

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 19 JANUARY 2021

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 19 JANUARY 2021 AT 1500 HOURS AS AN ONLINE MEETING

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Chair of Birmingham Health and Wellbeing Board
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Mark Garrick, Director of Strategy and Quality Development, UHB
Chief Superintendent Stephen Graham, West Midlands Police
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
Nichola Jones, Assistant Director, Inclusion and SEND, Education and Skills
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Professor Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Stan Silverman, Interim Clinical Chair, NHS Birmingham and Solihull CCG
Dr Ian Sykes, Sandwell and West Birmingham CCG
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Damilola Agbato, Programme Senior Officer, Public Health, BCC
Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Paul Campbell, Public Health Service Lead - Wider Determinants, Public Health
Dr Marion Gibbon, Acting Assistant Director of Public Health
Stacey Gunther, Service Lead – Governance, Public Health
Lucy Heath, Healthy Futures, Black Country and West Birmingham
Karen Helliwell, BCC CCG
Carol Herity, NHS Birmingham and Solihull CCG
Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs
Patrick Nyarumbu, Executive Director of Strategy, People and Partnership, Birmingham and Solihull Mental Health NHS Foundation Trust
Monika Rozanski,

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Ralph Smith, Service Lead, Knowledge Evidence and Governance
Kyle Stott, Public Health Service Lead, Place
John Williams, Assistant Director, Adult Social Care
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 506 The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

DECLARATIONS OF INTERESTS

- 507 The Chair reminded Members 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.

APOLOGIES

- 508 Apologies for absence were submitted on behalf of Professor Graeme Betts, Director for Adult Social Care and Health (but John Williams as substitute); Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG (but Stan Silverman as substitute); Toby Lewis, Chief Executive, Sandwell and West Birmingham NHS Trust; Waheed Saleem, Birmingham and Solihull Mental Health NHS Foundation Trust (but Patrick Nyarumbu) and Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions.

EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

Members highlighted the following report and appendix which officers had identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report:

- 509 **RESOLVED:**

That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those

parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

MINUTES AND MATTERS ARISING

510 **RESOLVED: -**

The Minutes of the meeting held on 24 November 2020, having been previously circulated, were confirmed.

ACTION LOG

The following Action Log was submitted:-

(See document No. 1)

Stacey Gunther, Service Lead – Governance, Public Health introduced the item and advised that there were no outstanding actions on the Action Log.

511 **RESOLVED: -**

The Board noted the information.

CHAIR'S UPDATE

512 The Chair welcomed everyone to the meeting and stated that it had been an extremely challenging few weeks and that she knew how extraordinarily busy our health colleagues continue to be with the new variants of Covid-19 that had put unprecedented pressures on our health and hospital settings.

The Chair stated that she was pleased that the new national lockdown imposed earlier this month appeared to be working as infection rates were gradually lowering - although the pressures within our hospitals may not yet have peaked.

The Chair highlighted that our Public Health team had been recruiting Covid-19 Champions and that she was delighted that we now had our 500 Covid champions. She added that our Covid champions played a vital role in ensuring our communities receive regular factual updates of the latest advice and guidance, with weekly webinars on key topics as well as the opportunity for them to share their insights and concerns. Through their local knowledge and networks, and by being a part of their communities, they could help us reach residents including those whom we may not reach in other ways. The Chair further stated that we were keen to increase the number of Covid Champions as we really do need to ensure we try and minimise the amount of mistruths being circulated in our communities. She encouraged those that would like to

help to please look at the Council's website and sign up to be a Covid Champion as she also was one of the champions.

The Chair stated that last week she was chairing an event with her LGA hat on responding to the Department of Health guidance on the establishment of Integrated Care Systems (ICS). She added that she welcomed the direction of travel and the role of Health and Wellbeing Boards going forward will have a significant part to play in the development of ICSs.

The Chair highlighted that moving on to today's agenda we have an action packed agenda and that she was delighted that we had Paul Jennings with us today to talk about the vaccine rollout as she knew that this was something of great interest to us all.

