BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1400 hours on 8th December 2020, via Microsoft Teams – Actions

Present:

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

Also Present:

Angela Brady, Deputy Chief Medical Officer, Birmingham and Solihull CCG.

Dr Qulsom Fazil, Institute of Applied Health Research, University of Birmingham.

Dr Jo Garstang, Designated Doctor for Child Death, Birmingham Community Healthcare NHS Trust.

Dr Marion Gibbon, Assistant Director, Partnerships, Insight and Prevention, Public Health.

Dr Laura Griffith, Senior Knowledge Transfer Facilitator, Local Knowledge Intelligence Service, Public Health England Midlands.

Helen Jenkinson, Chief Nurse, Birmingham and Solihull CCG.

Richard Kennedy, Medical Director, Birmingham Local Maternity System.

Gail Sadler, Scrutiny Officer.

Professor Sarah Salway, Professor of Public Health, University of Sheffield.

Dr Julie Vogt, Consultant Clinical Geneticist, Birmingham Women's and Children's NHS Foundation Trust.

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 17th November 2020 were agreed.

Public Health Update

The committee had received clarification that the data presented for the West Midlands is the regional area comprising of 14 local authorities. It is not the Combined Authority area.

The request for further information concerning the following is still outstanding: -

- Public Health England definitions relating to case breakdown by ethnicity to identify if the Bangladeshi community is included in 'Asian Other'.
- Information about a Covid-19 non-porcine vaccination.

Substance Misuse: Birmingham's Adult and Young Peoples Treatment Services

- Councillor Debbie Clancy had been sent information on the ring-fenced public health budget.
- Karl Beese circulated information on the Home Detox Programme and location of the CGL Hubs on 17th November 2020.

Work Programme

Councillor Debbie Clancy had been sent the Terms of Reference and Scoping Paper for the Infant Mortality inquiry.

5. PUBLIC HEALTH UPDATE

Dr Marin Gibbon (Assistant Director of Public Health) set out the latest Covid-19 data for Birmingham. Dr Gibbon confirmed that, over the past week, the number of positive cases had decreased especially in the over 60s age group but remained high in the working age group population. The Director of Public Health had expressed concerns about people socialising over the Christmas period and not remaining vigilant to Covid secure measures. Therefore, the likelihood of moving in Tier 2 restrictions would not necessarily be welcomed.

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

- Guidance in terms of faith settings is regularly updated on the BCC website.

  https://www.birmingham.gov.uk/info/50246/local_guidance_during_covid-19/2224/updated_government_guidance_on_covid-19_safety_measures_in_places_of_worship

- The NHS is leading on the roll-out of the Covid-19 vaccination. Birmingham is part of Phase 2 of the vaccination programme and should be distributed within days of Phase 1. The Pfizer vaccine requires two doses, as does the Oxford/AstraZeneca vaccine, but the Pfizer vaccine needs to be stored at -70

degrees whereas the Oxford/AstraZeneca vaccine can be stored at fridge temperature making it easier to distribute to care homes etc. Priority for vaccination will be given to the most vulnerable population e.g. over 80s, care home residents and staff.

- Very aware that in various parts of the city there is a low uptake of the flu vaccination every year. Therefore, it is vital to work with local leaders and GPs to reach those communities who would not normally come forward for a vaccine to explain the benefits of having a vaccine and provide information so they can make an informed decision.
- Will provide information regarding a non-porcine vaccination when the components of each vaccine are known.
- The vaccination is not mandatory but clear and consistent messages need to be communicated to the population based on science and history where the ability to vaccinate has reduced or eradicated infections e.g. smallpox.
- Currently working on standard operating procedures/information for GPs to facilitate the vaccination of people with physical and learning disabilities.

RESOLVED:

A further update to the next meeting including any additional information on the Covid-19 vaccination roll out programme.

