HEALTH AND WELLBEING PARTNERSHIP

Thursday 23rd March 2023

Remote meeting held via Zoom

MINUTES, DECISIONS & ACTIONS

Present

Becky Bews (BB)	Age Concern Birmingham
Dr Christine Burt (CB)	Director of Research and Innovation, Birmingham Community Healthcare (BCHC)
Alan Eaton (AE)	Sutton Coldfield United Reformed Church
Leonie Hammond (LM)	Health and Wellbeing Project Lead, Compass Support
Pete Millington	Sutton Coldfield Neighbourhood Network Scheme (NNS)
Namrata Mukherjee (NM)	Primary Care Development Manager North Birmingham
Liz Parry (LP)	Public Governor University Hospitals Birmingham, SC South
Olive O'Sullivan (OOS)	CEO, Royal Sutton Coldfield Town Council
Rob Pocock (RP)	Councillor, Royal Sutton Coldfield Town Council
Pippa Pollard (PP)	Head of Business and Service Development, Birmingham Community Healthcare (BCHC)
Alison Seabrooke (AS)	Independent Advisor/Consultant
Jo Tonkin (JT)	Interim Deputy Director of Public Health, Birmingham City Council
Tracey Quirk (TQ)	Head of Operations, Compass Support
Tina Swani (TS)	CEO, Sutton Coldfield Charitable Trust (SCCT)
Sheena Webb (SW)	Director of Operations – Div 7, University Hospital Birmingham NHS Foundation Trust
Minutes	Jessica Johnson (JJ), Community Engagement Officer, Royal Sutton Coldfield Town Council

		Decision / Action	Owner
1	**Welcome and introductions**	Apologies received from Cllr Jan Cairns, Justin Varney, Sue Richards and Suzanne Cleary.	
2	**Minutes and action points from previous meeting**	The minutes were accepted as an accurate record. All action points completed.	

3	**Public Health Update**	JT delivered an update on behalf of Public Health (PH), Birmingham City Council. JT introduced herself as Interim Deputy Director of PH and detailed the structure of the team. It is split into 6 strands: • Deputy Director/ Communications and Campaigns and Behavioural Science • Health Behaviours and Communities • Children • Adults and Older People • Health Protection and Environmental PH • Knowledge and Evidence JT reported on the services commissioned by PH which are universally available across the city. These include health visiting and NHS Health Checks. She added that in her role she leads on three campaigns; health literacy, community champions and health prompting campaigns. PH also provide a range of intelligence tools. This includes the local and community profiles which are a deep dive and show the needs of the population. JT commented that AS had used some of these tools to guide priorities of the P'ship. The JSNA (Joint Strategic Needs Assessment) is a statutory requirement and the digitised dashboards will shortly be added to the City Observatory website. The website also hosts the constituency profiles which detail information on health and wellbeing as well as education and employment. JT reported that the work of PH is underpinned by the Birmingham Health and Wellbeing Board which has 5 sub strands all with their own working group. • Creating a physically active city and creating a mentally healthy city are rebuilding after COVID and are developing a multi-agency framework. • Birmingham Food Strategy has been subject to consultation and is due for agreement in May. The group have been working on the Food Provision workstreams for the Cost of Living response. • Creating a city without inequalities focuses on the inequalities that arise from ethnicity, sexuality, gender and poverty. • The health protection forum focuses on the Triple O strategy in relation to the drug and alcohol agenda. JT gave an overview of the Older People Team and workplan. The team's work impacts on primary, secondary and tertiary prevention. Birmingham is also the first UK city to become a Compassionate City, which focuses on end of life and palliative care. JT added that the team are also involved in Healthy Ageing, social prescribing and the Neighbourhood Network Schemes. They are also working closely with the ICB lead on Falls and Frailty and are currently undertaking an evidence based review. OOS thanked JT for her presentation and commented that Falls and Frailty were a key priority for the P'ship and therefore it would be	

