

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 16 MARCH 2021

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 16 MARCH 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
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
Professor Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Dr Ian Sykes, Chair, Sandwell and West Birmingham CCG
Dr William Taylor,
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Yve Buckland, Chair, ICS Board (BSol CCGI)
Louise Collett, Assistant Director, Commissioning, Adults Social Care
Thomas Gauntlett Meryl, JCP
Dr Marion Gibbon, Acting Assistant Director of Public Health
Elizabeth Griffiths, Assistant Director of Public Health, BCC
Stacey Gunther, Service Lead – Governance, Public Health
Carol Herity, NHS Birmingham and Solihull CCG
Debra Howls, Sandwell and West Birmingham CCG
Helen Kelly (Solihull CCG)
Heather Moorhouse, (BCC, CCG)
Patrick Nyarumbu, Executive Director of Strategy, People and Partnership, Birmingham and Solihull Mental Health NHS Foundation Trust
Douglas Simkiss, Medical Director
Michael Walsh, Head of Service Commissioning
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 526 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.
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DECLARATIONS OF INTERESTS

- 527 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.
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APOLOGIES

- 528 Apologies for absence were submitted on behalf of Professor Graeme Betts, Director for Adult Social Care and Health; Andy Couldrick, Chief Executive, Birmingham Children's Trust; Toby Lewis, Chief Executive, Sandwell and West Birmingham NHS Trust; Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs; Waheed Saleem, Birmingham and Solihull Mental Health NHS Foundation Trust (but Patrick Nyarumbu); Peter Richmond, Chief Executive, Birmingham Social Housing Partnership and Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions.
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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:

- 529 **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

530 **RESOLVED: -**

The Minutes of the meeting held on 19 January 2021, 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.

531 **RESOLVED: -**

The Board noted the information.

CHAIR'S UPDATE

532 The Chair welcomed everyone to the meeting and commented that it had been a busy few months. The Chair then expressed thanks to all our health colleagues here with us today on all the work that had been leading on in the rollout of the vaccines. She added that this was a phenomenal job and they were well on track with meeting and if not exceeding the aspirations that were set for the rollout.

The Chair stated that she had done her bit when she could and as a former nurse had volunteered in giving vaccines. She further added that she had enjoyed working on the frontline which was rewarding but it needed to be appreciated that there were many challenges. The Chair then gave the following update:

Covid Webinars

In February alongside colleagues in Health we held five online question and answer sessions via Zoom to allow members of the public to ask any questions or concerns they had regarding the vaccine. The sessions were very successful and I am grateful for our health involvement including Dr Manir Aslam and Willem van Schaik, Director of the Institute of Microbiology and Infection at the University of Birmingham who also joined the briefings to answer question as well as Dr Justin Varney our Director of Public Health and his colleagues.

Birmingham Health and Wellbeing Board – 16 March 2021

Following on from this session I alongside my fellow BAME councillors joined together to do a video encouraging our BAME communities to take up when offered the vaccination. I also did some work nationally on this as there were far too many myths and mistruths being circulated via social media.

LGA -future Health and Social Care

I had also participated in a number of discussions at the Local Government Association on the future of health and social care and the development of Integrated Care Systems. The direction of travel was one that I broadly welcomed and specifically the need to focus on place and localities. The White Paper brought forward a duty to collaborate and a 'triple aim' for NHS organisations to support better health and wellbeing for everyone, better quality of health services for all, and sustainable use of NHS resources with the NHS playing a role as an "anchor" organisation to support inclusive growth. There was strong recognition that arrangements at 'place' will assist with the delivery of the wider purpose for an ICS with relation to:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The White Paper noted that the more successful ICS pilots have had a strong focus on place which has enabled cohesive planning and delivery arrangements and a stronger connection with local communities, particularly reflecting that "place-based" working was a mechanism to deliver health, care and economic benefits and to contribute to the levelling up agenda.

Care home visits from 8 March 2021

On the 8th March, we finally saw our Care Homes open up safely to family/friends' visits, except those with an active outbreak. We all felt the loss of not being able to see loved ones and many had gone a year without seeing loved ones so this was a much welcome step

• indoor visiting by a 'single named visitor' for every resident.

These visitors will need to take a rapid lateral flow test and test negative before every visit. They should minimise physical contact with residents. They must observe social distancing and PPE use, and follow all necessary infection control measures.

• opportunities for every resident to see more people than just their single named visitor.

By enabling outdoor visiting, use of visitor pods where there were substantial screens and other visiting spaces where there were substantial screens and/or window visits.

