality improvement Hold networks/neighbourhoods to account Lead recovery of standards, without outside intervention
Managing collective resources	<ul style="list-style-type: none"> Manage within provider and commissioner control totals Deliver mental health investment standard 	<ul style="list-style-type: none"> Capable of taking on a delegated budget Collaborate across system & with other providers to improve efficiency Develop patient-level costing data

Birmingham developments

- Five localities, coterminous with parliamentary constituencies:
 - North- Single commissioner /STP
 - South- Single commissioner/STP
 - East- Single commissioner /STP
 - Central –Single commissioner/STP
 - Western –Two commissioners/Two STPs/JCC
- Place based work has commenced, through BSoI STP Ageing Well Programme
- Birmingham and Solihull STP partners working on foundations for integrated care system
- SWB CCG working on place based model and provider alliances to deliver improved outcomes across life course.

Western Birmingham

Current position:

- Joint Commissioning Committee in place between two CCGs
 - Shared independent leadership - NED sits at both Governing Bodies
 - Agreed clinical leadership
- Two CCGs and two STPs
- SWB CCG is now a full member of BSol STP (not an associate), as well as Black Country STP
- A single Better Care Fund for Birmingham
- Good joint commissioning arrangements around mental health and children
- There has been a different approach to development of system strategy and defining 'place' between the two CCGs to date
- There is strong commitment to agree and align with partners the strategic and operating model for citizens and partner organisations in Western Birmingham
- There should be one conversation with partner organisations and the public when developing the strategic plan for Western Birmingham.

Principles of joint working between two CCGs

The CCGs jointly agreed in 2017:

- Ensuring the best possible quality and care for the population and putting the patient first
- All decisions will be made jointly, will be clinically informed and the sovereignty of each organisation will be retained through clear governance processes
- Existing joint working arrangements will continue to be built upon and refined
- Arrangements will ensure system sustainability
- Arrangements will align commissioning – there is no intention to merge
- Arrangements will utilise existing skills and staff
- There will be no forced practice moves and no further moves of practices between the CCGs
- Recognition that the arrangements will evolve over time
- There will be no unintended consequences
- Understanding that boundary issues will occur with any configuration and this should not be prohibitive.

Alignment

- Many areas of alignment already exist
- An agreement that 'place' and neighbourhoods are defined by geography not provider
- Focus is on citizens
- There should be clear agreed communication for Western Birmingham
- The health and care model should be full life course delivering agreed outcomes
- That the underpinning organisational development of CCGs needs to support strategic commissioning and development of Integrated Care Systems
- Agree to reduce unwarranted variation.

Areas for further development

- Understanding the relationship between the two STPs strategic directions
- The health and care model for Western Birmingham ensuring alignment with BCF and STP programmes and strategies
- Joint Committee membership and work programme.

Summary

- The Western Birmingham 'place' approach needs development and alignment
- The existing collaborative commissioning arrangements are already in place i.e. MH, LD, Children and BCF
- Alignment on the principles of integrated health and social care are required
- A committee has been established to coordinate strategic planning in Western Birmingham which needs strengthening
- There is a need to align the health and care outcomes for Birmingham which includes West Birmingham.

Recommendations

The CCGs seek the support of Health and Wellbeing Board:

1. To support a focused workshop on the alignment of Western Birmingham health and care outcomes.

	<u>Agenda Item: 10a</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	4th September 2018
TITLE:	DONOR CITY PROGRAMME
Organisation	Birmingham City Council Public Health
Presenting Officer	Becky Pollard, Interim Director of Public Health

Report Type:	AOB - Information
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1. Purpose:
<p>This report seeks to brief the Health and Wellbeing Board on the proposal and implementation of the Donor City Programme in Birmingham from September 2018 to August 2020.</p>

2. Implications:		
BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	
	All children in permanent housing	
	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	
	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	
	Improving stable and independent accommodation for those learning disability	

	Improve the wellbeing of those with multiple complex needs	
	Improve air quality	
	Increased mental wellbeing in the workplace	
Joint Strategic Needs Assessment		
Joint Commissioning and Service Integration		
Maximising transfer of Public Health functions		
Financial		
Patient and Public Involvement		x
Early Intervention		
Prevention		

3. Recommendations

The recommendations for the Health and Wellbeing Board are :

- Raise awareness of organ donation in BAME Communities
- Support the organ donation strategy.
- Support the work of the steering group.

4. Background

The British Transplant Games promotes the benefits of transplantation, the desperate need for organ donors and to celebrate the many incredible achievements of transplant athletes.

The Games also embraces the Donor Family Network and Adult Live Donors, celebrating the many families who have enabled the “Gift of Life” to be fulfilled.

The City of Birmingham has shown its commitment to organ donation and transplantation as Host City for the Transplant Games 2018. Birmingham is also home to the largest transplant units in Europe. As a legacy of the Games, the City pledges to work with stakeholders to raise the position of Birmingham on the organ donor register.

The aim of this programme is; -

- To increase awareness of organ donation
- Increase the number of registrants living or working in Birmingham
- Improve Birmingham's ranking on the organ donor register.
- The focus of the City is to increase the number of members of the Black, Asian and other ethnic minority groups (BAME) joining the Organ Donor Register (ODR) over a two-year period.

In addition to raising awareness of organ donation, particularly amongst the BAME communities in Birmingham, the Games will inject £2m into the local economy and generate significant national media profile.

On Sunday 5th August, the Minister for Organ Donation Transplantation and Blood Jackie Doyle-Price, was at the Celebration Evening of the Games to make the Donor City Award.

