

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1000 hours on 16th February 2021, via Microsoft Teams – Actions

Present:

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

Also Present:

Karl Beese, Commissioning Manager, Adults Public Health.

Maureen Black, Umbrella General Manager.

Meg Booth, Umbrella Clinical Service Lead.

John Freeman, Commissioning Manager – Complex Care & Prevention.

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

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

Dionne McAndrew, Assistant Director, Vulnerable Young People, Birmingham Children's Trust.

Caroline Naven, Head of Preparation for Adulthood & Vulnerable Adults.

Sandra Orton, Managing Director, UHB.

Saba Rai, Head of Service, Commissioning.

Fharat Rehman, Senior Commissioning Officers, Adults Public Health.

Gail Sadler, Scrutiny Officer.

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

Dr Justin Varney, Director of Public Health.

John Williams, Assistant Director, Adult Social Care.

Emma Williamson, Head of Scrutiny Services.

Councillor Alex Yip, Lead Petitioner

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

Councillors Diane Donaldson and Paul Tilsley.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 26th January 2021 were agreed.

Public Health Update (17 November meeting)

Clarification was sought from Public Health England about the categories of ethnicity used in their data reported to the committee in November. It appears the data was highly aggregated and has now been superseded with more detailed data.

Infant Mortality Evidence Gathering (8 December meeting)

The additional 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 was circulated on 5th February.

Public Health Update (26 January meeting)

Elizabeth Griffiths forwarded her Covid-19 data presentation to the Scrutiny Office and it was uploaded onto CMIS on 29th January.

Birmingham Safeguarding Adults Board Annual Report 2019/20

Cherry Dale's response to the Deprivation of Liberties Safeguards question was circulated on 5th February.

Adult Social Care Performance Monitoring – Month 6

Maria Gavin was notified on 5th February by email regarding the requests for further information which members would like to receive with the next monitoring report.

Infant Mortality Evidence Gathering

Shabana Qureshi's PowerPoint presentation was circulated on 5th February.

5. PUBLIC HEALTH UPDATE

a) Covid-19 Data

Dr Justin Varney (Director of Public Health) gave an overview of the current Covid-19 situation in Birmingham. The main points highlighted were: -

- Nationally the rates were declining but the West Midlands was one of the last areas to go into the enhanced level of restrictions as lockdown started and is following the same trend as London but running about 10 days behind.
- Current data shows the number of cases in Birmingham has dropped by around 31% compared to the previous 7 days and the case rate is lower in

the over 60s than in the under 60s. The case rate in the over 60s is the one that normally reflects hospital admissions; therefore, it would be expected that this would translate in a reduction on NHS pressures in 2-3 weeks.

- Now have a data set which shows case rates by multiple deprivation based on the residence of individuals and case rates are higher in more deprived communities. However, case rates are coming down in all communities.
- The highest testing rate is in the working age group followed by the over 80s which probably reflects testing in the workplace and care homes.
- Have recruited 100 pharmacies across the city, of which 71 are live, to book appointments for lateral flow tests (asymptomatic).
- Have recruited 702 Covid Community Champions who play a central part in getting information into communities through social and personal networks. Also, continue to meet with faith leaders and have tendered a series of contracts for arts and culturally based community engagement work.
- There is a consistent number of multiple cases found in care homes and children's care homes but also in the workplace.
- The most common places visited where people think they may have contracted Covid is whilst shopping or in the workplace.
- NHS England now publish vaccination data by ethnicity and by index of multiple deprivation by Clinical Commissioning Group and by Ward. Clarity is being sought about what information can be put into the public domain.

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

- The higher case rates in certain communities, particularly the Pakistani community, appears to be work related. The people in these communities tend to work in jobs which cannot be done from home. Therefore, employers are being urged to be responsible and ensure Covid safe practice in the workplace and supporting staff to take twice weekly lateral flow tests and to isolate when required to do so.
- Working with faith leaders across the city to reiterate that, at this time, it is not appropriate visit homes of the bereaved and risk spreading infection and that within the faith there are safer ways to honour those who have passed.
- In comparison to the core cities, Birmingham is second highest in terms of case rates. One of the big differences is testing rates other core cities are significantly higher than Birmingham e.g. Bristol over 5,000 PCR tests per 100,000 and Birmingham running at 2,000. In terms of excess deaths, unlike in the first wave of the pandemic, Birmingham is not an outlier but comparable with other core cities.
- In terms of the road map out of lockdown, local discussions are fed into central government. The road map will be reliant on two things: -
 - The vaccination rate needs to be above 90%.