PUBLIC QUESTIONS

- 513 The Chair advised that there were no public questions submitted for this meeting.

CORONAVIRUS-19 POSITION STATEMENT

- 514 Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 2)

In response to questions and comments Dr Varney made the following statements:-

- a. Dr Varney noted Dr Manir Aslam's queries concerning engagement with the vaccination programme and the level of misinformation around the vaccine being targeted to the groups that were most likely to be affected by Covid ... and conversations with older Asian women and older members from the Black community who were saying that they did not want to take the flu and the Covid vaccines because of the misinformation. He added that Jane Salter Scott from Sandwell and West Birmingham was linking with us and Gemma from the Birmingham and Solihull CCG. We had been doing a number of awareness sessions.
- b. With the Covid Champions we were running a three part vaccination education programme which was based on explaining what was a vaccine how it worked and how the Covid vaccine worked and were doing similar work with our faith leaders which covered different faith groups and with the community engagement partners which was focused on both ethnic and other dimensions of identity communities in the city.
- c. We were working closely with the two CCGs engaging with their leads and ensuring that these were connected up and joining up the dots. We were taking an approach which was around promoting the fact and dispelling some of the myths rather than having arguments with Covid

anti-vaccinators which we knew was not productive. The reason there was misinformation being circulated was the pressure of social media which was difficult to undo.

- d. We had put a lot of effort into making sure translated materials were available in people's first languages. It was thought that the most important aspect of this was the Covid Champions as people trust most what they got from people that they cared about most and that was the whole premise of the Covid Champions working through people's personal networks to provide accurate and factual information to them.
- e. Dr Varney noted the Chair's enquiry concerning what work was being done with health professionals that could go out into some of those communities and advised that Public Health had provided the opportunity for the NHS to put forward spokes people.
- f. Dr Sonia Ashcroft joined with him on Monday 18 January 2021 to meet with the Inter-Faith Leader Groups and members of the Asian community and local GPs. We had been doing this and as spokes people put forward by the NHS and we were working closely to mapped them into the speaking opportunities with the engagement sessions that we had to maximise that and will continue to do so as this vaccination programme moved forward.

The Board noted Dr Varney's slide presentation.

BIRMINGHAM AND LEWISHAM AFRICAN CARIBBEAN HEALTH INEQUALITIES REVIEW

Dr Justin Varney, Director of Public Health introduced the item and advised that the report was to give the Board an update on progress in relation to the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR). Dr Varney then drew the attention of the Board to the information contained in the report.

(See document No. 3)

The Chair commented that this was something she was passionate about as she believed that we had to get to the issues why communities felt that they were being discriminated against and why certain inequalities kept happening. The Chair added that she knew how difficult this had been to get it off the ground to get to some of the key points that we needed to get to in order to start making change. For her as somebody who was African Caribbean and was in the community, she was trying to ensure that we engaged with the community as much as possible.

The Chair enquired whether the work with Lewisham particularly the issue about people wanting to remove the term 'black'; whether we had really started to get to the crux of what the issue was as to her this was not what she thought was a major issue.

Dr Varney gave the following response:-

- ✓ It ought to be remembered that this was an 18 months process and, in many ways, when we had been reflecting after the first meeting. The reason we talked about racism and discrimination in the first meeting was to some extent the topic, but knowing that this would be the one where there were many recommendations that would impact on it but would play out through the more specific topics as the system moved forward.
- ✓ The reason he had highlighted the one around language and monitoring was that although in many ways people would step back and say – oh that was not big a deal – both panels felt strongly about it and talked about the negative connotation about the language of black and the word black was associated which was quite uniquely associated to the African and Caribbean community compared to the Asian community. Colourism was described as something that was played out in people particularly in children's development.
- ✓ We talked about what was right or wrong, we talked about black and white so this was the way they had articulated these recommendations which very much came from them. What was important for the Board to recognise was that through each of these sessions we will build more and more recommendations. It was through the totality of these actions that we would see the shift of the community.
- ✓ We were quite firm with the Boards to get to concrete tangible deliverable outcomes. They were not ready at this point for the Board to see a version of these recommendations which the BLACHIR recommended that the Council did this by then. There were smart recommendations coming, but we wanted to bring those back to future Board with a full write up after the first meeting.
- ✓ Currently, because of the pressures in Lewisham who were leading that write up they were not able to get that done in time for today's Board meeting. There will be concrete smart recommendations for the review and they tied back to the evidence base and the lived experience of the people on the two Boards. It was the totality of the review that would achieve the step change and we should see each of these recommendations as a step forward in that direction.

