

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 23rd March 2021, via Microsoft Teams – Actions

Present:

Councillor Rob Pocock (Chair), Mick Brown, Debbie Clancy, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley.

Also Present:

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.

Councillor John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities.

Maria Gavin, Assistant Director, Adult Social Care.

Elizabeth Griffiths, Assistant Director, Public Health.

Dr Chipiliro Kalebe-Nyamongo, Research and Policy Manager, Healthwatch Birmingham.

Dr Frances Mason, Public Health Service Lead: Inequalities.

Gail Sadler, Scrutiny Officer.

Paul Sherriff, Director of Organisational Development and Partnerships, BSol CCG.

Emma Williamson, Head of Scrutiny Services.

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.civico.net/birmingham") and 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.

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 16th February 2021 were agreed.

Public Health Update

Dr Justin Varney's PowerPoint presentation was circulated to members of the committee on 17th February 2021.

Sexual Health: Testing and Treatment Service in Birmingham – Umbrella

An email was sent to members of the committee on 23rd February enquiring if they would like to receive a paper copy of the Umbrella Annual Report.

Preparation for Adulthood Proof of Concept

A report on the 'Evaluation of the PFA Programme' was added to the 'Items to be Scheduled' on the Work Programme.

Petition – Norman Laud Association

A letter was sent to the Cabinet Member, the Lead Petitioner and members of the committee setting out the resolution that had been agreed.

Councillor Peter Fowler asked that it be recorded in the Action Notes that he seconded the petition.

5. PUBLIC HEALTH UPDATE

a) Covid-19 Vaccination Programme

Paul Sherriff (Director of Organisational Development and Partnerships, BSol CCG) attended the meeting to set out the latest position regarding the roll-out of the Covid-19 vaccination programme in Birmingham and Solihull. The main points highlighted were: -

- To date across Birmingham and Solihull in excess of 500,000 people had been vaccinated across various sites including hospitals, GP-run sites and large vaccination centres which include Millennium Point, Aston Villa Football Club and Edgbaston Cricket Ground.
- Over the next couple of weeks will continue delivering first doses of the vaccine and during April there will be a large piece of work around administering second doses.
- At programme level, there is an Inequalities Group with representation from both Birmingham and Solihull Directors of Public Health. The focus of the group is to ensure vaccine hesitancy is being addressed. Working with certain communities and groups of the population where take-up of the vaccine is low to understand the reasons behind that. Freeing up GPs time so families can have conversations with people they trust.
- Providing a mobile vaccination service in some Wards where communities may not be prepared to travel but might have a vaccine from a trusted source closer to home i.e. places of worship and community venues.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The uptake of the vaccine in the over 80s age group is well above 90% but drops off slightly in the younger age groups.
- Several actions are being taken to increase uptake in the BAME communities including an agreement with NHS England and the Joint Committee on Vaccination and Immunisation (JCVI) to pilot multi-generational vaccinations and the use of the mobile vaccination service.
- At the moment, there are only two vaccines being offered in Birmingham i.e. Pfizer and AstraZeneca and which vaccine is administered is based on the supply that is provided. Neither the Johnson and Johnson or Moderna vaccines are currently available.
- Adverse media concerning the AstraZeneca vaccine saw increased hesitancy or reluctance in receiving the vaccine for a couple of weeks but have now started to see a reversal of this trend.

