

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 26th January 2021, via Microsoft Teams – Actions

Present:

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

Also Present:

Cherry Dale, Independent Chair of the Birmingham Safeguarding Adults Board.

Maria Gavin, Assistant Director, Quality and Improvement, Adult Social Care.

Elizabeth Griffiths, Assistant Director, Public Health.

Asif Manzoor, Business Manager, Birmingham Safeguarding Adults Board.

Shabana Qureshi, Project Manager, Ashiana Community Project.

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

Councillor Mohammed Idrees.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 8th December 2020 were agreed.

Public Health Update (17 November meeting)

- The request for clarification on the Public Health England definitions relating to case breakdown by ethnicity to identify if the Bangladeshi community is included in 'Asian Other' remains outstanding.
- Non-porcine Covid-19 vaccination information. Members were informed that the Pfizer vaccine does not contain gelatine. Still await information on the components of the Oxford/AstraZeneca and Moderna vaccines.

Infant Mortality Evidence Gathering (8 December meeting)

- Latest statistics on smoking in pregnancy was circulated to members on 21st January 2021. The infant mortality report would need to note the trend of prevalence of smoking in pregnancy which had been declining but had risen significantly in the last year.
- Still await information from Dr Garstang regarding a comparison of the infant mortality ethnicity data with the base population age-adjusted i.e. for women of childbearing age.

5. PUBLIC HEALTH UPDATE

a) Covid-19 Vaccination Programme

Paul Sherriff (Director of Organisational Development and Partnerships, BSol CCG) attended the meeting to provide an overview of the roll-out of the Covid-19 vaccination programme in Birmingham. He explained that the vaccine had been delivered through GP-led centres at Primary Care Network level; hospital hubs mainly for healthcare workers and a large vaccination centre at Millennium Point. The current focus was on vaccinating cohorts 1-4 as set out by the Joint Committee for Vaccination and Immunisation. He also stated that vaccinations for people who are housebound had also recently commenced.

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

- It was confirmed that there is no porcine content in AstraZeneca or Pfizer vaccines and, although the Moderna vaccine had not been rolled out in Birmingham or Solihull, that it also did not contain porcine.
- Although data regarding the number of people who are taking up the offer of a vaccine was currently unavailable, conversations with local clinicians indicated the uptake was high and the turndown rate low. A higher level of turndown was in BAME communities. The CCG offered to supply local statistics on vaccine uptake once available
- It was acknowledged that there had been some challenges around the national booking letters for the large vaccination centres and how that joins together with local vaccination centres. However, it was confirmed that if you are currently eligible for a vaccination you do not have to wait for a letter. A booking can be made online via the NHS Covid website.

- The large vaccination centre at Millennium Point releases appointments every week on a national booking system. GP appointments will depend on the volume of vaccine delivered for that week.
- Clinically extremely vulnerable people are within categories 1-4 and they will either receive a national booking letter to invite them to attend one of the large sites or they will be notified by their GP or clinical team if under active care.
- Based on national guidance and policy, there should be a 12-week interval between the first and second dose for both the AstraZeneca and Pfizer vaccines. Originally, the advice was 3 weeks for the Pfizer vaccine, but this has now been extended to 12 weeks.
- There has been some concern about the age variation of younger people being vaccinated at some sites. Those people would predominantly be healthcare workers who are eligible based on the national cohort definition.
- Feedback has been received about unclear signage at testing sites and vaccination centres which will be shared with Public Health colleagues.
- There is no plan to encourage people to attend large vaccination sites over GP sites. The large sites may offer more flexibility, but GP sites may be more convenient. It is a matter of choice.
- Communication and engagement between community/faith leaders and colleagues across health and other agencies is progressing well.

RESOLVED:

- Below is a link to the Joint Committee on Vaccination and Immunisation website which sets out the priority groups for vaccination: -
<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020#vaccine-priority-groups-advice-on-30-december-2020>
- Below is a link to Covid-19 information in various formats and languages: -
<https://www.birminghamandsolihullccg.nhs.uk/get-involved/campaigns-and-toolkits>
- A further update on the vaccination programme be presented to the next meeting.
- The CCG to forward local data on the local levels of uptake and refusal of the Covid vaccines as soon as available.

b) Covid-19 Data

Elizabeth Griffiths (Assistant Director, Public Health) briefly summarised the epidemiology of how Covid-19 was presenting across communities in Birmingham; the settings where outbreaks are occurring and what can be done to minimise the

risk of that spreading. She also gave an update on symptomatic and asymptomatic testing sites and the role of Community Champions.

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

- Public Health are working closely with Environmental Health, and they in turn with the Health and Safety Executive, to ensure businesses are adhering to Covid safe measures in terms of health and safety.
- All Councillors were encouraged to become Community Champions.

RESOLVED:

- Elizabeth Griffiths to forward the Covid-19 data presentation to be uploaded onto CMIS.
- A further update on Covid-19 data be presented to the next meeting.

6. BIRMINGHAM SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2019/20

Cherry Dale (Independent Chair of the Birmingham Safeguarding Adults Board) and Asif Manzoor (Business Manager, Birmingham Safeguarding Adults Board) presented the 2019/20 annual report. They set out the 3 strategic duties of the Board – to produce a Business Plan; carry out safeguarding adult reviews and produce an annual report. The purpose of the board being one of prevention and early intervention and reacting to safeguarding adult reviews. Measuring the impact of the board's work was achieved through partner feedback assurance statements. Members were told that the number of safeguarding concerns raised with the City Council had increased dramatically since 2013 and a lot of the work undertaken by the board is based on that data. The 2-year Strategy was due for renewal from April 2021 but, due to the pandemic, had been extended to September 2021 to allow for coproduction with citizens. Finally, a dashboard was being developed around assurance work which will be included in the next report to the committee.