Richard Kirby commented that the newly formed Birmingham and Solihull ICS Equalities Work Stream provide a place where we could pick up the insights from this review for the NHS in the city. He undertook to contact Dr Varney concerning the issue.

Andy Cave commented that it was interesting to hear some of those initial findings from this and a lot of it resonate with our report for the Somali community which had been published recently around discrimination, cultural language difficulties and diagnosis and referral where discrimination fits within that for health and social care services. It was interesting to see how those two reports married up.

- ✓ Dr Varney advised that the Somali piece of work was feeding in as some parallel piece of work as we moved into this next session with them on pregnancy where Lewisham had done some good work on insight to maternal care with African and Caribbean mothers which was feeding in directly.
- ✓ One of the advantages we had with this joint partnership was that we were drawing all of this insight from local Healthwatch, maternal improvement partnerships etc. in from both areas and being able to draw across. The plan was that they would bring back to the Board probably at alternate meetings an update on the previous session or segments but also the completed chapters of the review.
- ✓ The aim was to bring the chapters as they were completed rather than wait for the final report at the end. As Mr Kirby alluded to there was a link with the Birmingham and Solihull Inequality work stream and similarly with Black Country and West Birmingham Inequality work stream and keeping both of our NHS system partners emerging inequalities narratives linked into this and the wider work of the Health and Wellbeing Board.

515 **RESOLVED: -**

The Board

- i. Acknowledged the progress made by the BLACHIR project;
- ii. Noted the new model that is being developed between the two Local Authorities; and
- iii. Agreed to support the identified recommendations and promote outcomes to reduce health inequalities.

CORONAVIRUS -19 VACCINE UPDATE

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

1. We now had a third more patients in hospital beds with Covid-19 than we did towards the peak in April 2020. We had 150 people or thereabout in intensive care in the three University Hospitals Birmingham (UHB). There were more patients in Sandwell and West Birmingham (number not at hand).
2. We were having to pull out all the stops in terms of mutual aid and with colleagues who were working across the system working in different places in different roles to ensure that we kept our care system running. A story you often heard repeated but was worth repeating here – this was only working because of the marvellous collaboration with teams between organisations and systems.
3. If we did not have such close working with the community trust and care system, moving patients between the system, moving patients home, finding care for patients at home, finding other places for patients to go –

