BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 29 JANUARY 2019 AT 15:00 HOURS
IN SEMINAR ROOM, BSMHFT, UNIT 1, B1, 50 SUMMER HILL ROAD, LADYWOOD, BIRMINGHAM, B1 3RB, [VENUE ADDRESS]

A G E N D A

1 **APOLOGIES**

To receive any 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.

3 - 10

3 **MINUTES AND MATTERS ARISING**

To confirm the Minutes of the last meeting.

4 **CHAIR'S UPDATE (1505 - 1515)**

To receive an oral update

11 - 18

5 **INCREASING EMPLOYMENT/MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT (1515 - 1535)**

Joanne Carney, Associate Director, Joint Commissioning, Mental Health Joint Commissioning Team, Children's and Maternity Team will present the item

19 - 26

6 **THRIVE UPDATE (1535 - 1555)**

Sean Russell, Director of Implementation for Mental Health, Wellbeing and Radical Prevention will present the item

27 - 40

7 **BIRMINGHAM OLDER PEOPLES PROGRAMME - PROGRESS UPDATE AND PLANNED ACTIVITY (1555 - 1625)**

Mark Lobban Programme Director - Delayed Transfer, Adults Social Care &

Health will present the item

8 **PLACE BASED DEVELOPMENT : INCLUDING WESTERN BIRMINGHAM (1625 - 1640)**

Andy Williams, Accountable Officer, Sandwell and West Birmingham will present the item

9 **SUSTAINABLE TRANSFORMATIONAL PLAN UPDATE (1640 - 1650)**

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG will present the item

10 **CARE QUALITY COMMISSION (1650 - 1655)**

Professor Graeme Betts, Corporate Director of Adult Social Care and Health Directorate will present the item

41 - 52

11 **BIRMINGHAM CITY HEALTH & WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY : WAYS OF WORKING AGREEMENT (1655 - 1700)**

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

53 - 62

12 **MEMORANDUM OF UNDERSTANDING (MOU)BETWEEN BIRMINGHAM CITY COUNCIL AND PUNE MUNICIPAL CORPORATION (INDIA) FOR A SMART CITY PARTNERSHIP ON FOOD**

Ralph Smith, Service Manager - Intelligence, Adults Social Care & Health will present for information

13 **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.

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

To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 19 February 2019, at 1500 hours, in Committee Rooms 3&4, Council House, Victoria Square, Birmingham, B1 1BB.

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 18 DECEMBER 2018

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON TUESDAY 18 DECEMBER 2018 AT 1500 HOURS AT SIFA FIRESIDE, 48 – 52 ALLCOCK STREET, BIRMINGHAM, B94DY

PRESENT: - Dr Peter Ingham in the Chair; Councillor Paulette Hamilton (part), Councillor Matt Bennett, Councillor Kate Booth (part), Andy Cave, Andy Couldrick, Professor Nick Harding, Paul Jennings, Dr Robin Miller, Becky Pollard, Antonina Robinson, MBE, Sarah Sinclair, Carly Jones and Stephen Raybould.

ALSO PRESENT:-

Karin Clifford, Department or Work and Pensions
Micky Griffiths, Birmingham Community Healthcare NHS Foundation Trust
Susan Lowe, Service Manager, Intelligence, Adults Social Care and Health
Michael Walsh as substitute for Professor Graeme Betts

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DECLARATIONS OF INTERESTS

313 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.

The Chair then invited the Board members who were present to introduce themselves.

APOLOGIES

314 Apologies for absence were submitted on behalf of Professor Graeme Betts, (but Michael Walsh as substitute), Charlotte Bailey and Chief Superintendent Danny Long.

Apology for lateness was submitted on behalf of Councillor Paulette Hamilton, Chair for the Birmingham Health and Wellbeing Board.

DR PETER INGRAM, HEALTH AND WELLBEING BOARD VICE-CHAIR CHAIRED THE MEETING

MINUTES AND MATTERS ARISING

315 The Minutes of the Board meeting held on 27 November 2018 were confirmed and signed by the Chair.

A BRIEF GUIDE TO THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

316 Susan Lowe, Public Health Knowledge Impact and Outcomes Lead, Adult Social Care and Health delivered a presentation on the Brief Guide to the JSNA.

(See document No. 1)

Following the CQC inspection review it was highlighted that the JSNA was not fit for purpose and that "*There was not an up-to-date, coherent, shared view of the needs of Birmingham's population. Although there was a Joint Strategic Needs Assessment (JSNA), it was not clear how the priorities identified were being used to inform future commissioning intentions.*"

The JSNA was the responsibility of the HWB and they should decide on the process and outputs for their local JSNA. Dr Robin Miller asked what the relationship was between JSNA and the STP.

In response to the question, Paul Jennings commented that the JSNA was part of the same tapestry, a whole system approach. For this to happen, they were working with Public Health to ensure a joined-up approach. The only challenge was getting the JSNA broad enough to link into other areas. Paul suggested using universities to obtain data to support the JSNA evidence and to use it effectively.

JSNA STRATEGIC GROUP UPDATE

The following report was submitted:-

(See document No. 2)

Becky Pollard, Interim Director of Public Health informed the members that the Joint Strategic Needs Assessment (JSNA) Steering group had been set up and the first meeting took place in November 2018. It was about having place-based focus, opposed to city-based focus. We need more engagement with partners to support the JSNA.

The JSNA themes were further split to reflect the HWB, STP and BCC priority areas:

1. Starting well - maternity, children and young people
2. Living well - working age adults

3. Ageing well - older people
4. Local priorities - Health and Wellbeing Board and STP

There was a discussion around the scope of the JSNA. It mentioned providing interventions on getting people work enabled. For instance, 80% of people in Yardley constituency were not digitally competent. The job centres were not listed in the JSNA as an asset, but they should as they were a huge community asset and need to be factored in.

In addition, it would be useful if the JSNA Steering group had representatives to drive the narrative of the city and that that JSNA needed to address how present health and environment affects childhood health and wellbeing.

It was highlighted that Dementia as a cause of death was very prevalent as 50% of people will die by dementia. We need to have a life span approach to ensure we were covering all areas of life.

The point was raised about what pressure was needed to put on Housing providers for this to work particularly regarding affordable social housing and how they affect the health and wellbeing of individuals, and whether it's affordable as it's not just a dwelling.

317 **RESOLVED:-**

That the Birmingham Health and Wellbeing Board: -

I. Noted the progress in improving the JSNA.
II. Endorsed the JSNA Strategic Group membership and approach

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2019 WORK PLAN FOR JOINT STRATEGIC NEEDS ASSESSMENT WORKING GROUPS (GROUP) DISCUSSION

318 Becky Pollard, Interim Director of Public Health highlighted that everyone had their own idea what the JSNA was about but the best thing to do was for members to go away and scope what their priorities were and report back to the Board.

Action: What are the priorities you see for the JSNA? Members are asked to send thoughts about priorities for JSNA to Becky Pollard which she will bring back to the board for agreement in February.

Dr Robin Miller asked who else will be involved in the engagement exercise plan and what this will look like. In response to this question, Becky mentioned that they will use an annual scan of Frameworks and focus on them to create an action plan.

Action: Becky offered to do a presentation to organisations on the current JSNA structure.

Action: A request for the JSNA engagement plan was made by Dr Miller.

HEALTH AND WELLBEING BOARD NEW PRIORITIES 'OUR NEW APPROACH'

319 Becky Pollard, Interim Director of Public Health gave a verbal update and highlighted that there are formal notes from the last development day; these will be circulated.

The Board had the first development session on 2nd October and then a follow-up session on the 27th November to discuss the priority areas for the Board. It was agreed that the two overarching priority areas should be The Childhood Obesity Agenda and Health Inequalities. We need to address the issues and opportunities for joint funding and we need to develop a specific framework with KPIs and targets to measure progress.

Action: Report on priorities at February meeting and discuss next steps.

Considerations need to be given to how the Boards get traction. What are people going to do that will make a difference? This has not yet been discussed.

CHILDHOOD OBESITY WORKSHOP - UPDATE

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave an overview of the Childhood Obesity Work Stream.

(See document No. 3)

A discussion followed around establishing formal plans to connect with schools as there is a need to be something permanent as Childhood Obesity is now a priority for the Health and Wellbeing Board. (References were made to the slides.)