HIV conference

Last month I was invited to Chair an Event on ending new cases of HIV by 2030 and the role of local authorities. It was a very thought provoking discussion and there were really sound commitments made. I remember so vividly as I was growing up some of the awful advertisements and fear, disgust and mistruths

that were widely shared and accepted in society and in our press. There has been a recent Channel 4 drama series 'It's a sin' looking back on this now – it seems like alien times – but it was not that long ago. When gays and lesbians had to hide their sexuality, the press used outrageous languages – the gay plague the tombstone Public health - 'Don't Die of Ignorance'. Thankfully society has moved on considerably, but we have yet to get to grips and actively do more to raise awareness on how we could reduce prevalence rates further.

PUBLIC QUESTIONS

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

BIRMINGHAM INTEGRATED CARE PARTNERSHIP

Louise Collett, Assistant Director, Commissioning, Adults Social Care introduced the item and drew the attention of the Board to the information in the slide presentation.

(See document No. 2)

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust commented that this could not be done without any of us. What was striking about this work was that all of the bits of the system – social care, the acute side and his team came together to make this work. This gave us a good role for applying to other teams in other areas. The things I would underline as we go forward was quite a bit of the change we had accelerated through the last 12 months in response to Covid-19 had being done in a way that was not yet sustainably funded with workforce and between us all we had to work that out within the next few months as it was important that we did so. Mr Kirby stated that he was keen to see the neighbourhood level integrated teams work now progressed as the next phase. This was the big step to helping all the people in the city live well at home as opposed to helping them get better when they were facing a crisis which was what we had been doing so far. Making those integrated teams aligned to the Primary Care Networks (PCN) worked on the ground was the next job we were all up for

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that he was pleased to see how this was working effectively. The pandemic had accelerated that as far as it was. Mr Raybould stated that there were a number of different models in the city around Birmingham Integrated Care Partnership (BICP), Adult Social Care and Children and Young People. Sometimes they work across different footprints and had different structures for engaging with each other. Mr Raybould enquired whether there was a space that they could thought about how they could all work together, as this was still a challenge that we all had to face.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that there were two things that came to mind. Firstly, the meeting that the Chair would recollect was the meeting that the Chair had chaired when Mr David

Bean came after the CQC inspection and what they had to say about us then. Mr Jennings stated that he would like them to come back again and say what they now thought about us as it was a different world. He further stated that the other thing that had occurred to him was anecdotal and in the past. Nearly 20 years ago Sir Dick Knowles did a report about older people's care in Birmingham entitled – *They Deserved Better*. It had taken us 20 years to get there but that he honestly thought that all of those things that were in that report that talked about the opportunity for encouraging independence and living at home – all of that we were now realising which was a fantastic achievement. To cap it all off we had worked through the pandemic which was marvellous.

The Chair enquired firstly, how we were ensuring that West Birmingham was involved in all of this; how they were being implemented at present. Secondly, how mental health were being involved in all of this.

Ms Collett advised that West Birmingham was absolutely very much a part of this programme. They were involved in all of the different workstreams and were involved in the overall Board that Professor Graeme Betts chaired that brought it all together. This was both from the Hospital Trusts and the Clinical Commissioning Group (CCG) so that they were at the heart of this already. Mental health was something that we realised in the review we needed to be mainstreamed throughout our programmes. In all of the programmes this was one of our objectives to ensure that mental health was reflected properly. When we spoke of multidisciplinary working in neighbourhoods that was about the mental health community teams. When we spoke about care homes, this was about primary care homes making sure that the appropriate mental health support goes in alongside that. So, this was very much at the heart of it.

In relation to Mr Raybould's query, what we were doing (fairly informally so far) was trying to align our approaches so that the approach through neighbourhoods was aligned through what we were doing in Adult Social Care. We were working closely with colleagues in Children to ensure that their early interventions and their work in constituencies linked in with our neighbourhoods network services. We had been doing that practically on the ground. It may well be that as proposals for the ICS developed it may well be that it was something that formalised it. We were talking to partners across the piece and making those links and making those joined up.

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RESOLVED: -

The Board noted the refreshed vision for the Birmingham Integrated Care Partnership

BETTER CARE FUND

Michael Walsh, Head of Service Commissioning introduced the report and advised that this was a joint report with Birmingham and Solihull CCG and Sandwell and West Birmingham CCG and that he was joined by his colleague Helen Kelly (BSol CCG); Heather Moorhouse (BSol CCG) and Debra Howls from Sandwell and West Birmingham CCG.