		beneficial to receive an update at the next P'ship meeting from the ICS Falls and Frailty lead. LP asked for more information on the NHS health checks and the food strategy creative dinners. JT replied that the health checks are commissioned by PH. Residents aged 40-74 will receive an invite to attend a check at their GP practice. The checks are repeated every 5 years and helps to identify pre-existing and manage long term conditions. JT added that the Creative Dinners bring together leaders in food production and supply to talk about presenting issues and coproduce solutions. LP asked if there was anything the P'ship could do to support the health check initiative? JT replied that PH receive a data set from each Primary Care Network detailing the take up and this can be shared with the P'ship. There may be opportunities to support in the promotion of health checks. **JT to send through data on NHS Health Checks to JJ.** **JT to send through ICS Falls and Frailty lead contact to JJ.** RP commented that he welcomed the opportunity to build a communication channel between BCC and RSCTC as RSCTC have adopted some of the same causes. RP added that the PH data was a good information base. RSCTC can help connect commissioned services and delivery parties on a micro scale locally. Sutton Coldfield could be a pilot of a how a locality model could work. AE commented that the parish nurse supports the promotion of NHS Health Checks and aids in breaking down barriers and challenges of residents in assessing the. AE added that the Parish Nurse has found it difficult to build relationships with GP practices in Sutton Coldfield. AE reported that the church found the PH food programme excellent, and the financial support meant they could cope with demand.	**JT** **JT**
4	**Integrated Neighbourhood Teams**	PP delivered a presentation on the role of the Community Integrator (CI) and Integrated Neighbourhood Teams (INT'S). PP reported that BCHC had been asked to lead on the CI role, who will act as a place integrator. The CI will be accountable for provision at place, local and neighborhood level, eventually managing their own budget. The CI will have a broad scope in bringing together providers with the VCSE. The focus will first be on integrated care for adults and helping to streamline out of hospital care. PP reported on the suggested principles of the role: • It will be a P'ship of equals. BCHC may be the lead but they will working to co-produce. • Build on existing p'ships, these are of different levels of maturity across the city. • Learn by doing and demonstrating good work. • Based on evidence and data driven	

		• Form must follow function. Delivery and relationships are more important than strategy. The proposals were still very much in the early stages and are subject to change and against the agreed delivery timeline they are currently at the 3-month mark. There had so far been two engagement workshops in the East and West. Further localities will be following in the coming months and will be working to create a locality p'ship network. PP added that there were five pilot teams and two accelerator teams. The INTs are one of the priorities for the ICS, aligned to the recommendations of the Fuller Stocktake Report 2022 and a key part of the B'sol ICS framework. In summary, the purpose of the CI will be to deliver integrated care in neighborhoods, supporting people to stay healthy in their communities. OOS thanked PP for her presentation and asked if this would replace the North Locality Forum? PP replied that the North Locality Forum had been paused and will be refreshed. Since the last forum meeting, roles had changed. Therefore, where the forum's work would feed into, who sits on it and the purpose and function needs to first be developed. OOS asked why Sutton Coldfield was not represented on the membership? PP replied that was because the North was not yet established, and the network meeting had not yet taken place. OOS replied that once established, the H&W p'ship would want to be added to the membership and work closely with the CI. LP commented that adult social care providers should also be invited. Domiciliary and care homes are of particular importance in Sutton Coldfield as there are many self-funders of care. LP also asked who was part of the INT team? PP replied that the INTs were multi-disciplinary clinical teams including GPs and district nurses, all working together. RP thanked PP for her presentation and commented that this was an opportunity for the TC to support and facilitate in the development of INTs. It seemed sensible to first set up projects with the structure and governance to follow. It will also be a chance to engage the private sector providers of health services and bring locality-based providers together. OOS asked how the pilot areas and PCNs were selected? PP replied that she will look into this and report back. PP added that there was a high level of partners to engage, which can be a challenge.	