It was suggested that it might be useful for the Board to review the Hot Food takeaway toolkit to determine how effective it was in its current form. The Board need to look at how we can effectively manage Children's Health outcome within school hours.

Becky Pollard mentioned that Public Health had applied for funding from the Child Obesity Trail Blazer programme. The additional funding will help to provide resource to allow us to support different parts of the programme.

Paul highlighted the recommendations for the Board and the next steps in relation to the Childhood Obesity Work Stream (slides 23-26).

320 **RESOLVED:-**

That the Birmingham Health and Wellbeing Board: -

I. Noted the progress of the task and finish group in the exploration of a multi partnership system approach to tackling and reducing child obesity; and
II. Support the continuation of the task and finish group to develop the system and place-based plan and for that to come back to a future

Health and Wellbeing Board and City Board with a proposal for future governance oversight.

CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW ACTION PLAN – UPDATE

The following report was submitted:-

(See document No. 4)

Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health presented a verbal CQC update on the areas for improvement on the Action Plan that was developed in January 2018.

There are two items to report: the CQC are making progress on the Action Plan; and the CQC are doing a light touch follow-up in the form of interviews to check in with key system leaders. This is scheduled for the 10th January 2019, to establish how the system is progressing.

On the Action Plan there were 57 lines:

- 29 were Green
- 26 were Amber
- 2 were Red

The lines that were red were actions to:

- Create an STP information sharing protocol
- Review all STP Enabler action plans

Members asked if there was anything the Board can do to provide support on the process at this stage.

321 **RESOLVED:-**

The Health and Wellbeing Board noted the progress made against the CQC Local System Review Action Plan and noted that CQC will be undertaking a series of interviews with system leaders to assess the improvement made since the local system review was undertaken at the beginning of this year.

BETTER CARE FUND QUARTER 2 RETURN

The following report was submitted:-

(See document No. 4)

` Mike Walsh, Service Lead - Commissioning, Adult Social Care and Health presented the report and advised that there were four key BCF metrics and assessments:

- **Metric**: **NEA** (Reduction in non-elective admissions)
- **Assessment of progress:** not on track to meet target.

• **Metric: Residential admissions** - Rate of permanent admissions to residential care per 100,000 population (65+)
• **Assessment of progress**: On track to meet target.

• **Metric: Reablement -** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into renablement/rehabilitation services
• **Assessment of progress: Data not available to assess progress**

• **Metric**: **DToC** - Delayed Transfers of Care (delayed days)
• **Assessment of Progress**: Not on track to meet target.

The discussion following the verbal update was based on the metrics that were not on target and how and when these targets will be met. The response to this question was 12 months.

A follow-up discussion about concerns on what may happen if the Plan did not deliver and input from the Board to provide support to ensure these targets were met. A system needs to be in place for Brexit and a workforce to ensure system partners are also involved in this process.

The risks relating to targets not being delivered were not mentioned within the report and have led to a discussion by Members around the statutory requirements of the Health and Wellbeing Board regarding the Improvement Better Care Fund (IBCF) and Better Care Fund (BCF).

Action: The Board requested an external facing document that provides a detailed overview of the IBCF & BCF and information on the funds are being invested.

Action: The Board need to be notified of the risks within the programme for the recommendations.

Action: The Board requested recommendations in relation to IBCF & BCF programme.

Action: The Board requested to get an overview of the barriers in relation to DToC.

322 **RESOLVED:-**

The Health and Wellbeing Board: -
i. Noted the contents of the report; and
ii. Approved the Quarter 2 Return as submitted to NHSE

SUSTAINABILITY AND TRANSFORMATION PLAN – UPDATE

323 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG gave the following verbal update: -

• STP conference was on 5th December 2018. There were 150 delegates who were involved within the work groups. A report is being drafted and will go to the STP in January 2019.

• There are plans on citizen engagement and communication and the STP networks will be utilised to communicate messages. These will be worked-up in terms of outcomes.

• Children, Maternity, Adolescents, Later Life and Adulthood and Work: Available in February 2019 ready for April 2019 as these are the priorities

• The Website is up and running and the Minutes will be posted there.

• Long term plan: expected in January 2019. The Five Year Plan is expected in July 2019.

• An Evidence Review has been commissioned from a University on what we intend doing and how it will be implemented. This will be ready in March 2019.

Discussion followed around the key messages that were feedback from the work groups. The Maternity Children's group feedback is that they were pleased to be heard and included.

It was highlighted that ensuring we are listening to the young people during consultation and engagement is also essential in gaining valuable insight into population needs.

Action: The Long-term Plan should be bought to the HWBB for discussion when published.

Action: Paul Jennings to feedback to the Health and Wellbeing Board a summary of the Long-term Plan and provide an overview on the implication for Birmingham.

AOB

324 Carly Jones from SIFA Fireside provided an update on Health & Homelessness covering the points below:

• The need for an integrated front-end health and social care response for people that was homeless or rough-sleeping.

• This may include alignment of health, mental health, public health and social care resources to the current recommissioning models being co-designed by the Adult Social Care and Health Directorate. It will be part of their Prevention First commissioning for Vulnerable Adults which includes housing support, homelessness prevention, rough sleeper initiatives, and Housing First.

Closing statement from Councillor Paulette Hamilton who wished all a very Happy Christmas.

DATE OF NEXT BIRMINGHAM HEALTH AND WELLBEING BOARD MEETING

325 It was noted that the next Birmingham Health and Wellbeing Board meeting will be held on 29 January 2019 at 1500 hours, at BSMHFT, Unit 1, B1, 50 Summer Hill Road, Ladywood, Birmingham, B1 3RB.

The meeting ended at 1700 hours.

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CHAIRPERSON

Birmingham Health and Wellbeing Board

	Agenda Item: 5
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**29th January 2019**
TITLE:	**INCREASING EMPLOYMENT/ MEANINGFUL ACTIVITY MENTAL HEALTH RECOVERY AND EMPLOYMENT**
Organisation	**BSol CCG**
Presenting Officer	**Joanne Carney**

Report Type:	**Update**

1. Purpose:
The purpose of this report is to provide a further update on the IPS (Individual placement Support) element of the Mental Health Recovery and Employment Service (MHRE) and to seek future support from the board

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 and 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**
3.1	A paper was presented to the board in September 2018, which provided an update on the Mental Health Recovery and Employment Service (MHRE), which provides Individual Placement and Support (IPS) for individuals aged over 18 who have a mental illness or recognised mental health issue. Following that meeting the board requested a further update on the service and also to highlight any support required from the board
3.2	An outline of the support that would be welcomed from the board is highlighted below:
3.2.1	Health and Wellbeing Board (HWB) members become champions of Mental Health Employment and demonstrate corporate commitment by actively promoting and supporting employment opportunities for people with SMI within their organisations through the IPS programme.
3.2.2	To ensure that IPS remains a priority for the HWB, the programme will provide updates twice a year.
3.2.3	HWB DWP representative commits to working with local provider to ensure

the early identification of individuals who meet the criteria for IPS support (through job centre plus pathways).

3.2.4 To endorse the development of IPS provision a member of the HWB to attend the IPS Employers forum. This group meets on a quarterly basis.

3.2.5 HWB members work with their respective communication teams to activity promote and support IPS. Members of the Board to raise awareness of MHRE by promoting the service on corporate websites and through social media.

4. Background

4.1 The Mental Health Recovery and Employment service offers an integrated method 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 an evidence based approach to employment support in line with the requirement of the 5 Year Forward View, which states that all CCG's must commission Individual Placement Support services to support people into employment by 2020/21

4.2 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 local community mental health services within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) and Forward Thinking Birmingham (FTB) hubs.

4.3 The service is commissioned by the JCT and began operating in April 2018. MHRE has been commissioned on a consortium basis. Better Pathways are 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.

4.4 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 as soon as possible 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.

4.5 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

5.1 The service has now been operational since April 2018. Activity data shows the number of job starts and the number of individuals gaining sustainable employment 13 weeks and above, that have been achieved to date.

5.2 The latest figures up to the end of November 2018 show that 58 individuals have started work since the service began with 20 of those in sustainable employment (13 weeks or above).

5.3 An application was made to NHS England Wave 2 IPS Funding on 8th December and is currently under consideration. It is our intention to use the funding to extend the Better Pathways service (currently provided in Birmingham) to Solihull, Embed IPS staff with EIP teams and expand the scope of the service. This will ensure that we not only provide and equitable service across Birmingham and Solihull STP, but also improve employment outcomes for individuals on the SMI register.