- if we did not had that in place we would not had the beds we had in the hospital system for those patients we were now seeing with Covid-19.
4. The average age of those in ITU at the moment was 58 years old. This virus will strike wherever it strike and we all needed to be aware of it and needed to be conscious about doing whatever we could to resist it and follow the rules we needed to follow. The good news was that the vaccine had being received just before Christmas we started our vaccination programme.
 5. That he was unable to say how much vaccines were delivered in Birmingham at present, but that he was unable to say as they were still having to work their way through the information systems and ensured that it worked properly to give the information. Over the last few weeks the programme had been escalated, building more capacity and we had run our system in such a way that we had virtually eliminated any wasted vaccine.
 6. There were sometimes technical reasons where we could not use certain things but we had worked hard to ensure we got maximum benefit out of this. We had 27 sites operating across primary care excluding the sites that were also operating in West Birmingham. We had hospital hubs running at the Queen Elizabeth, Heartlands, Good Hope, Birmingham Children's Hospital and the Royal Orthopaedic Hospital. All of these were offering facilities for health and care workers and the over 80s which were our key target group.
 7. In Primary Care we were focussing on the over 80s but also seeing health and social care workers. We had a massive programme to immunise those in care homes and were on target to finish all the care homes that we needed to visit within the next week or so. We had a lot of care homes within our system – 194 care homes – which was registered for older people.
 8. We were now starting a programme of immunisation for the housebound. That he was confident that they would be able to work their way through those first few cohorts that had been identified by the Joint Committee on Vaccinations and Immunisations within the time scale we had been given to do it.
 9. As anticipated the vaccine did not all flow at once, as the system gradually build up, we saw more and more coming through. We had capacity to get more and the more we could get we would made use of. It was not a competition, but it was known that the Midlands was a region that stood out a few days ago as having immunised the most number of people in this region. We were confident that in Birmingham and Solihull we were doing well in terms of making that work.
 10. Mr Jennings expressed thanks to all for their work and a special word of thanks to those in Primary Care many of whom had been working 7 days per week since Christmas to make this programme work. They worked long days to ensure that nothing got wasted. GPs were leaving their surgeries at 2130 hours to find people to be vaccinated. The atmosphere in the vaccination centres was fantastic. The sense of those who were engaging in the vaccinating knowing they were doing good work was uplifting after a year of what felt like being downtrodden.
 11. It was an emotional experience to see many of the folks who were coming forward for immunisation amongst the older cohorts, some of these people had not left their house now for the best part of a year,

coming out to receive their vaccine and beginning to see a light that came back on as we started to see a world that we recognised and as we began to meet with people. We were not there yet, but we were on our way and it was coming and was a fantastic piece of work that people were engaged in.

Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs made the following statements:-

- i. There was really little to over and above what Mr Jennings had stated. When we set out on the vaccination programme, we agreed that we needed to joined up the approach across Birmingham so that it was coherent for the population across the patch.
- ii. All of our Trusts across the Black Country and West Birmingham and hospitals were doing the same as the ones were doing across the rest of Birmingham – vaccinating the local health and social care workers and were ensuring that older people who were going to the hospitals were vaccinated before discharge.
- iii. Four Primary Care Networks (PCN) in West Birmingham were also vaccinating and using the same criteria as were implied for the PCNs in the rest of Birmingham. We had two sites that were operating on that. A couple of our PCNs came together so that they could deliver something slightly more at scale.
- iv. Exactly the same observations as Mr Jennings stated. Having been able to attend our vaccination sites was probably one of the nicest things she had done for a while, seeing the smiles on people's faces as they got their vaccinations was fantastic. Also the boost to the Primary Care workforce as they had been working hard in relentless times to keep going.
- v. One of the GPs commented that he might blew up the comments that were placed on the feedback forms from the vaccination centre and put them on his walls to keep him going on days when the work got tough. These were positive messages coming through and good work. We had exactly the same things happening in terms of care homes and was the same as the rest of Birmingham.

Councillor Bennett enquired What percentage of care home residents had been vaccinated and when do we expect to have done them all. There have also been reports in the press that up to a fifth of care home staff (nationally) have refused vaccinations. What the comparable figure for Birmingham was and how is this was being addressed.

Mr Jennings advised that within about a week we would finish the care homes in Birmingham. He added that the only powers we had were persuasions with care home staff, but we were increasing and starting to win that battle as colleagues had become encouraged. In terms of the information, we feed all of our vaccinations information to a system called Pinnacle and some of the connections of the system was not fully functioning yet. However, we got for the first time regional data over the weekend and it was understood that we would be getting weekly data by way of ICS, STPs later this week and it was hoped that we would have this soon. It was thought that the view which had been taken was that we did not want to give the information out until we were

absolutely certain that the information was correct as people wanted to know how many was done at each surgery, which hospital, how many had been done in each constituencies and in each Ward etc. Until we were able to give information that would answer the questions that the Board would rightfully want to asked, they were working on it but we were not quite there yet.