(See document No. 3)

Mr Walsh advised that the report was for approval for the Board to approve the Better Care Plan 2020/21 and to provide assurance that national conditions for the 2020/21 better Care Fund (BCF) had been met. Mr Walsh drew the attention of the Board to the information contained in the report and highlighted the key points in the report. Due to the pandemic the usual approval process around the BCF plans had been suspended this year so there was not the requirement for BCF plans to be submitted as Government departments and NHS England/Improvement had agreed that the formal BCF plans will not have to be submitted for approval this year. However, Health and Wellbeing Boards were required to sign off the plans and provide assurance that the national conditions had been met.

Mr Walsh further drew the attention of the Board to the paragraphs 4.5 and 5.1.2 of the report.

535 **RESOLVED: -**

The Board:

- i. Approved the Better Care Fund Plan for 2020/21; and
- ii. Provided assurance that the national conditions for the Better Care Fund 2020/21 have been met.

CHANGE TO THE ORDER OF BUSINESS

536 The Chair agreed to take agenda item 15 ahead of the remaining items.

BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM INEQUALITIES WORK PROGRAMME

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust presented the item

(See document No. 4)

Mr Kirby stated that there was something important to say about working out the role of the Integrated Care System (ICS) in tackling health inequalities. The primacy of the Health and Wellbeing Board (HWB) and the role of the local authority was recognised. What we were seeking to do through the role of the ICS partnership was to bring the right contribution to the wider work around inequalities. This was described in the executive summary in the first couple of pages in the slides appended to the report.

A large part of this was ensuring that NHS partners in the ICS were doing their bit and there was plenty that we had to do to put our own house in order in terms of inequity in access to health care and in terms of outcomes for people receiving health care. One example was if we look at the children who were on the specialist community children's services waiting list, two thirds of them in Birmingham lived in postcodes which were in the bottom two deciles of the

national index of multiple deprivation. This was way over those that were represented on those waiting list. We knew that the health service had a job to do in this space and we also knew that we had a role to play as an effective partner alongside other organisations in working to tackle inequalities and their impact on health.

The NHS was a big employer and extender of a set of things that we could deliver within that anchor institution model that will help as well as a set of further things about our relationship with the communities we served. This was an important piece of work and a fantastic group of people drawn from across our system had been working with him on this and they had pulled together the work programme set out in the report (pages 128 -129 of the agenda pack) which listed nine things we needed to tackle over time working with the HWB and reporting to the HWB. Some of these will be programme of work that we launched ourselves, example, we had committed to some community level engagement work with each of the PCN in the city to help give them more support. Some of this will be help in other work programmes like the ICS digital work to put inequalities at the heart of what they do.

The purpose of bringing the report here was to seek input from the HWB as to whether this was broadly in the right direction or whether there were other issues we needed to add or things which we needed to focus on differently or things we needed to build into our work as we go forward. We shared this with Solihull HWB last week and with Birmingham today. It plays within the development referred to by the Chair earlier in terms of the Forward Plan for the HWB.

The Chair commented that Mr Kirby had set the scene and that the Board would not take any questions at this point. The Chair advised that Dr Simkiss will be speaking to the item later during the discussion on the coronavirus discussion at Agenda item 14.

Following the discussions on the coronavirus at Agenda item 14, it was

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RESOLVED: -

The Health and Wellbeing Board:

- a. Offered views on the nine proposed areas for work as the programme developed including which should be our immediate priorities; and
- b. Endorsed the approach to health inequalities within the work of the ICS as set out in the report.

CORONAVIRUS-19 POSITION STATEMENT

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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. 5)