5.4 The intention is to reach more people through different referral sources:

- Through primary care network, by seeking GP referrals for people on the SMI Register.
- Working with existing networks, contacts, and colleagues within Job Centre Plus to receive referrals from the ESA Customer Group, who meet the eligibility criteria
- Through Work and Health Programme - hubs are emerging and we will be looking to have a presence on a regular basis to source more eligible cross referrals to IPS. As these referrals emerge we will be cross checking with our secondary care colleagues to ensure that eligibility criteria and IPS Fidelity is met for each referral.

6. Compliance Issues

6.1 Strategy Implications

KPI's attached to the existing 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).

If the funding bid is successful, the expansion of IPS provision would ensure an additional 1120 people will receive support from IPS services across Birmingham and Solihull over the 2-year period (2019/20 and 2020/21), resulting in 381 people with SMI gaining sustainable employment of 13 weeks.

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	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	Possible	Low	Information clarifying the referral process to be sent to GP practices

delay in individuals accessing the service. 3, There has been an increase in referrals from Forward thinking Birmingham (FTB-under 25yrs), which could create a future surplus of referrals beyond the current targets.	Possible	Low	Further funding has been sought from NHSE to expand staffing levels.

Appendices
None

Birmingham Health and Wellbeing Board

	Agenda Item: 6
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**29 January 2019**
TITLE:	**THRIVE UPDATE**
Organisation	**WEST MIDLANDS COMBINED AUTHORITY**
Presenting Officer	**Sean Russell, Director of Implementation for Mental Health, Wellbeing and Radical Prevention**

Report Type:	**Information**

1.	**Purpose:**
	The purpose of this report is to update the Board on the progress in implementing the commitments made through Thrive

2.	**Recommendations**
2.1	Note the update on the implementation of Thrive attached as **Appendix 1.**

3.	**Background**
4.1	Thrive was launched in January 2017 following the Mental Health Commission report and contributes to the WMCA ambition to improve the health and productivity of the region. A number of programmes have been established to deliver the commitments made by the WMCA and partners including Thrive into Work, Thrive at Work, mental health training and awareness and programmes to improve access to relevant mental health services for those in the justice system to improve wellbeing and reduce reoffending.

	Appendices
1.	Thrive Update

WMCA Wellbeing Board

Date	29 January 2019
Report title	Thrive Update
Portfolio Lead	Cllr Izzy Seccombe
Accountable Chief Executive	Sarah Norman – Chief Executive Dudley Council Email sarah.norman@dudley.gov.uk Tel:- (01384) 815201
Accountable Employee	Sean Russell Email s.russell@west-midlands.pnn.police.uk Tel: 07818276259
Report has been considered by	

1.0 Recommendation(s) for action or decision:

1.1 The WMCA Board is recommended to:

- Note the update on the implementation of Thrive

2.0 Purpose

2.1 The purpose of this report is to update the Board on the progress in implementing the commitments in made through Thrive.

3.0 Background

3.1 Thrive was launched in January 2017 following the Mental Health Commission report and contributes to the WMCA ambition to improve the health and productivity of the region. A number of programmes have been established to deliver the commitments made by the WMCA and partners including Thrive into Work, Thrive at Work, mental health training and awareness and programmes to improve access to relevant mental health services for those in the justice system to improve wellbeing and reduce reoffending.

4.0 Employment and Employer - Thrive into Work – Individual Placement Support (IPS) Trial.

4.1 The Thrive into Work IPS Health Led Trial became operational in June 2018 and is now approaching Month eight of the delivery period. The Health Led Trial aims to create evidence as to whether offering intensive employment support in a Primary Care Based setting supports people with a LTC or disability into meaningful employment.

4.2 Despite challenging referral targets the referral rate at the end of November stood at 75 % on target (1,822) and 86 people have secured meaningful employment.

4.3 Although the KPI requirements detailed above are in line with contractual reporting, a significant amount of effort is required in order to achieve these outcomes. For example in Sandwell providers have supported 44 people to attend 104 interviews and 78 people to produce 814 Job applications.

4.4 In November 2018 the WMCA were awarded a further £1.825m to extend the Trial period beyond 31st March 2019 to 31st October 2019. This takes the Government investment into the Thrive into Work Programme to £10.2m.

4.5 The Central Programme Team based within the WMCA, providers and participating CCGs have developed a prioritisation plan moving forward into 2019. This will see significant targeting of areas of most need and concentrated efforts to engage associated GP Practices.

4.6 Significant ongoing work continues to take place to ensure that referrals flow into the programme. Specific attention is being given to Primary Care referral sources within GP Practice and Community Health Services such as IAPT and Rehabilitation Services. Unfortunately only 9 referrals have been as a result of a direct GP referral.

4.7 Early indications are that despite significant attempts to put in place measures to support GP Practices to refer (such as systems, resources, finance and time) a significant culture shift is still required. Acknowledgment of the importance or work in improving health outcomes and the part that General Practice has to play to realise this has proved one of the largest risks and challenges to the success of the trial.

4.8 On 7th March 2019 there will be a celebration event of the work that has taken place so far. Case studies will be presented by individuals who have benefitted from the Trial and presentation of awards for clinical teams that have supported the Programme. In attendance will be the Minister for Health and Social Care and the Minister for the Department of Work and Pensions.

5.0 Thive at Work

5.1 Employment and Employer - Fiscal incentive – This is the trial of a model to test the tipping point at which an employer would initiate wellbeing programmes into the workforce. It seeks to work with 148 small and medium enterprises (SMEs) across the WMCA footprint and works on the premises of a Randomised Control Trial. The programme will focus on key enablers in the company as well as developing wellbeing across mental health, musculoskeletal and lifestyles linking it to the wider WMCA wellbeing and physical activity strategies. The pilot is due to run until December 2019 with reporting to be complete by March 2020 to support wider discussion around roll out and policy change with Government Departments in 2020.

5.2 The programme will be formally evaluated by our academic partners- RAND Europe, Warwick Medical School and Warwick Business School.

5.3 £1.4m in funding has been successfully bid from the Work and Health Unit Innovation Fund with quarterly payments that started in April 2018. A Grant Agreement has been signed between WHU and WMCA, and a back-to-back agreement with the evaluation partners has been finalised and is in the process of being executed by all parties via deed.

5.4.1 WMCA have successfully recruited above the required number of SMEs onto the trial. The recruited business represent a wide range of business sectors across the WMCA footprint which will support generalisability and scalability of findings. There has been some drop-out of businesses from the trial due to barriers facing them as an organisation, however we continue to have sufficient power and a well-designed trial that serves the objectives of doing the research and will report and analyse appropriately and transparently.

5.4.2 A significant amount of learning about the behaviour of SMEs from both those that stay in the trial and those that drop-out will be gained from the trial.

5.5 The timeline for delivery did shift due to building the effective research programme and team and putting robust legal agreements in place however we have recovered four weeks of this delay by expediting the research process.

5.6 All organisations have been started on the programme as of 8th October and the formal evaluation started on at the end of October and is ongoing.

6.0 Employment and Employer- Wellbeing Charter

6.1 Following the cessation of the Work Place Wellbeing Charter the West Midlands Combined Authority have worked with multiple partners and experts to create a new Thrive at Work programme. This programme builds on the existing evidence base and creates a model for improving wellbeing in work place.

6.2 The development broadens the focus of the wellbeing agenda to create a set of enablers within an organisation, developing a social value contract within the organisation. The programme focuses on mental health, muscular skeletal health, improving physical activity and a number other risk factors including poor diet, smoking and poor financial health. The Thrive at Work Programme is available to view here: https://www.wmca.org.uk/media/2565/thrive-at-work-commitment-framework.pdf

6.3 The approach creates a formal offer for businesses to improve the health and wellbeing of their employees. There is a free online supporting toolkit available to guide organisations to reputable local and national resources, policies and services to help them put the commitment into practice. Organisations can upload evidence towards accreditation through their personalised online dashboard. All organisations that achieve bronze level or higher on the commitment will receive Thrive at Work accreditation and awards. We anticipate organisations will be ready for accreditation in 12 months' time.