Councillor Bennett enquired whether we had an idea or sense of how this stocked up in Birmingham and on a practical level what could a care home do as they could not make people, but they could try and persuade them. He suggested that there was a risk management issue there and how this would work in practice or going to work in practice.

Mr Jennings advised that in practice you cannot change someone's employment status because they chose or chose not to have the vaccine. He stated that he understood that there were some care homes that were now saying that they would only take staff if they could demonstrate that they were vaccinated. This could be set as a rule at the beginning, but it could not be set mid-course. Mr Jennings stated that he had no information as to the level of resistance we had currently as he did not have access to that information. He added that he did not know anyone who would claim to know the numbers that were turning down the vaccine at this stage as it was so early in the process.

Stan Silverman, Interim Clinical Chair, NHS Birmingham and Solihull CCG echoed Mr Jennings and Ms Mayo's comments concerning the vaccination programme. Mr Silverman urged that everyone that after their first vaccination they were not immune to the virus and it was important to maintain social distancing, wearing a mask and washing your hands. All the physical things that reduces getting the infection and passing it on at least two or three weeks after your second dose.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that the voluntary sector was keen to help around vaccine and to engage with those communities that were struggling. There was no data available yet either on a geographical or community of interest. He enquired at what point this would become available so they could start to make some headway there. The data around location and distribution of the sites would be useful and what the availability was across the city.

Mr Jennings advised that there were 27 local sites across Birmingham and Solihull and there were four in West Birmingham as stated earlier by Ms Mayo which makes 31 sites across the patch. Given the geographical size of Birmingham and Solihull this meant that most people could not be far away from one. There was millennium point which came on last Monday and there were other potential mass sites to be made available. It was thought that for most local people it was the local sites that they would be interested in as there were 31 of those.

Mr Jennings added that in terms of the information, the only information he had was that they were anticipating information by ICS later this week. The point at which we got this down to that granularity he was not sure. This was not a sprint it was a marathon and we will be on this vaccination programme for

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another six months before we got to the end of it and there would be time to pick these issues up as we go along.

Dr Justin Varney advised that he had joined the National Vaccination Group which was hosted by the Local Government Association (LGA) to influence the development of the vaccination data to reporting to the directors of West Midlands Public Health. Dr Varney added that he was plugging in to some of those national developments at the moment.

The Chair commented that Dr Varney had been on this since the beginning of January 2020 and had done an exceptionally good job of ensuring the voice of Birmingham was heard across the country. The Chair expressed well done to Dr Varney and encouraged him to keep up the good work.

The Chair placed on record that we needed to start seeing some of that granular data as without it the vaccine hesitancy would continue to grow. People needed to know what was happening as that was part of the transparency that was needed at a local level.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG commented that the hesitancy point was important. At the moment in our over 80s we had vaccinated about 55% (could be slightly higher), but that portion of the 45% of people that we had not vaccinated was not because we had not asked them. Some were refusing and some were taking the wait and see approach and in the same way with the flu vaccination. There was a piece of work to do. Vaccinating 50% of the population did not get us out of this mess, we needed to vaccinate a significant part of the population to get to our herd immunity. There was something important about that communication, that message about the hesitancy, not just the care workers but throughout our communities that it was important going forward.

The Chair commented that it is meant for us to work together concerning the hesitancy because the distorted information about the vaccines had caused more problems in some of those inner-city communities than anything else. The Chair stated that we needed to have this discussion and that she agreed with Dr Aslam's statement that it was an important point. It was not just the care workers, but people who were listening to the nonsense being spouted. They genuinely felt that it was true so unless we educate people, we were not going to get them to change.

Dr Aslam commented that the information that came out nationally was a trusted source and GPs and Primary Care Networks were a trusted source of information so that when they had that conversation, they were more likely to have the vaccination whether it be the flu vaccination or the Covid vaccination. We just needed to think through that process.