6. INFANT MORTALITY INQUIRY – EVIDENCE GATHERING

Infant Mortality in Birmingham – the headline figures

Dr Laura Griffith (Public Health England) set out the key data of infant mortality in Birmingham and its positioning within the West Midlands region and nationally and the relationship between determinants of population health such as economic, social and environmental condition. Dr Marion Gibbon (Assistant Director in Public Health) looked in detail at some of the risk factors associated with infant mortality smoking in pregnancy, obesity in early pregnancy and low birth weight.

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

- The 2018-19 figures for smoking in early pregnancy were 11.6% compared to 12.8% nationally but smoking at the time of delivery rates are 10.7% in Birmingham compared to 10.4% in England and the recent trend has been for that to rise slightly.
- Female genital mutilation (FGM) did not appear to be a contributory factor to a mother giving birth to a premature baby or a baby dying of other causes.
- The relationship between deprivation and infant mortality is complex but connected to various factors including maternal health and nutrition, standards of antenatal care, the time of first contact with health services, levels of obesity and smoking (which correlate to deprivation), smoking in the home post delivery and standards of care particularly within the neonatal

period. Also, teenage pregnancies correlate with higher rates of infant mortality and this, in turn, correlated with levels of deprivation.

RESOLVED:

- Dr Laura Griffith to provide latest statistics on smoking in pregnancy.

Perinatal Mortality – Birmingham and Solihull Local Maternity System

Richard Kennedy (Medical Director, Birmingham Local Maternity System) explained that a report entitled 'Better Births' (2016), a national review, highlighted the great variation of quality across maternity services. The recommendations resulting from that review was to provide continuity of care by the same individual healthcare professional, or a small group of healthcare professionals, through the whole pregnancy, birth and postnatally. Better perinatal mental health care and a system approach, working across boundaries, to deliver care which is equitable to everybody within a geographical area. This was followed by a national maternity improvement programme which set a target of a 50% reduction in perinatal mortality and still birth death rates by 2025 which was based on the 2010 baseline. Mr Kennedy also highlighted the three most modifiable factors which influence perinatal mortality and local/national data pertaining to those factors i.e.

- Pre-term birth
- Fetal growth restriction detection
- Smoking

Child Death Overview Panel – Infant mortality and ethnicity data 2018-2020

Dr Jo Garstang (Designated Doctor for Child Death, BCHC) stated that the Child Death Overview Panel (CDOP) reviews the death of every child from the city of Birmingham and the data she was presenting related to children whose deaths were reviewed between April 2018 and March 2020. Dr Garstang also explained what data was collected and how CDOP categorise deaths. The Birmingham 2011 census was used to compare the ethnicity of child deaths.

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

- It was acknowledged that the population ethnicity may have changed since the 2011 census, but the Pakistani population is over-represented in deaths both in the perinatal category and the congenital causes.
- Clarification was sought regarding the ethnic profile of the base population i.e. was it taking the specific ethnic profile of people of parent age rather than the city average and whether the data had been adjusted for this.
- CDOP look at modifiable factors in all deaths – these are defined as actions or initiatives that could improve future outcomes. These modifiable factors are in 4 domains: intrinsic to child, social environment, physical environment and service provision. Approximately 25% of deaths had modifiable factors. There are very few perinatal deaths with modifiable factors relating to service provision.

- There is a national bereavement care pathway for stillbirth and perinatal deaths. Parents should have a follow-up appointment with their consultant a few weeks following the death. Parents of infants who die in the community will be supported by the Palliative Care Team or the specialist CDOP nurses.

RESOLVED:

Dr Garstang was asked to provide the committee with a comparison of the infant mortality ethnicity data with the base population profile age-adjusted i.e. for women aged 16-45.

Explore national policy/guidance and NHS initiatives relevant to this issue

Angela Brady (Deputy Chief Medical Officer, BSol CCG) introduced the following policy/guidance which is relevant to the review: -

- Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for Maternity Care (2016)
- Saving Babies Lives Care Bundle (version 2) which is a guidance document for Maternity Services and Commissioners developed by NHS England/NHS Improvement in March 2019 which provides detailed information on how to reduce perinatal mortality across England.
- The NHS Long Term Plan published in January 2019 which includes specific measures for maternity/neonatal/mental health services, CCGs and regional NSE/I teams.
- Examples of local NHS initiatives which are relevant to the issue.