- Need to get testing rates up i.e. every employer in the city ensuring staff and everyone in a care home or a support bubble are tested every 3-4 days.

b) 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.

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

- Approximately 275,000 doses of the vaccine had been delivered locally but the number of vaccinations given to Birmingham and Solihull citizens may be slightly less because people from within a 45-mile radius can book an appointment at the large vaccination centres e.g. Millennium Point.
- To date concentrated the vaccination programme on the national cohorts 1 to 4. Every citizen in Birmingham in these cohorts has been offered the vaccine and have also followed up anyone declining the vaccination, no contacts or cancellations.
- In some areas of Birmingham there is a 95-96% take up of the vaccination in the over-80s age group.
- In other localities across the city take up of the vaccine is much lower and proving more challenging and these areas have been identified for intensified engagement at a more individual level i.e. discussions with families in communities, in addition to broader engagement events.
- In line with government guidance, now moving on to cohorts 5 and 6. Cohort 5 are those people aged 65-69 years of age. Cohort 6 includes people who are 'clinically vulnerable' as well as informal carers.

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

- The level of expectation and demand for the vaccine from the public across all parts of Birmingham has been welcomed but the national strategy is around completing vaccinations as set out in the cohorts.
- There is a network of 30-40 GP practices that are conversing with individual families to encourage the uptake of the vaccine.

RESOLVED:

- Dr Justin Varney's PowerPoint presentation is circulated to members of the committee.
- Paul Sherriff to provide a formal written update on the demographic profile for uptake of vaccination data when the information is in the public domain.
- A further update is reported to the next meeting.

6. SEXUAL HEALTH: TESTING AND TREATMENT SERVICE IN BIRMINGHAM – UMBRELLA

Karl Beese (Commissioning Manager, Adults Public Health) gave an overview of the service which has been jointly commissioned with Solihull MBC since August 2015 and is delivered by Umbrella, which is led by University Hospitals Birmingham NHS Foundation Trust.

Dr Marian Gibbons (Assistant Director, Public Health) outlined how Birmingham compared nationally and with other core cities in terms of some of the Public Health Outcome Framework indicators as follows:

- **Reducing under 18 conceptions** – The conceptions rate per 1000 women aged 15-17 continues to decline in line with England rates. In 2018, the rate in Birmingham was 19.2 compared to 16.7 for England and 19.1 for the West Midlands.
- **Reducing the late diagnosis of HIV** - Between 2017-19, the percentage of late HIV diagnoses in Birmingham was 41.2% - slightly below the England average of 43.1% and below the West Midlands average of 45.2%.
- **Increasing chlamydia diagnosis in 15-24-year olds** - Birmingham has made steady progress towards the national target of 2,300 diagnoses per 100,000 of 15-24-year-olds: a rate of 1,827 was achieved in 2019, compared to 2,043 for England and 1,698 for the West Midlands.

Core City Performance Comparison: -

Out of the 8 core cities:

- **Reducing Under 18 Conceptions** - Birmingham ranks 2nd highest
- **Reducing the Late Diagnosis of HIV** - Birmingham ranks highest
- **Increasing Chlamydia Diagnosis in 15-24-year-olds** - Birmingham ranks 4th highest.

Dr Gibbon also highlighted future work on PrEP which is the pre-exposure prophylaxis and helps to reduce the transmission of HIV and forms a part of a combination of preventative measures.

Maureen Black (Umbrella General Manager) outlined some of the main achievements that Umbrella has delivered over the past 5 years including: -

- Developing integrated sexual health services in partnership with pharmacies and; community and delivery partners.
- Two Umbrella satellite clinics in Birmingham City Centre and Solihull.
- Developed an online self-testing website.
- Developed a world class research and development programme.

Maureen also explained how services had continued during the periods of national lockdown using telephone consultations, videos but also recognising some patients would require face to face appointments.