WORKING TOGETHER FOR A HEALTHIER POST-COVID FUTURE

Lucy Heath, Healthy Futures, Black Country and West introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

Dr Aslam stated that we were on a cusp in West Birmingham, the Black Country and the rest of Birmingham. The decisions we make and the approaches we take were sensitive to the demographics of the needs of our communities. Dr Aslam enquired how we got a kind of the values of scale and continue to focus on individuals and population. How do we get that balance as this work you were doing was a function of that and the work of the Combined Authority will have some of the same as well. How do we work together so that we get the benefit of scale but it was focussed on individuals and communities.

Ms Heath advised that this was challenging and that we were facing that challenge in more than just this area as we were trying to get the balance between system and place and things like the West Midlands Combined Authority working about place. Ms Heath added that in her view we should be focussed on place and supporting work for that place and encouraging that with sharing of what happened at place so that people could learn it adopted it and spread it where it was appropriate and we could look up that shearing and learning as well so that spread was on a wider ICSs which might be her bid.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust enquired whether BCHNFT could do some work together with Ms Heath (the answer which would be yes). The reason he had suggested it was that it built a bit on the point we were having. We were organising a similar ICS wide work stream to look on inequalities within Birmingham and Solihull. Mr Kirby added that with the Chair's permission he would like to bring a summary of what they were trying to do at a future HWB meeting and to do it for the Board's approval.

Mr Kirby stated that one of the things they were looking at in that was trying to find a way to build a model for really good Neighbourhood Primary Care Network level community engagement and work on things that drove local health behaviours and outcomes. This he thought would fit this framework well and answered Dr Aslam's point about how we balanced the small scale neighbourhood work with the wider work Ms Heath shared. Ms Heath might be ahead of us with the microwork but we might have something to share with the micro-end and it was hoped that they could put the two together. Perhaps he could set out the Birmingham and Solihull work similarly at a future HWB meeting that would be helpful.

Andy Cave, Chief Executive, Healthwatch Birmingham commented that across the Black Country and West Birmingham there were five local Healthwatch so it would be good to have one of us named as somebody to support that and would have that conversation from an Healthwatch level so we could support the work.

Ms Heath advised that as part of this they did had an interview with some of our Healthwatch colleagues coordinated by Tracey Creswell to feed into reports. Ms Heath agreed with Mr Cave that they needed to think about how they carried on working together and would take the recommendations forward.

Carly Jones, Chief Executive, SIFA FIRESIDE commented that the report was an interesting one and a lot of the things that came out were prevalent markers for what put people at risk of homelessness. The housing issues, quality of housing employment income and was the kind of analysis that stopped short of encapsulating that cohort around the risk of homelessness. Ms Jones added that she would share something in the feedback survey as that would be helpful. When you spoke of specific groups, that was the specific group she was talking about and the generational issues of being at risk of homelessness as people were in poor quality housing and their physical health was deteriorating as a result etc.

Stephen Raybould commented that they were engaging in structures that Mr Kirby spoke about. It was thought that the voluntary sector contribution had been around information that was coming up from the ground from the different communities. When the report was finished, they would certainly be interested in disseminating the information around the next steps and would be happy to take that forward.

517

RESOLVED: -

The Health and Wellbeing Board input was requested into: -

- What priority should be given to each of the target socio-economic outcomes, and why?
- Are there additional intervention mechanisms that should be considered for realising the target outcomes?
- What specific candidate interventions might be considered?
- Are there specific population cohorts that whole-system action should focus on?

Feedback from the Birmingham Health & Wellbeing Board on these key questions will be fed into a report to the Healthier Futures Partnership Board in January 2021.

IMPACT OF ECONOMIC SHOCK ON HEALTH AND WELLBEING

Dr Marion Gibbon, Acting Assistant Director of Public Health and Damilola Agbato, Programme Senior Officer, Public Health, BCC presented the item and drew the Board's attention to the information contained in the slide presentation.