6.4 In addition to the 121 businesses that are continuing on the trial and programme another 70 have signed up for just the programme, with a range from 2 employees to over 20,500

employees per organisation. Businesses from across a range of sectors are registered including universities, hospitals, local authorities, construction, manufacturing, charities, schools etc. Nearly 70,000 employees have the potential to be positively impacted through the businesses that are signed up to the programme.

7.0 Mental Health and Justice

7.1 The first phase of the Mental Health Treatment Requirement testbed pilot in Birmingham was completed at the end of October and a total of 28 orders were made for offenders with primary level mental health needs. The treatment for these orders will continue until March 2019. In addition to the monitoring of the number of MHTR orders service user feedback is being sought to inform phase 2 of the pilot.

7.2 Funding for the second phase of the testbed pilot has been confirmed by NHS England to continue the assessment for MHTR orders for 2019/20. The commissioning of this service will build on the learning from phase 1 of the pilot to ensure that there are appropriate links with the processes for Drug Rehabilitation Requirements and Alcohol Treatment Requirement and clinical governance arrangements for secondary mental health care. Plans continue to extend the MHTR to other areas in the West Midlands.

7.3 Thrive also made commitments to prioritise the mental health needs of offenders in prison before and after release. Working with the NHS England West Midlands Health and Justice service it has been recognised that there is an opportuninty to provide targetted support for people on short term sentences (12 weeks or less). A Prison Liaison Pilot has been established at HMP Birmingham for prisoners that have been identified by the Birmingham Liaison and Diversion service with a vulnerability, including mental health issues. Discussions are taking place to look at extending this pilot to serve offenders from another area in the West Midlands.

8.0 Mental Health Awareness

8.1 Work continues to promote Mental Health First Aid Training (MHFA) to deliver the training for 500,000 people over 10 years. In total 18,251 people in the West Midlands have been trained on MHTR courses, with 12,013 people being trained since January 2017. The MHFA offer includes working with seconday schools across the West Midlands. By mid December 2018 twenty six percent of schools had completed the training.

8.3 The ‘This is me’ campaign will be launched in the West Midlands on the 21st January 2019, which aims to reduce mental health stigma and dispel the myths around mental health in the workplace. ‘This is Me’ helps employers to build understanding and awareness in their organisations by providing a platform for employees to share their mental health stories with others. WMCA aims to get 50 organisations signed up to the ‘This is Me’ campaign in the first year following the launch.

8.4 The Mental Health Commission Star Awards will be held on the 31st January 2019 to celebrate the mental health care and support provided across the West Midlands by individuals and organisations.

9.0 Wider Wellbeing arenas for WMCA moving forward

9.1 The WMCA Wellbeing board has agreed further work to create strategic alignment of core wellbeing agendas at local and regional level. Childhood Obesity, Adverse Childhood Experiences, Health inequalities and creation of a radical prevention offer have been identified as key issues for development

9.2 Childhood Obesity is a national challenge with a strategic policy position requiring a reduction in childhood obesity by 50% by 2030. Work is being undertaken with BSOL STP and the wider region to understand the opportunities in this space. A plan is being taken to the WMCA wellbeing board in March 2019 that will direct activity moving forward at a regional level in line with the Government plan.

9.3 Dr Andrew Coward has been leading a review in Birmingham of the evidence and understanding of the Adverse Childhood Experience (ACE) awareness across stakeholders. A conference was held in late October 2018 which brought together a 120 participants who created a shared vision to seek a childhood adversity focus for Birmingham. A steering group has been established to build a proposal that can be shared with the relevant bodies and is seeking to identify good practice and a 'what next' approach.

9.4 Two ACE pilots will be commenced to understand what works; one based in education and one based within a GP surgery. The programs will seek to develop a trauma informed approach within two identified Birmingham localities and create new evidence which it is hoped can be scaled up. It is expected that both programs of work will be governed through the steering group and feed into the existing work of the Birmingham Wellbeing Board.

9.5 An approach to embed the principles of reducing health inequalities is being developed within the WMCA with expert support from Public Health England. A number of seconded posts have been created to develop a population health hub which will seek to work with Local Authorities strategically across the region. To start the programme will focus on developing intelligence product such as characterising population cohorts with the Inclusive Growth corridors and determine achievable targets for the obesity strategy.

10.0 Financial Implications

10.1 The 18/19 budget allocated for mental health is £435,000. This consists of £304,300 for resources, £130,700 for project delivery expenditure, commission and citizen jury expenses.

10.2 Further grant funding secured to date includes funding for the IPS programme which has been allocated £8.355m of funding from the Work and Health Unit over 3 years and £80k from the Police and Crime Commissioner for the Criminal Justice - Engager Programme.

10.3 £1.382m has also been secured from the Work and Health Unit of the Department for Work and Pensions in respect of the Fiscal Incentive Programme.

11.0 Legal Implications

11.1 There are no further legal implications flowing from the contents of this update report.

12.0 Equalities Implications

12.1 All the Thrive programmes focus on adults aged 18 years and over and seek to address vulnerability to improve equality of access and outcomes for individuals. Equality Impact Assessments will need to be conducted for the new phases of "Thrive into Work" and "Mental Health and Justice" to ensure all key inclusion and equality considerations are embedded within the programmes. Monitoring of participants by age, ethnicity, disability and gender will need to also be established for the next phase of the programmes.

13.0 Geographical Area of Report's Implications

13.1 The geography of the Thrive at Work programme has extended to include the areas covered by the wider non-constituent members of the WMCA. The MHTR test bed focuses on offenders within the Birmingham area and will look to extend this pilot to other areas with the WMCA.

14.0 Other Implications

14.1 None

15. Schedule of Background Papers

15.1 None

Birmingham Health and Wellbeing Board

	Agenda Item: 7
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**29th January 2019**
TITLE:	**BIRMINGHAM OLDER PEOPLE'S PROGRAMME - PROGRESS UPDATE & PLANNED ACTIVITY**
Organisation	**Birmingham City Council**
Presenting Officer	**Graeme Betts, Corporate Director of Adult Social Care & Health**

Report Type:	**Information and Endorsement**

1. Purpose:
To provide the Health and Wellbeing Board with an update on progress and planned activity for each work-stream of the Birmingham Older People's Programme and to adopt the recommendations of this report to provide oversight, support and challenge and to champion the programme within the system.

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)	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	x
	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**
3.1	The Health and Well-being Board has a crucial role in ensuring delivery of programme. In particular the Board is asked to: • Maintain oversight of the programme • Provide support and challenge to programme leads to ensure that work-streams are joined up and delivering against the integrated vision and a model of care which places the citizen at the centre • Act as champions for the programme within the Health and Social Care system in Birmingham to ensure that all partners maintain a focus and commitment to delivering at pace.
3.2	Specifically, at the current time, the Board is requested to note the work that is being progressed through the Ongoing Personalised Support work-stream to define and agree a model and spatial delivery arrangements for providing integrated care and support to citizens with ongoing care needs. The Board is asked to support this approach to place-based care.

4.	Background
	The Birmingham Health and Wellbeing Board on 27th March 2018 supported a Framework for how health and social care can be delivered at a locality level through a place based approach. The Framework breaks our approach down into three interrelated themes which cover the whole range of support provided for older people and their carers: Prevention; Early Intervention; and Ongoing Personalised support. This report provides an update against these themes.

5.	Future development
	See **Appendix 1** for the details of planned activity on each of the 3 workstreams that constitute the Older People's Programme.

6.	Compliance Issues
6.1	***Strategy Implications***
	The report details progress against implementing the vision of the Birmingham Older People Programme.
6.2	***Governance & Delivery***
	Governance for the programme is through the Birmingham Older People Programme Board. This board is accountable to both the Health and Well-being Board and the Birmingham and Solihull STP Board – specifically through the Ageing Better and Later Life Portfolio.
6.3	***Management Responsibility***
	Graeme Betts, Corporate Director for Adult Social Care and Health is the Senior Responsible Officer for the Birmingham system for the Birmingham Older People Programme.

6.	Risk Analysis
	A programme level risk register has not currently been developed.

Appendices	
1.	Birmingham Older Peoples Programme - Progress Update & Planned Activity

Birmingham Older Peoples Programme - Progress Update & Planned Activity

1. Purpose

To provide the Health and Wellbeing Board with an update on progress and planned activity for each workstream of the Birmingham Older Peoples Programme.