RESOLVED:

Paul to provide the following information: -

- From an immunology viewpoint, the percentage of uptake of the vaccine needed for the programme to be effective.
- The likelihood of catching Covid-19 more than once.
- Usage of donated blood plasma.

b) Covid-19 Data

Elizabeth Griffiths (Assistant Director, Public Health) gave an overview of the latest information on the epidemiology and insight resulting from that. The main points highlighted were: -

- Nationally, case rates are coming down but, in some areas, an increase in the young adult school age population. In some parts of the West Midlands there is an upward trend in the older population. Most of the transmission is within household settings but there is also evidence of workplace spread.
- The increase in the school age population i.e. 13-17-year olds and early adults 18-24 years olds may be due to a combination of increased exposure in a school setting and increased testing in those age groups.
- The majority of linked cases i.e. clusters is between domestic household settings. If someone comes into contact with Covid it is likely that they will spread it to other members of the household.
- For people who are symptomatic there are several testing options available including walk through, drive through and 3 mobile units that operate across the city.
- If people are not symptomatic, lateral flow tests are available from mobile units around the city, community testing sites and almost 100 pharmacies. Support is also being given with the collection of home test kits for people that have children in a school setting. In addition, government has announced support for workplace testing.

- Currently have just under 800 Community Champions who receive weekly information to share within their communities.
- There is ongoing engagement with faith leaders and partners across the city. Working closely with mosques regarding planning for Ramadan and Eid.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The information provided to Community Champions which, in turn, is circulated to networks within the community has created a two-way conversation where resources can be directed to deal with specific areas of concern raised by members of the public.
- The email sent to Community Champions includes a section on 'Things to Share' but there is an issue that needs resolving in that the links in that section are text links not hyperlinks.
- Although there is an increase in cases in children of school age, risk assessments and appropriate action is being taken by schools at minimising the spread by excluding 'bubbles' as necessary.
- Should the country be hit by a 3rd wave of Covid there is continued planning in place. Each local authority is updating their Local Outbreak Management Plan. These documents outline procedures that are taken locally and how those procedures link into national programmes. Plans are due to be republished at the end of the month.

RESOLVED:

- A copy of the Ward-based data presented to the Local Covid Outbreak Engagement Board is circulated to members of the committee.
- The Communications Lead will be informed about the hyperlink problem.
- A further update is reported to the next meeting.

6. HEALTH INEQUALITIES IN BIRMINGHAM

Creating a City without Inequalities Forum

Councillor John Cotton (Cabinet Member for Social Inclusion, Community Safety and Equalities) introduced a paper outlining the aim and focus of the work of the 'Creating a City without Inequalities Forum' which is a sub-group of the Health and Wellbeing Board. The Forum is chaired by Councillor Cotton with a remit to mobilise, influence and work collaboratively with partners and agencies to identify and tackle the underlying drivers of health inequality.

Due to the pandemic, the work of the Forum had been paused but will recommence in the coming months and will focus on those underlying issues of inequality which were identified by Professor Sir Michael Marmot and use of the Marmot principles will form the plan for the next phase of the Forum's work. The Forum will focus specifically on transforming those Marmot objectives into tangible outcomes and actions to address inequality in the city.

In discussion, and in response to Members' questions, the following were among the main points raised:

- The reduction in public spending, over many years, has had a negative impact upon inequality because it has not always been possible to retain support for prevention-based work, to support people falling into crisis, in order to maintain funding for statutory services.
- The City Council's Delivery Plan explicitly states that tackling inequality is the core business of the local authority.
- Covid 19 has exposed all the inequalities that have existed for many years in the most deprived communities and areas of Birmingham including unemployment, housing and educational achievements in order to gain access to employment other than manual low paid work.
- One of the Marmot principles is around unemployment and economic activity so the Forum will be looking at how to embed diversity best practice and ensure everyone economically in the city gets access to jobs and growth from investment in the city.

RESOLVED:

A further update on the work of the Forum and a draft Action Plan for implementing the Marmot principles is scheduled on the work programme for the forthcoming municipal year, to enable HOSC to make constructive inputs to the Action plan before it is finalised..

Healthwatch Birmingham

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) and Dr Chipiliro Kalebe-Nyamongo (Research and Policy Manager, Healthwatch Birmingham) introduced the findings and impact of a report on the experiences of health inequality from the Somali community in Birmingham.