Dr Varney highlighted the following points:-

1. We were seeing case rates reducing at the moment and this was a reflection of the impact of lockdown. The most recent case data was putting Birmingham at 85 cases per 100,000 which was the same rate we had at the beginning of September 2020.
2. Looking at the pattern across case rates we saw reductions across all communities and in all age groups. There was a small increase in school age children and this was a group that had not had high testing until now and as children goes back to school and were being tested more frequently, we were finding Covid-19 that was already there.
3. It was expected that over the next week or so that would slowly *wash out* and we would start to see those case numbers coming down. If this did not happen, we would need to look again at whether there was additional Covid safety measures that was required in schools. We were keeping a close eye on that at the moment.
4. It was important that parents and childcare bubbles around children were all testing with the lateral flow kits. There was information on the Government website and parents were able to order home testing kits now through the post or for collection at a series of sites across the city. The more we were testing regularly the more we will be able to identify cases early and stop the numbers rising.
5. Colleagues would be aware that there had been significant rise in case numbers in southern Europe, particularly in Italy. Italy was much further behind us in terms of vaccination but had also relaxed some of their restrictions earlier than us. This was an important warning of what may happen if we did not maintain strong and steady course through the road map and keep doing everything we could with hands, face, space, ventilation, testing and isolation to contain the spread of the virus across the city.
6. Looking at the death data we were now running about a year since the first case of the virus was identified in Birmingham on the 1st March 2020. This was a solitary reminder of how long that journey had been. Between the 1st March 2020 – 1st March 2021 we went from one case to 96,676 cases in total over that year.
7. Sadly, we had lost 2,828 people to Covid. These were deaths where Covid-19 was included on the death certificates as the cause of death. This accounted for over quarter of all of the deaths last year. We had seen over 817,000 test done for the coronavirus using the PCR testing system and since we started to roll out lateral flow testing just before Christmas, we had over 400,000 people taking a rapid lateral flow test in the city.
8. These were huge numbers which had reflected all of the hard work that was going across the city partnership and many of the Board members were playing a pivotal role in protecting the city over the last year and navigating the challenge of the pandemic. We still had some way to go

towards the June relaxation date and as the Prime Minister reminded us this was always about the data not the dates.

9. Looking at the data we had so far, we remained concerned about the number of the exposures we saw linking people who tested positive to having been to shopping and retail outlets or to workplaces. We were keen to see employers played their part in controlling the spread of the virus to supporting staff to routinely test, to ensure that customers coming into retail outlets were wearing face coverings and were abiding by social distancing and ensuring that we were all playing our part to support people to test regularly and to take up the vaccine once they become eligible.
10. In terms of the Covid-19 Champions, over 780 Covid-19 Champions were recruited across the city and we had been doing some work which will be presented at next week's Local Covid Outbreak Engagement Board meeting to look at the demographics of these champions and the geographical coverage. Dr Varney stated that he was delighted to share that the demographic profile of the champions were in many ways strongly aligned to the population of the city.
11. Although there were some ethnic communities in which we would like to see more champions stepping forward, there was a good diverse representation across the champions. Dr Varney further stated that he was also delighted that last week Public Health had started the journey to launch the Youth Covid-19 Champions with Birmingham Children's Trust and the Youth Services Council and just seeing some of the things the young people were generating to increase testing confidence in other young people were inspiring and a testament to the future of the city and our young people.

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

- a. Dr Varney noted the Chair's enquiry concerning meetings with the Covid-19 Champions and advised that weekly meetings by Zoom calls were held where the champions joined him or a member of his senior team. Briefing sessions were held on the latest topics followed by a Q&A session.
- b. We were often joined by local GPs from the CCG that spoke about the vaccines. We were doing a lot of joint work between ourselves and the NHS locally to ensure that the champions could help support vaccine uptake and vaccine understanding. Alongside this there were emails that went out and Text messages.
- c. The idea of the champions was about giving people reliable factual information to share with the people they love and care for through their social networks. It was important to ensure that everyone in the city understood what they could do in the battle against Covid-19.
- d. Dr Varney noted the Chair's enquiry concerning testing centres and what this meant when things were finally relaxed and stated that testing remained an important part of Public Health's strategy to reduce and contain the spread of Covid-19. As we get more access to home

- testing kits, (that would become more available) at the moment these were only available to people working in health and social care and the parents of primary school children.
- e. Our testing sites needed to continue for some time and businesses were being asked to set up testing sites for their own staff as well. It was expected that that would continue until the early summer at the earliest when we would start to see things winding down in June and July, but until then it was important for all of us to test every three to four days if we were unable to work from home.
 - f. Dr Varney highlighted that the Council had introduced on the website an interactive map where you could put in your postcode to find where the testing sites were local to you. Dr Varney then demonstrated the interactive map to the Board. Dr Varney noted the Chair's enquiry concerning testing on mental health sites.

Councillor Kate Booth expressed delight concerning children and young people getting involved in this campaign as it was important ... getting their photos taken and tweeting and doing their bits on Facebook as it was so important for our children to be tested. Councillor Booth expressed further delight that they were working on community languages and it was a positive thing that young people were able to step up and did what the over 90s, over 80s etc. had been doing.