2. Background

The Birmingham Health and Wellbeing Board on 27th March 2018 supported a Framework for how health and social care can be delivered at a locality level through a place based approach. The Framework breaks our approach down into three interrelated themes which cover the whole range of support provided for older people and their carers: Prevention; Early Intervention; and Ongoing Personalised support.

2.1 Prevention

A universal wellbeing offer enabling older people to manage their own health & wellbeing, based in local communities and utilising local resources. It will address the issues that lead to older people entering into formal health & care systems, such as social isolation, falls and carer breakdown. Access to good quality information & advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they need in order to maintain living fulfilled lives.

2.2 Early Intervention

A range of targeted interventions to promote faster recovery from illness or injury, prevent unnecessary hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. We will respond quickly, minimise delays and not make decisions about long term care in a hospital setting.

2.3 Ongoing Personalised Support

Some older people will need ongoing support to remain living in their own homes and communities. These services aim to maintain individual wellbeing and self-sufficiency, keep older people safe and enable them to be treated with dignity, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes. We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for older people.

All of the work will be done with these key principles in mind:

- The person who is receiving care is at the centre - the person comes first, with family and carer input also valued.
- More people will live independently in later life.
- Each person receives the right care, at the right time, in the right place, by the right professional, at the right cost.
- We aim to support people's lives, not just deliver a service.
- The person will have to tell their story as few times as possible.
- All staff are working together to champion the "home first" ethos.
- We will have one integrated model across the system.

Working this way will mean:

- New relationships across the system.
- Removal of organisational boundaries.
- No wrong door for someone that needs help.
- Clearly defined roles to maximise individual and collective skills and capacity.
- Efficient distribution of resources within a locality.
- Overall consistency accepting local variation where it makes sense.

From a citizen perspective we will:

- Work in partnership with them to find out what they want and need to achieve and understand what motivates them
- Focus on a person's own strengths and help them realise their potential to be healthy and happy, regain independence and remain independent for as long as possible
- Build the person's knowledge, skills, resilience and confidence
- Learn to observe and guide and not automatically intervene
- Support positive risk taking
- Promote the use of joint, health or social care personalised budgets or direct payments

3. Progress update and planned activity

3.1 Prevention

3.1.1 Carers

Supporting citizens who provide unpaid care for family and friends is an exemplar area for health and social care integration. A system-wide Carers Board has been established, the first joint Carers Strategy has been drafted and pooled funding for 3 years identified to deliver a single approach to supporting carers across the life-course. Formal consultation on the strategy has taken place and has identified that

additional engagement work with carers from BME and newly arrived communities is required.

Current contracts and grant funding arrangements with community sector providers for support to carers have been extended for 3 months to allow appropriate levels of market engagement on the new model of delivery. Feedback from a market event held on 23rd November 2018 has been useful in developing and refining the specification for services. Key areas of focus include the transition phase for young carers and ensuring that we retain a clear pathway and carer focus through the different elements of the tender.

During the process it was identified that commissioning activity regarding support for mental health carers was also underway in the system. Commissioning teams are now working together to align this proposed tender activity into the wider commissioning strategy for carers.

3.1.2 Neighbourhood Network Scheme (NNS)

Neighbourhood Network Schemes are locality and constituency based networks which enable engagement with and investment in community assets. Community assets include local organizations, people, partnerships, facilities, funding and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.The intended outcome is that NNS's will support older people to connect to community assets in their neighbourhoods in order to improve their health and well-being. This approach is integral to the new community social work model and the overall investment by Adult Social Care & Health in "Prevention First". They will also work alongside and support other neighbourhood and place based activity in social care and health, such as the Three Conversations approach to social work practice, NHS social prescribing, Community Catalysts and Local Area Coordination.

NNS is now operating in 2 constituencies; Perry Barr and Selly Oak. A Steering Group brings partners together to direct, coordinate and advise on the development of NNS in each area. The local commissioning process will start in January to fund new activity; make existing activity more accessible to older people and to develop support for community groups and organisations (e.g. fundraising, marketing, volunteer recruitment etc.)

In October 2018 the first citywide community asset register was compiled with 559 listings. It is expected that this will grow to c1,500 by January 2019 and will be kept up to date on a monthly basis and widely shared. At a city and neighbourhood level this mapping will help us to identify gaps in our community asset-base. For example, the first compilation has highlighted clear gaps around support to enable older people to "maximise income". This presents an opportunity to work with the Financial Inclusion Partnership to address this issue.

Tenders have now closed for the other NNS areas with contract awards to follow and preparation for starting services to commence from February/March. Plans are being worked up for areas where we may not be successful in appointing a suitable provider. This may include going back out to tender, direct delivery or grant based work in smaller geographical areas.

BVSC is providing support for capacity building and service planning to align with the vision and provide more evidence based outcomes. Furthermore dialogue is ongoing with the Big Lottery to align with the more localised approach. A £100k Innovation Fund – to help test and trial new activity, is in place to support projects which can benefit the NNS and social prescribing in the long-term, so far three projects have been supported with £70K invested.

3.1.3 Housing Pathway

A project is underway to review the pathways into extra care housing. This recognises that at present we are not making best use of the Council's nomination rights for extra care housing in the city in terms of enabling citizens with long-term care needs to access this form of accommodation. The proposal is to change the referral route from a housing pathway into a social care pathway, so that those with social care needs who are eligible for affordable housing can be placed quickly into vacant homes in extra care schemes. A draft social care pathway has been drawn up and we are now looking at resourcing for the new model. Plans are also being developed to bring extra care providers onto the framework contract for commissioned care services so that there is financial equity with other forms of care providers.

3.1.4 Intergenerational Activities

This project aims to bring young and elderly people together in purposeful, mutually beneficial activities which promote greater understanding and respect between generations and which contribute to building more cohesive communities. Presentations have been made to over 500 students attending Birmingham education sessions to introduce the concept and explain the benefits for participants – both old and young. Good progress has been made, with a positive evaluation from the presentations and significant interest from Birmingham schools wanting to engage with local care homes and housing schemes to implement intergenerational activities. A toolkit developed within Solihull provides a how-to guide of implementing intergenerational activities and will be distributed to a peer network to support facilitation / implementation of activities.

3.1.5 Risk Identification

The Supporting Adults Panels (SAP) take place on a monthly basis across the North, South, East and West of Birmingham and have potential to be expanded into wider

stakeholder groups that would provide review and planned intervention to those identified linking into neighbourhood networks.

3.1.6 Social Prescribing

Mapping of social prescribing across constituencies and how these compliment BCC initiatives has been completed. The social prescribing model has been launched and an implementation plan supports rollout across GP localities and integration into neighbourhood networks. Baseline metrics have been established from the outset to demonstrate impact of the model. Work is taking place with DoH and NHSE to support evaluation and potential of joint assurance meetings.

3.2 Early Intervention

Early Intervention describes what happens after an older person experiences an illness or injury, and how they are supported to make a quick recovery. This support is provided for a short period of time with the aim of helping the older person remain in their home wherever possible. It could be provided by a range of different healthcare professionals.

In terms of Early Intervention, this means looking at:

- The short term care services older people can access from home
- The use of short-term beds e.g. in a hospital or care home
- The team of healthcare professionals who make decisions about care and how decisions are made

3.2.1 Prototype Phase (December 2018 – March 2019)

Getting the approach to change right at this scale is crucial. So we have started with a 'prototype' phase that splits our longer-term vision and ambition into more manageable chunks of activity, and in doing so allows us to thoroughly test and improve each bit separately before we then bring all the individual components together in one locality and test and improve how they work together until they are achieving everything we hoped they would. If we get this right it will make the roll-out of the changes a whole lot easier and more successful.

Three workshops involving 15 – 20 staff, representing all the partner organisations, have taken place since 30th November and have helped us to define the components of the model that will enable us to deliver the outcomes and financial benefits.

From the end of January, for 6 – 12 weeks, we will start multiple tests in the most appropriate environment to demonstrate exactly what impacts on outcomes, performance and cost for each change. By understanding this, we can prioritise the ones with the biggest and best impact for citizens, and keep improving any elements which don't quite have the impact we were expecting.

Starting around March 2019, for 10 – 20 weeks, we will put together all the smaller tests within a locality. This will allow us to understand the combined impact of the changes and make improvements until they are ready to be rolled out across Birmingham.