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

- The return rate of self-testing STI kits is around 60% which compares favourably nationally. In September, due to the pandemic, there was a shortage of kits. Normally, kits are available to anyone without symptoms but during this period kits were only issued to those people who contacted the service. As this was a more direct issue there was an increase in the return rate to above 60%.
- Contraception is down to choice and the contraceptive injection is one option that is available.
- The substantial increase in the number of pharmacies is partly due to the engagement that took place before going on to promote and tender for Tier 2 services. There is also a good interface with the systems used in pharmacies so engagement can take place daily using that system.
- Pre-Covid restrictions there was a very active programme of health promotion going into educational establishments. Partners in education support teachers in putting together lessons around relationships, sexual health and prevention. Also have close links with BCC Youth Service and fund workers within that service to work with young people outside of the school environment.
- The Chair commended the presenters for bringing together public health data, commissioning and provider performance within an integrated presentation, which was a good way for Committee to see the whole picture.

RESOLVED:

That paper copies of the Umbrella Annual Report are be made available for members through the Scrutiny Office.

7. PREPARATION FOR ADULTHOOD PROOF OF CONCEPT

John Williams (Assistant Director, Adult Social Care) introduced the proof of concept report which looks to integrate transition models across health, education and social care to ensure that the transition of young people from Children's Services into Adult Care is seamless taking a whole life course approach. Looking at how commissioning and delivery models work across different systems and putting the young person and the family at the heart of decision making.

Dionne McAndrew (Assistant Director, Vulnerable Young People, Birmingham Children's Trust) talked about PFA from the perspective of the Children's Trust.

- The Trust works with around 10,000 children and young people aged 10-25 of which 2,000 sits within the age bracket of 16-25.
- These children and young people may have a Child Protection Plan; Child in Need Plan; children in care and those who have left care; those tied up in the Youth Justice system, particularly Youth Custody and children that fostered and adopted.

- Identified the need to pull together services and sharpen focus on the adolescent age range to understand the needs of those children and families to support them into adulthood.
- The PFA has given the Trust a platform to test some models of how to do things differently.

Caroline Naven (Head of Preparation for Adulthood & Vulnerable Adults) presented an overview of the three elements of the PFA service; progress to date and examples of integrated working across Adult Social Care and the PFA service.

The three elements of the PFA service are:

- **Integrated Transitions Team** – The team works with young people aged 14-30 who need support around one or more of the four PFA outcomes: employment, housing, health and friendships/community connections. The Team currently operates its own front door which enables organisations to contact the service directly to make a connection request. Developed manual workflow documents which are being built into CareFirst and Eclipse and then the front door will be provided corporately.
- **Vulnerable Adults Team** – The team works with 14-30-year olds who have endured trauma and the main focus will be on mental health, homeless and reducing criminality. To prepare for the launch a Mobilisation Group was established consisting of colleagues from BCC, the Children's Trust and BSol CCG to develop pathways, recruit staff and secure accommodation.
- **Transitions and Wellbeing Hub** – Will support young people in crisis and a key offer will be around emergency accommodation. St Basils has recently secured the contract to deliver the Hub and it is anticipated mobilisation will commence in April 2021.

The committee was told about performance to date which was included in Appendix 1 of the report. This included: -

- The number of connection requests received; current cases supported; cases closed and requests that had been declined.
- The majority of young people are aged 16-19 and white British.
- It was highlighted that the ethnicity of the young people was surprising given the culturally diverse population of the city. In recognition of this, a piece of work was being conducted with the Children's Trust around disproportionality to ensure that services are supporting all young people in the city.
- Qualitative data was also collated in the form of life stories.
- In terms of satisfaction rates, in December contacted all young people with a Support Plan in place and 91% felt that they could achieve their PFA outcome.

Life Course – Progress is being made against the 4 workstreams that were agreed by the Life Course Board namely, Youth Custody; Community Circles of Support; Programmes and Activities for Young People and Supported Accommodation. A 5th

workstream has been added Autism and ADHD. A Task Group has been set up and an Action Plan formulated and PFA is one of the elements of that plan.

Examples of integrated working across Adult Social Care and the PFA service: -

- Established a Data Task Group which has been looking at high cost placements for young people who are currently supported by the Trust to enable these costs to be factored in when they transfer to Adult Social Care.
- Established a Personal Budget pilot which provides grants of up to £500 for the young people towards achieving their PFA outcome e.g. to get driving lessons to help secure employment.

Governance – Provide monthly updates to PFA and Life Course Boards. Also, in conjunction with Warwick University, part of a national partnership which focuses on support for young people with care experience. The partnership will help to evaluate the success of the programme and enable to share good practice with 5 other areas across the country.

