

## BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND  
WELLBEING BOARD  
26 JANUARY 2016**

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

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

#### **ALSO PRESENT:-**

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

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#### **NOTICE OF RECORDING**

139 It was noted that the meeting was being webcast for live or subsequent broadcast via the Council's Internet site ([www.birminghamnewsroom.com](http://www.birminghamnewsroom.com)) and that members of the press/ public may record and take photographs. The whole of the meeting would be filmed except where there were confidential or exempt items.

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#### **APOLOGIES**

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

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**DECLARATIONS OF INTERESTS**

- 141 Members were reminded that they must declare all relevant pecuniary and non-pecuniary interests relating to any items of business to be discussed at this meeting. If a pecuniary interest was declared a Member must not speak or take part in that agenda item. Any declarations would be recorded in the minutes of the meeting.
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**CHAIR'S UPDATE**

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

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

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

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

The following reports were submitted:-

(See document Nos. 1 and 2)

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

## **Birmingham Health and Wellbeing Board – 26 January 2016**

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

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

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

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

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**RESOLVED:-**

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

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

The following report was submitted:-

(See document No. 3)

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

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

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

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

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**RESOLVED:-**

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

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

The following reports were submitted:-

(See document Nos. 4 and 5)

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

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

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

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

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**RESOLVED:-**

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

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**HEADSTART GOVERNANCE AND STRATEGY**

The following report was submitted:-

(See document No.6)

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

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

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

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

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

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**RESOLVED:-**

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

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(This report was brought forward on the agenda)

**BIRMINGHAM BETTER CARE FUND UPDATE AND PLANNING FOR 2016/17**

The following report was submitted:-

(See document No. 7)

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

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

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

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### **RESOLVED:-**

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

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## **BIRMINGHAM PUBLIC HEALTH YOUTH PANEL**

148

The following report was received:-

(See document No. 8)

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

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

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



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

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

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

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

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

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**WORK PROGRAMME**

The following Work Programme was submitted:-

(See document No. 9)

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

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

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**RESOLVED:-**

That the Work Programme be noted.

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**MINUTES**

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

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

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

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

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

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The meeting ended at 1730 hours.

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CHAIRPERSON