3.2.2 Improvement Managers

We have appointed 8 Improvement Managers who will drive exciting change across the whole health and social care system for the benefit of older people. These individuals come from each of the provider organisations in health and social care and include physical and mental health therapists, social workers and managers with different backgrounds.

The Improvement Managers have received initial training and will now put this to practice by supporting system flow. The initial priority for the Improvement Managers will be to look at the use of short term beds over winter to understand how they work and see if we can make some immediate changes. They will gain an understanding of how the system works at different sites, the services offered, and where patients come from and go to. Improvement Managers will collect data and carry out case studies to establish the current picture, before working with colleagues to design alternatives which are then tested to see whether they are achieving their purpose.

3.2.3 Citizen Engagement

An initial meeting has taken place with a small group of citizens to agree the approach to co-production. In the past we have sought views from citizens when we already have fully formed ideas and almost completed work. We are now involving citizens at an early stage when we do not have all the answers.

3.3 Ongoing Personalised Support

3.3.1 Neighbourhood Working

The development of integrated neighbourhood teams of health and social care professionals serving populations of c. 50,000 people is the initial main priority of the Ongoing Personalised Support Workstream.

We have committed to developing a single team approach to improve the experience of citizens with long-term care needs in terms of continuity of care and seamless handovers between professionals through establishing integrated neighbourhood teams for the care of older adults bringing together groups of general practices with community health teams linked to mental health and social care services. The aim of these teams is to support older people to live well in their own communities with maximum independence.

There are 3 strands of the work:

1. Agreeing a vision for neighbourhood working;
2. Agreeing a delivery model
3. Agreeing the neighbourhoods

Vision - A draft vision for Neighbourhood Teams has been developed.

Delivery Model – an initial, outline delivery model has been developed and a workshop session held on 2nd January to engage partners in further development to design how care will be delivered in the community for frail older adults.

Agreeing the Neighbourhoods - The neighbourhoods will sit within the 5 Birmingham localities and are an important component of the wider STP development of "place-based" care. Our proposed approach is to recognise that general practices are embedded in their neighbourhoods and are seen by citizens as a primary gateway for health and well-being. Therefore we are proposing to use GP practice populations – within the 5 localities – as the building blocks for neighbourhood teams.

Locality workshops are being held for South, North, Central and East attended by GP providers; GP locality leads; district nurse team leaders/case managers; community mental health team leaders; social care teams; and CCG representatives. The workshops are to discuss/agree neighbourhood footprints of c30-50,000 population within each locality. The workshops are also to identify prototype neighbourhoods in each locality. Further discussion is required with West Birmingham colleagues as to how the model will work in this area.

3.3.2 Support to Care Homes

There is a clear opportunity to improve outcomes through an integrated approach to managing and supporting the care home market. To this end the Ongoing Personalised Support programme has established a care homes workstream to focus on:

1. Integrated approach to quality of care – building on the existing methodology of quality reviews undertaken by BSol CCG and BCC;
2. Primary Care Offer to Care homes – consistent access to primary care is a key challenge in the care home sector

A detailed workplan has also been agreed setting out an integrated approach to support care homes. This is supported by analysis of the system-wide care home market, showing commonalities and differences between the BCC and NHS commissioned market in Birmingham. Additionally, analysis of the impact of care homes on hospital A&E attendance shows the potential for interventions and initiatives in the short and long term to improve outcomes

3.3.3 Long Term Conditions

Workshops have also taken place to determine service models for Respiratory and Diabetes with Stakeholder Delivery Groups set up to progress delivery.

3.3.4 Assistive Technology

A workstream has been established to develop the integrated use of assistive technology for citizens with long term care needs. At present the use of assistive technology is predominantly in terms of fixed and portable mechanical technology such as hoists, stair-lifts, walking sticks etc. There are tremendous opportunities to improve the independence of citizens through greater use of emerging digital technologies and artificial intelligence. We have been successful in securing funding to undertake a pilot to use voice-activated technology to support people with care needs. We are also collaborating with Aston University to explore opportunities presented by emerging technology.

4. Conclusions and Recommendations

4.1 Positive progress has been made across all workstreams aligned to the vision of the programme.

4.2 We are clear that workstreams are inter-related and that we will only deliver the programme outcomes detailed in section 2 of this report through integrating activity across the workstreams.

4.3 We are now at an exciting and critical point of the programme as we roll-out neighbourhood networks through the Prevention workstream, start to test new models of Early Intervention and form locality teams based around GP hubs through Ongoing Personalised Support. In order to achieve a single integrated model of care it is essential that activity is co-ordinated across the programme.

4.4 Whilst we are making good progress and partners are fully committed we recognise that we will only achieve our ambitions if this commitment continues and if the aspiration is embedded throughout all organisations and at all levels within the system.

4.5 The Health and Well-being Board has a crucial role in ensuring delivery of programme. In particular the Board will need to:

- Maintain oversight of the programme
- Provide support and challenge to programme leads to ensure that workstreams are joined up and delivering against the integrated vision and a model of care which places the citizen at the centre
- Act as champions for the programme within the Health and Social Care system in Birmingham to ensure that all partners maintain a focus and commitment to delivering at pace

4.6 Specifically, at the current time, the Board is requested to note the work that is being progressed through the Ongoing Personalised Support workstream to define and agree a model and spatial delivery arrangements for providing integrated care and support to citizens with ongoing care needs. The Board is asked to support this approach to place-based care.

	Agenda Item: 11
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**29th January 2019**
TITLE:	**BIRMINGHAM HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY WAYS OF WORKING AGREEMENT**
Organisation	**Birmingham Health and Wellbeing Board**
Presenting Officer	**Becky Pollard – Interim Director of Public Health**

Report Type:	**Decision**

1. Purpose:

To consider and agree the tripartite ways of working agreement between:

- Birmingham Health and Wellbeing Board
- Birmingham Healthwatch
- Birmingham City Council's Health Overview & Scrutiny function

2. Implications:

BHWB Strategy Priorities	Detect and Prevent Adverse Childhood Experiences	X
	All children in permanent housing	X
	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	X
	Improving stable and independent accommodation for those learning	X

	disability	
	Improve the wellbeing of those with multiple complex needs	X
	Improve air quality	X
	Increased mental wellbeing in the workplace	X
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**
3.1	It is recommended that the Board: • Agree—subject to any suggested amendments at today's meeting, the content of the draft Ways of Working agreement; and • Adopt and implement the final version of the agreement in the new municipal year.

4.	**Background**
4.1	The Ways of Working agreement sets out the relationship between Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's health scrutiny function.
4.2	Whilst these bodies have specific functions (as detailed in the Health and Social Care Act 20120 there is potential for overlap in work areas, and opportunities for complementary, yet independent, working arrangements.

4.3	The agreement clarifies the key roles of the three bodies, their legal obligations and how they can work together to improve health and social care services for the citizens of Birmingham.
4.4	This agreement has been based upon the Nottingham City Council Ways of Working Agreement and has been adapted to reflect local issues relating to the health and wellbeing of the population of Birmingham (Ref: Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Ways of Working Agreement. Agreed 2014. Updated August 2017).

5.	**Future development**
	It is suggested that this agreement be reviewed by all parties after a period of six months post implementation.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	Not applicable.
6.2	***Governance & Delivery***
	This agreement outlines ways of working between Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's Health Overview & Scrutiny function.
6.3	***Management Responsibility***
	Not applicable.

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
That this ways of working agreement is not followed by all parties.	Low	Medium	Review for effectiveness after a period of six months post implementation.

Appendices
Birmingham Health and Wellbeing Board, Healthwatch Birmingham and Health Scrutiny Ways of Working agreement.

BIRMINGHAM CITY HEALTH AND WELLBEING BOARD, HEALTHWATCH BIRMINGHAM AND HEALTH SCRUTINY

WAYS OF WORKING AGREEMENT

1. Purpose of the Agreement

This Ways of Working Agreement sets out the relationship between the Birmingham City Health and Wellbeing Board, Healthwatch Birmingham and Birmingham City Council's Health Scrutiny function.

Health and Wellbeing Boards and Local Healthwatch were formed as a result of the Health and Social Care Act 2012, which also expanded the role of Health Scrutiny. Whilst these bodies have specific functions, there is a potential for overlap in their work and opportunities for them to work in a complementary fashion whilst maintaining their independence.

