HEALTH AND WELLBEING PARTNERSHIP

Thursday 14th March 2024

Remote meeting held via Zoom

MINUTES, DECISIONS & ACTIONS

Present

Dan Brown (DB)	North Locality Manager, Birmingham Community Healthcare NHS Trust
Alan Eaton (AE)	Sutton Coldfield United Reformed Church
Simon Jarvis (SJ)	Executive Director, Good Hope Hospital
Pete Millington (PM)	Manager, Sutton Coldfield Neighbourhood Network Scheme
Liz Parry (LP)	Public Governor, University Hospitals Birmingham, SC South
Rachel Perks (RP) Compass Support	Neighbourhood Networker & Health and Wellbeing Project Lead,
Becky Pollard (BP)	Assistant Director in Public Health, Birmingham City Council (BCC)
Olive O'Sullivan (OOS)	CEO, Royal Sutton Coldfield Town Council
Alison Seabrooke (AS)	Independent Advisor/Consultant
Minutes	Jessica Johnson (JJ), Programme Manager, Communities, Royal Sutton Coldfield Town Council

		Decision / Action	Owner
1	**Welcome and introductions**	Apologies received from Cllr Jan Cairns, Dr Rahul Dubbs, Becky Bews, Sue Richards, Tina Swani and Wendy Hands.	
2	**Minutes and action points from previous meeting**	The minutes from the meeting of 16th January 2024 were agreed. All actions from previous meeting completed.	
3	**Update on** **-Cottage Hospital** **-North Locality Delivery P'ship** **-Integrated Neighbourhood Teams**	DB gave an update on the **North Locality developments** to the partnership. **<u>North Locality Delivery Partnership (NLDP)</u>** Locality Delivery Partnerships are a key part of the Integrated Care System (ICS) locality model. DB reported that the establishment of 6 Locality Delivery Partnerships across Birmingham and Solihull had been agreed by Birmingham and Solihull Place Committee. The LDPs will be a mechanism for the Community Care Collaborative (CCC) to work through locality plans and activities. Each LDP will be chaired by a local GP and will have a Senior Responsible Officer to support and lead. It will also work with local hospital leadership and other health partners. The CCC will be responsible for developing integrated care within the Integrated Care System. Governance and	

		structure are still evolving and the CCC is not yet up and running. The full model is still also yet to be confirmed by BSol ICS. LP asked if the LDPs include private social care providers. This would then help the ICS link with patients who aren't accessing statutory services and may be funding their own care. LP also asked how the VCFSE sector could feed into the ICS structures. DB replied that Professor Graeme Betts is the chair of Birmingham Place Committee and Director of the Adult Social Care Directorate at Birmingham City Council and therefore will ensure that social care needs are represented, but that he will take back feedback to the Place Committee. DB added that Birmingham Voluntary Services Council (BVSC) were working with BSol ICS as the community and voluntary sector link organisation. OOS commented that the BVSC reach in Sutton Coldfield may not be as great as in the rest of the City which is why it was important for the Sutton Coldfield VCFSE Partnership to be represented on the North Locality Delivery Partnership in their own right, enabling them to input into the ICS systems. BP commented that Witton Lodge Community Association had been commissioned by B'Sol ICS as the lead VCFSE organisation for the North Locality and tasked with developing a business case for the delivery of the fund within the North. OOS replied that the Town Council was aware that Witton Lodge had been commissioned to develop the business plan for the North. The Town Council were working with them to organise a workshop for Sutton Coldfield groups (on 21st March) to be able to input into the business plan. SJ commented that he felt the framework was good and focused on what can be delivered on the ground through community effort. SJ asked if, given the new UHB structures, Good Hope Hospital could be referenced in its own right in relation to services in the North Locality. DB replied that he would pass on the feedback to the Place Committee. **<u>Cottage Hospital</u>** DB reported that the business case for the Cottage Hospital proposals had been signed off by Integrated Care Board in January 2024, awarding £10 million towards the creations of an older adults' hub for over 65's at the site. He detailed the plans for the site, including creating more provision for community diagnostics, relocation of a GP practice, additional clinical and treatments rooms and inclusion of VCFSE. It is hoped that the redevelopment will provide better joined up care, particularly with the inclusion of the VCFSE and signposting to community assets. For primary care, it increases clinical capacity which will reduce the demand on GP appointment; for secondary care it helps to reduce backlog,	**DB**

providing out of hospital diagnostics. The timeline for the development indicates that the building will be fully operational by September 2025, however timescales are provisional and subject to change.

The next steps include mobilising a project team who will be looking at how to ensure services aren't impacted during the works. DB added that he was looking to work with the H&W P'ship on:

- Alternative spaces for clinics and consultation spaces whilst building works were underway.
- Car parking solutions
- Communications with residents.

LP asked:

- To what extent was the hub to be a 'one stop shop' for older adults? For example, what services would be the responsibility of the GP provider, or the services delivered from the hospital.
- If patients at Good Hope could be relocated to the older adult's hub?
- Noted that mental health is important to include in the provision to be able to take a holistic approach when supporting patients.