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

- Concern was raised that the report was quite difficult to follow and future reports need to be in a different format and in plain English. Appendix 2 had been easier to understand as it referred to real life scenarios. Although the Chair had been briefed in detail on the progress of this important transformation programme, other members of the committee were invited to request further background to assist insight into the context for this work.

RESOLVED:

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

8. PETITION – NORMAN LAUD ASSOCIATION

Councillor Alex Yip (Lead Petitioner) introduced the petition which called upon BCC to: -

1. Properly fund the cost of respite care for children and adults with profound learning difficulties.
2. Increase the level of funding.
3. Ask the Cabinet Member and officers to urgently work with the Association to establish an emergency rescue package to try and secure the long-term future of the Association.

Councillor Yip stated that the purpose of the petition had since been rendered immaterial as the Association had now closed but he wanted to express his and family members gratitude to the Cabinet Member for undertaking substantial efforts and negotiations with Norman Laud Trustees to try and find a way to support them to remain open.

Furthermore, Councillor Yip said the petition had raised a number of issues which he would like the Scrutiny Committee to consider.

1. The plight of charities that are struggling during the pandemic and may be forced to close.
2. To endorse the MP's cross-party request to the Charities Commission to investigate the circumstances surrounding the closure of the charity.
3. To look into the number of appropriate respite places for adults and children across the city.

The Cabinet Member, Councillor Paulette Hamilton, responded to the petition as follows: -

- On 1st September the Council was informed about the proposed closure of the Association at the end of December. Despite considerable efforts by the Council to offer a package of support to stop the closure, the offer was rejected by the Trustees.
- There is an issue around an inequity with the amount paid to spot purchased services and commissioned services.
- The Council was given very short notice about the financial difficulties faced by the Association and little time to find a resolution. The Cabinet Member urged care homes to contact the City Council as early as possible if experiencing financial issues.
- Since 4th December, contact has been made with users and carers of the service to find alternative respite.

Saba Rai (Head of Service, Commissioning) said there were two streams of work that were needed: -

- Immediate individual commissioning for service users who have been impacted by the closure to make sure they are made aware of all the range of support that is on offer.
- A comprehensive piece of work around scoping the wider market for providers of respite care for people with learning and physical disabilities.

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

- Concern was raised that despite the City Council meeting the requests of the petition in proposing a rescue package and addressing the discrepancy in funding that the Association felt this was insufficient to remain open.

RESOLVED:

Members and petition leaders universally agreed that a letter is sent to the Cabinet Member setting out the following resolution: -

- The committee regrets the tragic loss of a highly valued respite care service with an impressive local heritage, and we resolve that every effort must be made to avoid such a situation occurring in future.

- We support the cross-party initiative by Andrew Mitchell MP and Liam Byrne MP calling on the Charities Commission to investigate the circumstances surrounding the decision by NLA Trustees to close their operation.
- We encourage all third sector and private care services to engage with and alert the City Council at the earliest opportunity should problems of potential future financial viability become evident to them.
- We commend the Cabinet Member, Councillor Paulette Hamilton, for her valiant efforts to provide a support package enabling NLA to continue, and support the commitment of the service to work with providers to invest and grow the niche respite market in the City to provide appropriate provision so children and adults are being placed in respite services that meets their needs.
- We note that the Cabinet Member has committed to investigating and resolving the potential disparity in the spot price and directly contracted funding models and ask that the findings of this review be brought back to our Committee for further consideration. Equally we note that the children's and adult care services are seriously impacted, here and across the country, by the failure of successive governments over many years to agree a long term solution as to how these services can be adequately funded to the standards that families rightly expect and deserve.

9. WORK PROGRAMME

There will be an informal meeting on 25th February to discuss the draft Infant Mortality report before it is sent to the Cabinet Member under the 8-day rule for comment. The formal meeting on 23rd March will be followed by an informal meeting to address comments that the Cabinet Member may make in response to the report.

The work programme was noted.

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

None.

11. OTHER URGENT BUSINESS

On behalf of Councillor Adam Higgs, Councillor Peter Fowler raised the issue of the closure of Goodrest Croft Surgery. Councillor Higgs felt he was not given the chance to take part in the consultation process and share his views. He believes that the way the decision was communicated to himself and residents was quite poor. He sought assurances from the Birmingham and Solihull Clinical Commissioning Group that it will make every effort to defend the viability of other surgeries in the area. He also wanted to ensure that better consultation happens in the future with any proposed closures.

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 1246 hours.