The Agreement clarifies the key roles of the three bodies, their legal obligations to each other and how they will work together to improve the health and social care services for the citizens of Birmingham.

It is also recognised that there are other issues that relate to the health and wellbeing of the population of Birmingham which fall within the remit of the Local Authority but outside of this Agreement.

2. Role of Birmingham City Health and Wellbeing Board

The Birmingham City Health and Wellbeing Board is the city's lead multiagency partnership for improving health and wellbeing and reducing health inequalities of the citizens of Birmingham. The Health and Wellbeing Board will:

- Promote the reduction in health inequalities across the City through the commissioning decisions of member organisations
- Report on progress with reducing health inequalities to the Cabinet and the various Clinical Commissioning Group Boards
- Be the responsible body for delivering the Joint Strategic Needs Assessment for Birmingham (including the Pharmaceutical Needs Assessment)
- Deliver and implement the Joint Health and Wellbeing Strategy for Birmingham
- Participate in the annual assessment process to support Clinical Commissioning Group authorisation

- Identify opportunities for effective joint commissioning arrangements and pooled budget arrangements
- Provide a forum to promote greater service integration across health and social care.

3. Role of Healthwatch Birmingham

Healthwatch Birmingham will:

- Use its seat on the Health and Wellbeing board to ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment.
- Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Give authoritative, evidence-based feedback in relation to the commissioning and delivery of local health and social care services.
- Help and support the Health and Wellbeing Board and Birmingham Health Scrutiny to make sure that services really are designed to meet citizens' need.
- Be inclusive and reflect the diversity of the community it serves.

4. Role of Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the City Council and other organisations operating in Birmingham to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. Scrutiny can make reports and recommendations to NHS bodies and providers of NHS funded services. When a substantial change to a local health service is proposed, Health Scrutiny should be consulted and has a statutory role to ensure that the public interest has been taken into account and the proposed change is in the best interests of local health services.

<u>Joint Health Committees</u>

The 2012 Act regulations require the appointment of a joint scrutiny where a health service commissioner or provider e.g. Clinical Commissioning Groups, Provider Trusts etc. consults more than one local authority's health scrutiny function on substantial reconfiguration proposals.

Only the joint scrutiny committee may make comments on the proposal consulted on or require the health service commissioner or provider which has the proposal under consideration to provide information to them, or require a member or employee of that body or provider to attend before them to answer questions.

Currently, Birmingham has Joint HOSCs with Sandwell and Solihull.

The work of the Joint Health Scrutiny Committees lies outside of the remit of this Agreement.

5. Legal Obligations between the Three Bodies

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to involve Healthwatch Birmingham in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Birmingham.
- Healthwatch Birmingham must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Birmingham must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Birmingham and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Birmingham.

6. Local Commitments between the Three Bodies

The Health and Wellbeing Board, Healthwatch Birmingham and Health Scrutiny will:-

a. Have a shared understanding of each other's roles, responsibilities and priorities

b. Work in an open and constructive way

c. Work in a climate of mutual respect and courtesy

d. Respect each other's independence and autonomy

e. Make a commitment to ensuring improvement in health and wellbeing in Birmingham by effectively monitoring progress against local authority/NHS improvement plans and priorities.

Each body will produce and maintain an up-to-date work programme that is shared with each other to enable issues of mutual concern to be identified at an early stage and dealt with in a way that makes best use of respective roles, responsibilities and resources and avoids duplication. On major pieces of work requiring engagement, involvement or consultation of service users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities. Where appropriate, the three bodies will seek to agree joint responses to consultations.

In working together recognition will be given to Healthwatch Birmingham's position as a member of the Health and Wellbeing Board; and the impact that this might have on its contribution to the work of Health Scrutiny, when that work relates to the Health and Wellbeing board and its decisions and activities.

The successful application of the principles and commitments set out in this Agreement will depend on effective communication between the three bodies. Every effort will be made to ensure ongoing open communication and Scrutiny Officers will arrange regular informal meetings to facilitate this.

The Health and Wellbeing Board will:

- Share the Board work plan with Health Scrutiny and Healthwatch Birmingham.
- Update Health Scrutiny on its progress with the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Take account of and respond to the opinions of Healthwatch Birmingham.
- Be subject to scrutiny by the Council's Health Scrutiny Committee and provide information[1] and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit. (Health Scrutiny may choose not to do so).

[1] The Board and its partners will not be required to provide:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure.
- Any information, the disclosure of which is prohibited by or under any enactment.
- Any information, the disclosure of which would breach commercial confidentiality.

- Request (subject to available resource) Healthwatch Birmingham to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. Healthwatch Birmingham is an independent organisation, which is publically-led, and reserves the right to choose work priorities.

Meetings of the Health and Wellbeing board, which includes Healthwatch Birmingham, are held in public and representatives of the Health Scrutiny Committee will be welcome to attend.

Healthwatch Birmingham will:

- Share its work programme with the Health and Wellbeing board and Health Scrutiny.
- Provide relevant public opinions/experiences about services to support the development of the JSNA.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals in line with the process set out in Section 7 of this agreement.
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny to consider whether a formal referral to the Secretary of State for Health is required.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services (subject to available resource).
- Acknowledge and respond to referrals from Health Scrutiny in line with the process set out in Section 7 of this agreement.

Health Scrutiny will:

- Share the Health Scrutiny Committee work programme with Healthwatch Birmingham and the Health and Wellbeing Board.
- Seeks views of Healthwatch Birmingham and the Health and Wellbeing Board when formulating the Health Scrutiny work programme.
- Hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Birmingham and to reduce health inequalities, including its responsibilities in relation to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.

- Make reports and recommendations to the Health and Wellbeing Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.

- Request Healthwatch Birmingham (subject to available resource) to submit relevant intelligence and information to support scrutiny work.

- Invite representatives of Healthwatch Birmingham to attend, and at the Chair's discretion, speak at Health Scrutiny meetings.

- Request Healthwatch Birmingham (subject to available resource) to undertake a particular piece of work in order to inform Health Scrutiny activity. In exceptional circumstances, this may include requesting that Healthwatch Birmingham use its 'Enter and View' powers where there is an issue of particular concern. Healthwatch Birmingham is an independent organisation, which is publically-led, and reserves the right to choose work priorities.

- Take account of and respond to the views and recommendations of Healthwatch Birmingham and the Health and Wellbeing Board.

- Acknowledge and respond to referrals from Healthwatch Birmingham in line with the process set out in Section 7 of this agreement.

- Refer relevant issues to Healthwatch Birmingham in line with the process set out in Section 7 of this agreement.

- Consider Healthwatch Birmingham's annual report.

Meetings of the Health Scrutiny Committee are held in public and representatives of Healthwatch Birmingham and the Health and Wellbeing Board will be welcome to attend.

7. Referrals between Healthwatch Birmingham and Health Scrutiny

As Healthwatch Birmingham is a member of the Health and Wellbeing Board, this section of the Agreement applies to referrals specifically between Healthwatch Birmingham and Health Scrutiny.

Referrals from Healthwatch Birmingham to Health Scrutiny

If, during the course of its work, Healthwatch Birmingham identifies an issue that it feels warrants exploration by Health Scrutiny it can make a referral. Referrals should be made in writing to the lead Health Scrutiny councillor via the Council's Overview and Scrutiny Team. Referrals should set out:

- The nature of the referral.
- The reason why the referral is being made.
- Any evidence about the issue.
- What action it is proposed should be taken.

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. Healthwatch Birmingham will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Health Scrutiny decides not to act on a referral it will provide reasons for not doing so.

Referrals from Health Scrutiny to Healthwatch Birmingham

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Birmingham it can make a referral. Referrals should be made in writing to the Healthwatch Birmingham Chief Executive. Referrals should set out:

- The nature of the referral.
- The reason why the referral is being made.
- Any evidence about the issue.
- What action it is proposed should be taken.

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Birmingham decides not to act on a referral it will provide reasons for not doing so.