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

- The Chair thanked the Board for previously drawing attention to the issues of unregulated accommodation which was now the focus of a major scrutiny review.
- With reference to Deprivation of Liberty Safeguards (DOLS) referrals and reasons for this, members were told that DOLS were monitored by the City Council and the Board only receives an update on progress.

RESOLVED:

- Cherry Dale to request a response to the question on DOLS and forward it to the Scrutiny Office for circulation.
- If members have any queries/comments they should be forwarded to the Scrutiny Officers.
- The report was noted.

7. ADULT SOCIAL CARE PERFORMANCE MONITORING- MONTH 6

Maria Gavin (Assistant Director, Quality and Improvement, Adult Social Care) presented the quarterly monitoring update focussing on the 5 key indicators chosen by the committee for more in-depth analysis along with a summary of all key indicators. Members were told that performance against some measures had decreased due to the impact of Covid-19 e.g. 'admissions into residential care homes'. Since the first wave of the pandemic, through the Discharge to Assess model the Community Early Intervention Teams had reinforced the Home First Policy. In addition, due to the pandemic, some members of staff had been redeployed to work in areas where there were pressures on the system and that had impacted on performance. Work to develop a new performance indicator to replace 'delayed transfers of care from hospital' was currently suspended, also due to the pandemic.

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

- To support Shared Lives carers there was a financial uplift due to inflation but also an additional sum in recognition of the impact of Covid-19 on Shared Lives carers.
- Further information was sought regarding virtual client reviews compared to face to face reviews.
- PI 14 'The proportion of people who use services who reported they have as much social contact as they like' and PI 15 'The proportion of carers who reported that they had as much social contact as they like' were both declining and the figures were 2018-19 i.e. pre-Covid. Members were told that PI14 was a national measure from the Ascof survey which, due to Covid-19, had been suspended this year. PI 15 was a local measure and a lot of work has been undertaken since then working closely with the Carers Hub and service users to improve this.
- The benchmarking data is the national data that all local authorities provide via the Ascof survey and is broken down into quartiles.

RESOLVED:

- Maria Gavin to provide further information from those workers who conduct client reviews about how effective they felt virtual client reviews were compared to face-to-face reviews.
- The committee noted with concern the downward trend for PI 14 and 15 (see above) and requested further information in the next update report to include what the City Council was doing to improve this.

8. INFANT MORTALITY EVIDENCE GATHERING

Shabana Qureshi (Project Manager, Ashiana Community Project) explained the background to the project which was to tackle the root causes of inequality working with local community members in Sparkbrook to adopt healthy behaviours which

can be sustained over a long period of time. They focussed on working with Black, African and minority ethnic (BAME) communities especially the elderly or women with cultural language barriers and low levels of education and employment.

Awareness of infant mortality and the risks associated with inter-marriage had not been a point of discussion at the project but there was greater awareness around other illnesses e.g. diabetes, depression, obesity etc. More information and education programmes were needed to build awareness around consanguinity to try and eliminate any misconceptions, but dialogue would need to be handled sensitively.

It was thought that there was no clear perception when it came to the risks associated with marrying a close relative. A high proportion of the service users were of Pakistani origin and aged 30-40 and married to a close relative. It was common practice and had been so over many generations. In terms of non-traditional families, who do not have such strong cultural or geographical roots, then the practice appears to be declining.

The best way to deliver health messages to these people to enable them to make a balanced decision, would be through a grass roots community educational framework that is accessible and delivered in co-production with service users, local GPs, public health and midwifery services and ensuring the message is consistent through all stakeholders.

When undertaking a study into diabetes service users felt there were barriers with GPs/healthcare professionals in seeking referral to alternative provisions other than medication.

In terms of maternity care for younger women in BAME communities, there was a lack of awareness of the services available to help manage pregnancy from preconception to post-birth. More work is needed with this community to increase their chances of a healthy pregnancy whilst maintaining good mental and physical health.

The greatest impact would be in using a community-based model of engagement utilising the skills and expertise of longstanding communities or trained individuals to provide consistent information and listening to the experiences of people living within high areas of deprivation.

Empowerment and low esteem can be detrimental to women seeking to make positive health choices. Therefore, looking at psychological, motivational and environmental impact on mental and physical health and looking at what experiences an individual is going through, may help to identify and then overcome the factors that prevent good health outcomes.

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

- The evidence was provided by a project that is based in Sparkbrook which is an area of high deprivation but there are many other areas of high deprivation in Birmingham including Aston, Newtown, Alum Rock, Washwood Heath etc.

- Concern was raised about the number of patients that some GP surgeries have and their ability to serve them i.e. access to appointments.
- The project works with a high number of Pakistani communities who have some of the highest rates of infant mortality around congenital diseases so work around consanguinity is something that the project will be exploring.

The Chair explained that evidence gathering was now complete. A draft report would be prepared and shared with members at an informal meeting in February.

RESOLVED:

The PowerPoint presentation is circulated to members.

9. WORK PROGRAMME

Noted.

- The Norman Laud Association petition would be presented to the next meeting. The meeting will be attended by Councillor Alex Yip (the petitioner) and the Cabinet Member.
- Due to Covid-19 and pressures on the Adult Social Care workforce, the 'Delayed Transfers of Care' agenda item, which was due to be presented at the 23rd March meeting, will be deferred into the work programme for the next municipal year.

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

None.

11. OTHER URGENT BUSINESS

None.

12. 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 1216 hours.