(See document No. 5)

Dr Aslam commented that this was a fantastically important piece of work and that what would be ideal here was to get a sense of what the economic impact was going to be in terms of unemployment. Dr Aslam enquired whether there was any modelling in terms of the number of people that were likely to be unemployed – ones that were furloughed. It was needed to get a sense of normality. In general practice we had tried in the last couple of years with the work programme to help people with getting back into work when they were using primary care services. The impact of that was good, but we needed to put that on *steroids* to get it moving for the volume of people that would be

unemployed in this environment and to create all our services to cope with that earlier intervention as in most situations it was more beneficial.

Mr Agbato advised that at the moment we had an indication of what the account was for the Birmingham area and the West Midlands. But quite a significant number of people were still on furlough and we did not know where that was going to go if some of those organisations were still going to open up and still be in business after that programme ends and how long it was going to be on for. We had an indication now and some numbers that we were working with in building that model.

Dr Gibbon stated that it was scare from the data that we had that was available. The numbers were in the thousands and would be a significant issue.

Dr Aslam enquired whether there was a programme of work that tells us about the skills of the new workforce in this new economy that developed post Covid. It would not go back to being exactly the same. Dr Aslam further enquired whether there a sense of what it might look like and how could we get the right people with the right skills to be ready for that environment if they were not working straight away.

Dr Gibbon advised that the King's Fund was doing some work in this area and there was other pieces of work that was being done to look at this as an issue. This was the next step as it was done in phases which will be one of the next pieces of work that we hoped to take forward from this. Mr Agbato advised that they were also linked with the Skills and Advice Employment Unit within the Council and was working with them and getting data from them looking at youth unemployment as well as a component of this. The work they were doing in trying to help with skills development and employability so they would also be a good source of information in terms of the skills set industries were requiring as the pandemic begins to wind down.

Mr Raybould commented that one of the big challenges were around systems and the working age population and getting interventions into people at the point at which they would need it quickly. He enquired whether there was any thought within this work as to how this could be kick-started following the pandemic.

Dr Gibbon advised that Dr Varney had a piece of recovery work that would take this forward. Dr Varney was intending that we had a Covid recovery strand of work within Public Health and would be able to share more of what was intended in due course.

518 **RESOLVED: -**

The Board noted the progress detailed in the report.

CREATING A HEALTHY FOOD CITY

519 The Chair advised that this item would be deferred to a future meeting.

Paul Campbell, Public Health Service Lead - Wider Determinants, Public Health stated that most of his updates were in the papers and if there were any questions people could get back to him. He added that the one thing that was time critical was that they were looking at holding a Workshop in early February 2021 to develop the Emergency Food Plan. This was a set of actions across the system partners and across Birmingham to try and mitigate the negative impact on the food system and food behaviour of the people of Birmingham based on the on-going Covid situation and the recent exit from the European Union.

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr Justin, Varney, Director of Public Health introduced the report and advised that this was the report that was presented in draft just prior to the first national lockdown in 2020 which was now being properly type-set and formatted and was due for publication.

(See document No. 6)

Dr Varney stated that the Board was asked to note the report's previous publication and note the recommendations for action. Dr Varney advised that the annual Public Health report for 2021 would hopefully be presented at the next Board meeting so that we will get back into the right time frame. Unfortunately due to Covid-19 we were not able to complete this last spring.

Dr Varney highlighted that immense work had gone into this report and that he was particularly grateful to Monika Rozanski and his team who had led on the coordination on this report, but also to our partners in the community voluntary sector and not least the service users themselves and the citizens whose voices was threaded throughout the report. One of the challenges in writing reports like this was that it was easy to look at the numbers and forgot the people behind them. Dr Varney added that he was incredibly proud of what the team had done working with the researchers and citizens voices to tie every recommendation in this report into the stories of being Dionne that had threaded through it, but also the feedback from the focus groups and the staff working on the frontline to help shape and ensured that the recommendations would lead to meaningful change in our city for adults with multiple and sustained complex needs and challenges.

The Chair echoed Dr Varney's comments and stated that it had been a while, but when the report was completed it was a shame that it had taken us until now to show some of that good work. The Chair encouraged the Board to read the report and to feedback anything that could be done better. She added that Ms Rozanski had done a lot of work talking to others and this had been an interesting piece of work. The Chair expressed well done to the team for their hard work concerning the report.