5. Future development

To use the leadership, expertise and authority of Birmingham City Council to lead in the development and implementation of strategies that will reach the stated goals in collaboration with other leaders and businesses. Birmingham Public Health will support and co-ordinate the project.

The responsibility for the strategy will lie with the Cabinet Member for Health and Social Care who will set up and chair a steering group that will report to the Council on an annual basis and supervise the work of the executive group.

The steering group will include two representatives from the Council (excluding the chair), the University of Birmingham, Birmingham City Council, the Birmingham Chamber of Commerce and University Hospital Birmingham and the Children's Hospital Birmingham. Other organisation and people who have expressed an interest in joining the steering group will include businesses/organisations such as: Warwickshire County Cricket Club Community Foundation, Greater Birmingham Chambers of Commerce, Asian Business Forum, Donor Family Network, Transplant Sport, NBTA and will include representatives of the BAME communities.

The executive group will include representatives from City of Birmingham, NHS Blood and Transplant, Birmingham transplant health care professionals and selected others.

Approaches that will be explored by the Executive Group will include:

- Supporting NHSBT educational packs to promote organ donation in local schools amongst young people to encourage dialog and debate.
- Encouraging local businesses to promote organ donation to customers. Encouraging local businesses to encourage their employees to consider organ donation
- Use of Council resources to promote organ donation such as signage on collection bins “we recycle your waste, you can recycle your organs when you no longer need them”, promotion for organ donation on letter heads, envelopes; supporting organ donation in newsletters and websites.
- Support local faith leaders to promote organ donation
- Working with local community media channels to raise awareness of organ donation

Current Actions:

- Press release with the Daily Mirror
- Develop a two year project plan from September 2018-september 2020.
- Produce City’s Document of Intent
- Invitation to attend the opening ceremony and invitation to accept the award.

6.	Compliance Issues
6.1	<i>Strategy Implications</i>
	N/A
6.2	<i>Governance & Delivery</i>
	<p>There will be a strategy group that will meet twice a year which will oversee and support the work of the Executive Group.</p> <p>Sarah Kirby from BCC will be supporting with communication and issuing messages around the transplant games.</p> <p>Donor Programme Project Team; -</p> <p>Becky Pollard, Director of Public Health Becky.Pollard@birmingham.gov.uk</p>

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6.3 Management Responsibility

The responsibility for the strategy will lie with the Cabinet member for Health and Social Care who will set up and chair a steering group , that will report to the Council on an annual basis and supervise the work of the executive group.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
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Appendices

None

Signatures

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

Date:

Paper to Children's Directorate Leadership Team and Adult and Health Management Team – 22nd August 2018

Title: Birmingham Health and Wellbeing Board - Draft Children's Health Work Programme

Report author(s): Becky Pollard (Interim Director of Public Health) / Sarah Sinclair (Interim Assistant Director for Children and Young People)

Purpose of report

To get agreement for the proposed children and young people's health work programme for consideration and sign off at the next Health and Wellbeing Board meeting on 4th September 2018.

Summary

The Chair of the Health and Wellbeing Board, Councillor Hamilton has asked that children and young people's health issues are more regularly considered by the Board. This includes receiving regular updates on local and national children's health reports and policies, ensuring children and young people's issues are reflected in the Health and Wellbeing Strategy and oversight of children and young people's health and wellbeing commissioning intentions.

As a result, it was agreed to produce a list of children and young people's health related agenda items for the next six months in consultation with the Children's Trust and CYP/AHSC Directorates. A proposed programme is set out below:

Proposed draft work programme – agenda items

27 November 2017

- HWB Strategy update – ACEs (Dennis Wilkes)
- Children Safeguarding Annual Report (Chair of Safeguarding Board)
- SEND report (TBC)
- Future commissioning intentions - School Nursing Services (Becky Pollard)

29 January 2019

- Director of Public Health Annual Report – Health of under 5 years (Becky Pollard)
- Child Death Overview Panel Annual Report (Dennis Wilkes)

19 February

- Draft Childhood Obesity Strategy (Fiona Grant)
- Update on Early Years Health and Wellbeing Service (Sarah Sinclair/Becky Pollard)
- Update on the Early Years Health and Wellbeing Service (Becky Pollard/Sarah Sinclair)

Required action

For CYP's NLT and AHMT to discuss and agree a draft work programme for consideration by the Children's Trust prior to presentation to the Health and Wellbeing Board on 4th September for approval.

Appendix 1 - Proposed Children and Young's People Health and Wellbeing Board - work programme

27 November 2017

- DCS overview and educational outcomes (DCS)
- HWB Strategy update – ACEs (Dennis Wilkes)
- Children Safeguarding Annual Report (Chair of Safeguarding Board)
- CQC/OfSTED SEND inspection report and action plan (DCS/Sarah Sinclair)
- Future commissioning intentions - School Nursing Services (Becky Pollard)

29 January 2019

- Director of Public Health Annual Report – Health of under 5 years (Becky Pollard)
- Child Death Overview Panel Annual Report (Dennis Wilkes)
- CAMHS (TBC) and emotional health and well-being (Birmingham Education Partnership)

19 February

- Draft Childhood Obesity Strategy (Fiona Grant)
- Healthy schools (Services for Education and head teacher)
- Update on the Early Years Health and Wellbeing Service – overview of outcomes (Sarah Sinclair/Becky Pollard)
- Children living in temporary accommodation
- JSNA for children
- Resilience, respect and prevent (Razia Butt)
- Voice and influence of children and young people in Birmingham