Birmingham Health and Wellbeing Board

	Agenda Item: 12
Report to:	**Birmingham Health & Wellbeing Board**
Date:	**29 January 2019**
TITLE:	**MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN BIRMINGHAM CITY COUNCIL AND PUNE MUNICIPAL CORPORATION (INDIA) FOR A SMART CITY PARTNERSHIP ON FOOD**
Organisation	**Birmingham City Council – Adult Social Care and Health**
Presenting Officer	**Ralph Smith**

Report Type:	**For information**

1. Purpose:
To brief the Board on the MoU

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		X
Prevention		X

3.	**Recommendations**
	The Board is asked to:-
3.1	Endorse the contents of the MoU
3.2	Receive future update reports as the work programme progresses

4.	**Background**
4.1	Preliminary workshops have been held in both cities.
4.2	The Food Foundation (national high profile food charity) is facilitating the collaboration.
4.3	The MoU supports a common ambition to seize opportunities to support safer, healthier and more sustainable city food environments which prevent malnutrition (overweight, obesity, micronutrient deficiencies and undernutrition), and build on smart approaches to urban development.
4.4	The partnership will maximise, • The leverage which our respective city authorities have as purchasers of

food for consumption in public institutions (particularly by those most vulnerable to poor nutrition)

- The infrastructure which we have at our disposal to support the promotion of nutritious food and restrict the promotion of unhealthy fast food
- The data which we can harness and connect to empower consumers to make better choices about where and what they eat and to help policy makers develop and implement the right mix of regulations to control the food on offer.

4.5 The collaboration will support the city's outcome 'Birmingham is an aspirational city to grow up in'.

4.6 The collaboration supports the Public Health priorities 1: child health and 4: healthy environment.

4.7 The collaboration supports the childhood obesity work-stream of the City Board.

4.8 The collaboration strengthens Birmingham as a signatory to the Milan Urban Food Pact and EUROCITES.

5.	**Future development**
5.1	Agree work plan with Pune M.C./ Food Foundation
5.2	Consult with citizens and stakeholders on the priorities which they have for the city food environment.

6.	**Compliance Issues**
6.1	***Strategy Implications***
	Alignment to City Board Obesity Strategy, Birmingham Public Health Strategy and Director of Public Health Annual Report
6.2	***Governance & Delivery***
	Progress to be reported to the Health and Well Being Board
6.3	***Management Responsibility***
	Sponsor and SRO: Director of Public Health Lead officer: Ralph Smith

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

Appendices	
1.	Memorandum of Understanding Between Pune Municipal Corporation and Birmingham City Council forSmart City Partnership on Food

MEMORANDUM OF UNDERSTANDING

BETWEEN

Pune Municipal Corporation
AND
Birmingham City Council
FOR

Smart City Partnership on Food

Memorandum of Understanding between Pune Municipal Corporation and The Birmingham City Council For Smart City Partnership on Food

This Memorandum of Understanding ("**MoU**") is entered into at _____ on this _____, 2018 ("**Executed Date**") by and between:

Pune Municipal Corporation, a body constituted under the provision of Maharashtra Municipal Corporation Act 1949 having its registered office at PMC Main Building, Near Mangla Theatre, Shivaji Nagar, Pune – 4110005 through its Municipal Commissioner, Mr Kunal Kumar (hereinafter referred to as **"PMC")** of the **First Party.**

AND

The Birmingham City Council is the local government body responsible for the governance of the City of Birmingham in England, which has been a metropolitan district since 1974. (hereinafter referred to as **"BCC")** of the **Other Party.**

PMC and BCC are hereinafter individually referred to as "**Party**", and jointly referred to as "**Parties**".

AND WHEREAS the Hon'ble Standing Committee of the PMC has approved the MOU via its Resolution Number XXX dated XXX and the Health and Wellbeing Board of BCC has approved it via XXX

This MOU sets down the mutually agreed broad framework among the parties for developing a partnership between the two cities to tackle all forms of malnutrition (this includes overweight and obesity, micronutrient deficiencies and undernutrition) using smart approaches. It also incorporates the modalities for collaboration. This MoU is valid for the period of five years from the date of signing the MoU, from XXXX to XXXXX.

1. PREAMBLE

The Parties have a common ambition to seize opportunities to support safer, healthier and more sustainable city food environments which prevent malnutrition (overweight, obesity, micronutrient deficiencies and undernutrition), and build on smart approaches to urban development. They will strive to become food smart

cities.

A Food Smart City will use data and technology to change the way that food is produced, processed, distributed and consumed. It considers food quality and equitable access, disrupting food systems that are not sustainable or cause food insecurity and poor nutrition. They are by nature multi-sectoral, developed by entrepreneurs, nutritionists, public health experts, agricultural experts, policy makers, and civil society members committed to a sustainable, healthy food future.

2. PURPOSE

PMC and BCC agree to implement, in the areas of mutual interest, cooperative and collaborative activities incorporating a focus on prevention of all forms of malnutrition (obesity, overweight, micronutrient deficiencies and undernutrition) into the planning and management of the city and the services and businesses therein and the use of data to inform decision-making across city agencies and sectors. This is facilitated by the instrument of this MOU as detailed below.

Specifically, the purpose of this partnership will be to ensure that when our citizens are eating food prepared out of their homes, the food which available and promoted is safe, nutritious, affordable and procured in a manner which supports environmental sustainability and local economic development. Within the scope of our partnership we will consider the specific powers at our disposal to influence this, namely:

1) The leverage which our respective city authorities have as purchasers of food for consumption in public institutions (particularly by those most vulnerable to poor nutrition)
2) The infrastructure which we have at our disposal to support the promotion of nutritious food and restrict the promotion of unhealthy fast food
3) The data which we can harness and connect to empower consumers to make better choices about where and what they eat and to help policy makers develop and implement the right mix of regulations to control the food on offer.

This MoU reflects the spirit of partnership between the Pune City and BCC.

3. ROLES AND RESPONSIBILITIES

The parties will:

- Allocate an officer with responsibility for operational support to the partnership on a routine basis
- Consult key city stakeholders on the priorities which the partnership should focus on
- Consult citizens on the priorities which they have for the city food environment
- Consult and work together with the city's food sector on the priorities
- Work together to refine these priorities into areas of common action and learning from each other and exchanging ideas.
- Provide the leadership commitment to the partnership, through the allocation of a Senior Responsible Officer (In Birmingham's case this will be the Director of Public Health). This will allow for the agreement of a joint workplan with key milestones and outcome and an annual review of progress. Specifically they will work with those networks which are supporting the smart city agenda.
- Provide the necessary resources and staff support to ensure the areas of common action can be successfully supported through to completion
- Seek opportunities for communicating the learning and experience gained from the partnership with other cities worldwide and within India and the UK
- Seek opportunities for engaging a wide range of city stakeholders to maximise the impact of the partnership into areas beyond the direct control or influence of the local / municipal authority.
- Secure the support of an elected member, for Birmingham this will be Councillor Paulette Hamilton, Cabinet Member for Health and Social Care to champion the partnership

4. GENERAL TERMS AND CONDITIONS

- Each party shall bear its own cost and expenses subject to necessary approvals from competent authority (if any) in the implementation of this MoU.

- Any part of this MoU may be modified or changed by mutual agreement of the parties hereto in writing. The modifications/changes shall be effective from the date on which they are modified/ extended unless otherwise agreed to.

- The Food Foundation will help to determine and provide the kind of technical expertise that would advance Food Smart Cities partnership between the two cities. Specifically, the Food Foundation, with generous support from the Tata Trusts and UK Department for International Development will help with documentation of evidence of what works, support with the citizen engagement, helping to communicate this learning from the partnership at a global level, and the creation of an online facility for learning exchange between the two cities.

- The parties will take utmost care to provide assistance and information required for the smooth running of technical assistance towards Food Smart Cities programme.

5. DISPUTE RESOLUTION

- All disagreements/differences of opinion/disputes regarding the interpretation of the provisions of this MoU shall be resolved by mutual consultation by the signatories.

- If the disputes are not mutually resolved, the same shall be referred to the sole Arbitrator appointed with mutual consent of all parties.

6. LIABILITY AND INDEMNITY

- In no event shall either party be liable for any direct, indirect, consequential damages or loss even if the other party has been advised of the possibility of damages.

- Neither party will be liable for either performance delays or for non-performance due to causes beyond its reasonable control.

In witness whereof the undersigned, duly authorized thereto, have signed this **MoU** on this day XXX.

For and on behalf of the **PMC**

Municipal Commissioner
Pune Municipal Corporation

[OFFICIAL SEAL]

WITNESSES:
1.

For and on behalf of **BCC**

Chief Executive Officer

[OFFICIAL SEAL]

WITNESSES:
2.