		PP to report back on how pilot areas were chosen. AS commented that the H&W p'ship is co-ordinated by the TC and as a local authority in its own right, the town council could have a role on the group. It would be helpful to reference the H&W p'ship once it has become more socialised. AS added that the p'ship should focus on the agreed priorities and roadmap to move things forward. AS commented that District Nursing teams and Allied Health Professionals were important to include in the workshops as they are on the frontline, in people's homes. There is also a need for further engagement with the PCNs. The p'ship has been working to engage with them on a variety of projects. PM commented that he had attended an Erdington Locality meeting and felt there needed to be more of a steer on purpose. PM added that it will be good to see how things developed within Sutton Coldfield. OOS suggested that the INTs should be a standing agenda item. **JJ to add INT as a standing agenda item moving forward.**	**PP** **JJ**
5	**Cottage Hospital Community Engagement Outcomes (attached)**	Dr Christine Burt delivered a presentation on the Cottage Hospital Engagement outcomes. CB reported that Community Connexions (CC) has been tasked to undertake community and stakeholder engagement on plans for the Cottage Hospital being transformed into an older adult's hub. Although the timescales were short, they had been out in the community and at stakeholder meetings and events. They tasked BCHC innovations team to research what older adult care works well globally and gain a sense of good practice. CC then utilised existing groups and networks to run a series of events. This is included: • Listening on the go events • Listening events with particular groups at set times/dates • Online survey There was a total of 170 participants who were asked a series of question on the Cottage Hospital services and facilities. • Of those who had been to CH the majority rated their experiences as good. • The majority rated services highly. If participants rated the services and facilities as bad follow up questions were asked. Issues highlighted included lack of parking and wait times. • Participants suggested that if services were to move, they still needed to remain local. CB commented that overall, participants welcomed the NHS asking for their views and were keen to keep the line of communication open.	

		AS thanked CB for her presentation and commented that Seema Gudivada had committed to BCHC delivering a presentation at the next P'ship meeting on the outcomes of both the external engagement and internal clinical planning work. TS thanked CB for her presentation and added that the development of an older adults hub was similar to the findings from the trust's social needs review which she would be happy to share. **JJ to connect CB and TS.**	**JJ/CB/TS**
6	**Achieving Subsidiarity Paper (attached)**	AS presented the Achieving Subsidiarity Paper. AS reported that much of the detail within the report had been discussed during the P'ship meeting. In summary, the report discusses the importance of the P'ship relationships with clinical and operational staff and the need for conversations to continue and progress within the evolving networks of the ICS.	
7	**Community Engagement Paper (attached)**	AS presented the Community and Stakeholder Engagement Paper. AS reported that JJ was leading on dates for engagement across the 8 wards. There would a commonality of topic and questions across all the wards however, the approach may be different depending on the audience and needs of the residents. AS added that she and JJ had been working on a Network Event plan, but had wanted to understand the BCHC proposals following PP's comments at the last meeting. This was in order to avoid duplication and understand the scope and audience. AS and PP had since spoken and it was clear that these related to the North Locality event and their role as leads on Neighbourhood Integration Teams. TS commented that she welcomed the papers as they helped her to navigate the changes within the NHS and ICS developments.	
8	**Update on: Pause**	JJ reported that she had met with the Pause Service Manager at their base in Digbeth to discuss the service and the opportunity for a drop in Sutton Coldfield (to support the mental wellbeing of young people). Following this, JJ reported she met with the Operations Manger and the Strategic Partnership Manager from The Children's Society, who fund the service. Conversations centered around the possibility of the service being delivered from a Town Centre location one day a week. Following this meeting further discussions will be taking place to assess costs and funding as well as selecting a possible location. JJ added that conversations are in early stages but are positive.	
9	**Partner Update (attached)**	OOS reported that partner updates were submitted to JJ ahead of the meeting and are attached to the agenda.	
10	**AOB**	None.	
11	**Date of next meeting**	Thursday 18th May, 10:00-11:30 via Zoom.	