A key priority for Healthwatch Birmingham is to engage and listen to all ethnic communities across the city. At the outset it was decided to look at one particular ethnic group rather than group people together under the term BAME. The Somali community was chosen because it's a newly emergent community that has grown fast over the past 6 years and data shows the Somali community live in the most deprived Wards in Birmingham.

Members were told about the key issues faced by the Somali community in accessing health and social care services in Birmingham including during lockdown and into the recovery phase of services. The findings of the report had been shared with health providers and commissioners in Birmingham and actions had begun to address the issues raised.

The committee was told that it was important that inequality is at the heart of the restoration and recovery of health and social care services. Developing engagement models that understand those communities and involving them in the development of plans.

In discussion, and in response to Members' questions, the following were among the main points raised:

- There is an issue about integration. Somalis coming into the city tend to seek rented accommodation. The availability of cheap rented accommodation is usually found in the most deprived areas in Birmingham, therefore, exacerbating problems that already exist.
- There is also an issue with social cohesion. Unlike the Muslim community who have mosques and the Sikh community who have temples, there is nowhere for the Somali community to coalesce. This is something that the City Council needs to bear in mind.
- The role of the elected member and that connection to local communities is important to having a unified city-wide approach to tackling inequalities around housing, employment, education and social cohesion.
- There appears to be an issue of 'trust' with the healthcare system within some communities. Work needs to be done to ensure that all communities feel that the healthcare system is there for everyone.

RESOLVED:

The committee to receive a further report on the engagement work with other communities. Of particular interest would be an insight into the health status and potential health inequalities experienced by the City's Bangladeshi community.

7. ADULT SOCIAL CARE PERFORMANCE MONITORING – MONTH 9

Maria Gavin (Assistant Director, Adult Social Care) presented the quarterly update on adult social care performance. Briefly summarising performance against the top 5 performance indicators chosen by the committee as a priority and answering queries on the full set of performance indicators. The 5 key performance indicators are: -

- **The number of long-term admissions into residential and nursing care.**
- **Clients reviewed in the last 12 months.**
- **Direct Payments.**
- **Shared Lives.**
- **Delayed Transfers of Care.** (Currently suspended).

In discussion, and in response to Members' questions, the following were among the main points raised:

- Due to the pandemic there was a need to discharge patients from hospital rapidly and an increased number of older people becoming unwell. This led to an increased number of people going into care homes, but the people supported at home has also risen. So, although there has been a rise in bed-based care, the actual underlying trend is a higher percentage of discharged patients being supported in their own home.

- Members were assured that the data was as up to date as possible and a copy of the performance report had been circulated to the committee at the same time as it was received by Cabinet.
- In response to a request for a red rated performance indicator report, the committee was told that the 5 indicators chosen for more detail was because those areas of policy were central to the committee. The alternative approach would be to consider the red rates performance indicators instead.

RESOLVED:

That the committee considers the possibility of adopting a red indicators first model when it convenes for an informal meeting following the AGM.

8. WORK PROGRAMME

The work programme was noted.

9. REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)

None.

10. OTHER URGENT BUSINESS

Members were told that the matter of the closure of Goodrest Croft Surgery, previously raised by Councillor Peter Fowler on behalf of Councillor Adam Higgs, had been discussed at the Birmingham/Solihull JHOSC on 9th March 2021. The Chairman had also attended a further meeting with Solihull councillors and BSol CCG to discuss the matter. It had been agreed that Gemma Rauer (Assistant Director of Communications and Engagement, BSol CCG) would reflect on a number of points made by members at Solihull around improving engagement on closures, or other services changes, to ensure that Ward members, and members of this committee, are alerted to changes in their Wards. The next Birmingham/Solihull JHOSC will take place on 10th June at 2.00pm where Gemma Rauer is due to report back on taking stock of lessons learnt, as raised both at the meetings with Solihull Councillors and also raised at this committee. In turn, that will be reported back to this committee.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 1212 hours.