520

RESOLVED: -

The Board:-

- a. Noted the contents of the report; and

- b. Agreed to support the identified recommendations of the report.
-

JSNA – ADULTS CHAPTER

Ralph Smith, Service Lead, Knowledge Evidence and Governance introduced the item and advised that the report was paused at the start of the pandemic. Mr Smith stated that some of the Public Health staff were able to move back to business as usual and had un-paused certain bits of work and this chapter of the Joint Strategic Needs Assessment (JSNA) was one of them.

(See document No. 7)

Mr Smith stated that the Health and Wellbeing Board's approach to the JSNA took on a life course approach and the first section of that for children and young people was approved by this Board early last year. The working age adult which was the one being tabled today and the next life course and finally one on older adults. The document available today had been around a few internal and external stakeholders and officers around the Council and contacts through the Board. It had been commented on a lot and all the comments were included in the document. Mr Smith advised that Dr Varney had taken it to the Corporate Leadership Team recently and gave them a final opportunity to comment on it. Mr Smith stressed that as it was a pre-pandemic document a considerable amount of the data was out of date and the document had not mentioned Covid at all. In some ways this could be a criticism of the document, but as we had done so much work on it, we were keen to get it out.

The Chair commented that it was know that the information was out of date and enquired whether there were more up to date figures that could be shared.

Mr Smith advised that when the up to date figures were requested, they were dealt with on a case by case basis. There was always the opportunity to revisit this document and update it not only with updated data but focussed on the bits of the JSNA that Covid had the biggest impact upon.

Dr Varney clarified that the decision that was made that they should publish the JSNA as complete as was as if we were going to publish it last spring as there had not been the capacity in the Public Health team to update the dataset as we had been doing Covid things. The aim was that by March the Board would have the final section completed and then over the next year we would do a refresh. This as you may recall was a substantive JSNA to rebased line the JSNA for the partnership and to do update as we move forward after we had this baseline published.

The Chair commented that presently there was a lot of work going on with the ICS and sought assurance that the figures being given to the ICS were up to date figures.

Dr Varney advised that any time we received a request from any of the partners we provide up to date data. It was just the publication of the JSNA, we did not have capacity during the Covid pressures to be able to update the whole document in real time. We were competing it as it was as this one was due to

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come to the March Board in 2020, but because of the Covid we stood down the work and diverted to Covid focus. It was being deferred and sat on the shelf but we did not have the capacity to write it at this point. Any individual request that came through for local strategic operations were getting up to date data provided.

521

RESOLVED: -

The Board:-

- a. Approved the publication of the Working Age Adults Chapter of the Birmingham Core JSNA; and
- b. Noted the document was written in the pre-Covid era. The content will be refreshed in 2021/22 to include Covid data/impact.

DEVELOPER TOOLKIT

Kyle Stott, Public Health Service Lead introduced the item and drew the Board's attention to the information contained in the report.

(See document No. 8)

522

RESOLVED: -

The Board:-

- a. Noted the role of the toolkit; and
- b. Endorsed the toolkit and offered support to embedding of the toolkit throughout Birmingham City Council processes*

*At this early stage it is envisaged that the toolkit will supplement planning guidance and be routinely considered by applicants seeking planning consent and their associates, for example architects and developers.

*The toolkit has been endorsed by the Corporate Leadership Team (CLT) on the 30th November 2020, and it has been endorsed by the Creating a Physically Active City Forum of the Health and Wellbeing Board on the 16th December 2020.

INFORMATION ITEMS

523

The Chair advised that Agenda items 18 – 20 were for information only.

OTHER URGENT BUSINESS

524

No other urgent business was submitted.

DATE AND TIME OF NEXT MEETING

525

To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 16 March 2021 at 1500 hours as an online meeting.

The meeting ended at 1655 hours.

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CHAIRPERSON