DB replied that an existing GP provider will be relocating into the Cottage Hospital which will enable referrals to services to be more efficient. It should be able to serve a number of needs in a shorter period of time. Whilst there are no plans for patients to be physically transported from Good Hope to the Cottage Hospital, services will be moved over to the site and patients should naturally follow. DB added that he will feedback to the ICB board comments on the mental health component.

AS commented that that she and JJ had complied a list of community spaces and venues in Sutton Coldfield that could be provided to BCHC. AS added that she and OOS were in contact with the BCHC and Good Hope Hospital Communications Team which will be helpful when relaying information to residents.

Integrated Neighbourhood Team (INTs)

DB gave an update on the development of Integrated Neighbourhood Teams, including their purpose, who is in them and where they originated. The vision for INTs is to "Support people to live healthier, happier and more independent lives, in the neighbourhood and communities they call home".

INTs bring together those who are knowledgeable about both the health and community sector working with those who use health services most frequently. Around 10% of people make up 69% of demand on the health services and 45% of those patients had preventative potential.

Within the North Locality, the KEN Primary Care Network (PCN) is the pilot PCN. Following evaluation from the pilot PCNs across B'ham and Solihull, INT teams will be rolled out across all PCNs throughout the City.
AS thanked DB for his presentation and keeping the P'ship up to date.

4	**Sutton Coldfield Falls Steering Group**	AS reported that the first Falls Steering Group took place on Friday 19th January. There was a good range of representation, with a focus on clinical engagement to help get the falls agenda underway. A series of actions were discussed at the meeting, including: • Falls Prevention Pathway – Bringing together the pathways for those who are at risk, or have fallen, for both primary and secondary care whilst also acknowledging the role of the voluntary and community sector. • Communications Campaign – Aiming to improve consistency of messaging across the health sector around falls prevention as well as associated campaigns. It is hoped that this will be a collaborative effort including communications teams from Public Health, Good Hope and UHB. • Home Hubs – Frances Heywood, a local resident and researcher, proposed a home hubs model. This model focuses on home adaptations and how to support people to live in their homes independently for longer. Due to the scale of the project, further conversations need to be had. • Practitioner and public event – To look at the pathway mapping and the communications campaign, it is proposed that a practitioner event for health professionals and VCFSE who work in the falls space, is held in June. A further pubic event in October is proposed and Age Concern Birmingham have confirmed that they would be happy to lead this. AS added that she was continually making connections and building relationships with relevant NHS staff. SJ commented that the UHB was now working to a devolved model and Good Hope Hospital are keen to work closely on local community initiatives and efforts. This included INTs when established. In reference to cohesion of health professionals and pathways, SJ noted that there is often a disconnect between GP's and hospital consultants and therefore Good Hope Hospital were hosting a networking meeting to help build connections. AS asked if the INT frequent service user (FSU) data included frequency of falls as this would be useful for the falls steering group work. DB replied that he would check this with the INT teams. LP asked how proposals for projects that support health and wellbeing, and falls, could be presented and considered by the falls steering group. AS replied that the steering group will be looking at why people fall and how it can be prevented. This would help identify what structures and activities are already in place and then what the gaps might be. The plan was to work with the local VCFSE to link their work to the pathway mapping, in the first instance. AS added that the October community event offers an opportunity to ask residents what activities they may already be taking part in and what they would like to see more of.	

5	**Sutton Coldfield VCFSE Partnership**	JJ reported that the Town Council has worked with local voluntary and community organisations to keep them up to date with key ICS development, particularly in relation to the Fairer Futures Fund (FFF), which has or will have, grants of different sizes, at city-wide, locality and constituency level. The Sutton Coldfield VCFSE is now a constituted group with an agreed Terms of Reference. Through BVSC, BSol ICS have commissioned one organisation to be the Lead VCFSE organisation in each locality and to develop a business plan for the locality. The business plan will provide access to Locality level FFF. Witton Lodge Community Organisation have been commissioned to develop the plan for the North Locality. The North Locality encompasses Sutton Coldfield and Erdington. A workshop will be held on Thursday 21st March for local VCFSE and health professionals to begin conversations on the health priorities and needs for the North Locality and the FFF. Groups will be encouraged to talk about the services and activities they run and report on the challenges they and their service users are facing. Witton Lodge are also looking to hold drop-in sessions in local venues as well as focus groups for both citizens and community groups. The Town Council will work with them to facilitate these.	
6	**Partner Update**	JJ gave an update on behalf of Sutton Coldfield Charitable Trust. The Trust are currently looking at alternative models for personal and individual grants and will be holding a focus group with community centre leaders and other stakeholders, given the anticipated increase in need. BP reported that BCC had been awarded £1.67 million from the Department of Health to support stop smoking initiatives and an action plan was currently being created. LP reported that BVSC would be hosting an event at the Symphony Hall on 18th April around the importance of art on health and wellbeing.	
7	**AOB**	LP asked if a report on the progress against the H&W Roadmap could be presented at the next P'ship meeting. AS commented that she had created a progress tracker for the H&W priority, from 2016. This could be shared with the P'ship and continue to be updated. AS could also update the Health and Wellbeing Roadmap for the next meeting	**JJ/AS**
8	**Date of next meeting**	Thursday 16th May, 10:00 – 11:30	