Review of the impact of consanguinity locally and current clinical genetics service provision

Dr Julie Vogt (Consultant Clinical Geneticist, Birmingham Women's and Children's NHS Foundation Trust) introduced data that reflected the increased risk of congenital abnormalities in babies from consanguineous couples; strategies to improve access to Genetic Services in the West Midlands; referral pathways into clinical genetics and barriers that may be affecting uptake of those services. Furthermore, the resources required to implement national and local initiatives to ensure the equitable provision of the service to all populations.

Consanguinity and genetic risk: providing effective and culturally appropriate services

Professor Sarah Salway (Professor of Public Health, University of Sheffield) set out the key messages relating to the current scenario associated with consanguinity and risk of infant mortality; the unmet need for information and service gaps and what can be done better by emulating good practice from other parts of the country. Explaining that there was a need for increased equity of access to information and services that was culturally sensitive. Nationally a four-strand approach was recommended, the core of which was a family centre enhanced clinical genetic service. Secondly, to educate and equip professionals, particularly, GPs, Health Visitors etc. who are seen as a good point of contact with communities and often

have a high level of trust. To improve the knowledge of genetics within communities and, finally, strengthen access to genomic diagnostic services.

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

- The misinformation from professionals' service gap refers to examples from research and practice around the country that some healthcare professionals do not seem to know the levels of risk associated with consanguinity. They may exaggerate them or provide insufficient information to what is a complex picture. The issue requires longer consultations with genetics counsellors who have the skills to explain and take the time to ensure people understand.

Community Engagement, Behaviour Change and Infant Mortality/Disability

Dr Qulsom Fazil (Institute of Applied Health Research, University of Birmingham) explained it was important not to stigmatise certain communities by emphasising consanguinity and infant mortality when there are other risk factors including low birth weight and smoking. It was also very difficult to influence behaviour change if communities do not see infant mortality and disability as an issue for them or even if they do recognise there is a risk, they do not apply it to themselves. One way of changing people's attitudes is through cascading facts and figures regarding infant mortality and disability into the community. Engaging with communities to create an environment for discussion and change through community leaders and councillors to help them find their own solutions.
In discussion, and in response to Members' questions, the following were among the main points raised:

- The committee has taken a very broad approach to the issue of infant mortality and fully recognises that there are many factors at play that lead to high levels of infant mortality. Consanguinity may be part of that, but the modifiable factors certainly go further than consanguinity. So, it will be important not to over-emphasise this specific factor, it needs to be considered within the broader approaches that need to be taken.
- Co-production with communities in the city is an approach that the committee would wish to support.

Reducing Infant Mortality: Possible Interventions

Dr Marion Gibbon (Assistant Director of Public Health) presented a series of possible interventions that had been initiated/were under consideration to reduce infant mortality including: -

- Understanding community perspectives and having focus groups undertaken within those communities.
- Ensuring communities have a voice through engaging Community Researchers in communities across the city to gain a greater understanding of issues.

- Implement the four-strand approach in Birmingham as set out in Professor Salway's presentation.
- Support Birmingham colleague's participation in the National Steering Group.
- More data analysis at a local level.
- Involvement in national work and endorsement of that approach.

7. WORK PROGRAMME – NOVEMBER 2020 (UPDATED)

Noted.

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

The Chair stated that a petition was submitted to the last meeting of Full Council concerning the Norman Laud Association Centre in Wylde Green and that the petition requests this committee considers the issues that it raises. The process for dealing with the petition is that all signatures are verified, as far as possible, as coming from those who either live, work or study in Birmingham, and assuming the number remains over 10,000, then the petition will be scheduled to come to the next suitable meeting of this committee under the Petitions agenda item. The Scrutiny Office will be responsible for scheduling this and will do so upon receipt from Committee Services.

9. OTHER URGENT BUSINESS

None.

10. 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 1656 hours.