Patrick Nyarumbu, Executive Director of Strategy, People and Partnership, Birmingham and Solihull Mental Health NHS Foundation Trust commented that the BSMHFT were on top of testing in the Mental Health Trust and vaccinations in terms of service users in all the different services that we had that was on offer. It was known that there were situations where there were concerns where patients refused to take the test, but our staff now had very clear processes of how we managed those situations whether it was a clinical setting as an in-patient and also within the community.

Dr Varney stated that the only thing to be added to what Mr Nyarumbu had stated was that Public Health was working with BSMHFT to support them around the testing of visitors particularly long stay mental health inpatients settings. Many people watching would be aware of the testing regime using lateral flow testing to support care home visitors. Unfortunately this was not rolled out in the same way too long-stay hospitals and Public Health was working with the Community Health Care Trust and with the Mental Health Trust to help support them to set up a system for testing, though for relatives who had patients who were long-stay patients we could support them to test when they came to visit to continue to protect those patients as best we could.

The Chair expressed thanks to Dr Varney and his team for the hard work they had been doing as the last year was not an easy one.

The Board noted Dr Varney's slide presentation.

CORONAVIRUS -19 VACCINE UPDATE

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

1. As of this morning we had administered in Birmingham and Solihull 466,257 vaccinations. That he was confident that with the amount of vaccines in the system they would be at the half million mark by the 23rd March 2021.
2. This had been a fantastic collaboration between the GPs the hospitals and the mass vaccination sites that were operating out of Millennium Point and out of Edgbaston Cricket Grounds and elsewhere.
3. Across Birmingham and Solihull over 83% (and in some age groups more than that) and every person over 65 years old had their first dose of the coronavirus vaccination. When we thought about how we normally do the flu vaccinations this was an impressive number.
4. We had to work very hard in some parts of the city and in some communities to convince people to take up the vaccine. We were continuing to do that and to hold events and one-to-one conversations, but even in the parts of the city where we had to work hard, there were nowhere, where we had achieved less than 70% uptake of people over 70 years old.
5. There was no part of the city where the figure was below that. The older people who were the most vulnerable and most at risk in terms of the coronavirus infection. It was also important as we had to get to a higher number as possible to keep the transmission rate down and to reduce the number of people in the population that had/infected with the virus. We will be moving shortly to vaccinating the younger age groups.
6. Mr Jennings stated that concerns had being raised in the media and in social media about the AstraZeneca vaccine. The World Health Organisation (WHO) stated that the AstraZeneca vaccine was safe. The Medicines Regulator Authority in the UK confirmed that the vaccine was safe, the Joint Committee on Vaccination and Immunisation whose purpose was to ensure that this happened across the board for all vaccinations confirmed that it was safe.
7. Mr Jennings pleaded with people as we moved to the younger age groups to take the vaccinations. That the risk to younger people were less if they became infected with the virus but the issue for us was that we were in a race between the vaccine and the virus. The more transmissions we had the more opportunities there were for mutations. Therefore, we needed to get as many people vaccinated as we could.
8. As Dr Varney had stated we needed many people to follow the rules to ensure that we had as few patients as possible as that was the way we would start to make our population safer and this was the way we would be able to stick to the opportunities we had been given over the next few months to take back a life that felt more like life that we used to have and were more accustomed to have.
9. Mr Jennings concluded that there were great progress on the vaccination process and expressed thanks to all those who had been involved in this. Many of his GP colleagues had worked seven days per week on this since Christmas. Mr Jennings pleaded with everyone who had been offered the vaccine to please take up the offer as it was good for them

and everybody else as they would be helping to suppress the virus across the population and gives us all a chance of a better life.

The Chair commented that she was pleased that Mr Jennings had spoken about the AstraZeneca vaccine as it was important that we did not shy away from it. The Chair added that the WHO and the regulators had stated that the vaccine was fine, but because in mainland Europe they had suspended the AstraZeneca vaccine at the moment this would put them further behind. We needed to build on that confidence that what we were doing was right.

Dr Manir Aslam commented that there was work that they had done together around multigenerational household. This work involved listening to challenges the families had particularly from the hard to reach communities digesting that information and feeding it on to the JCBI and then getting a response back that was positive which stated that it was ok to do that and it was the right thing to do. Alongside all of the challenges that we had we were listening and responding to the challenges that people gave to us. This piece of work was important as it recognises the particular challenges in Birmingham and in some of the particular communities in Sandwell and West Birmingham.

The Chair commented that she was impressed with the way Birmingham pushed to ensure that they could vaccinate the whole family. She added that not only have we listened, but we also acted. The Chair added that the multigenerational household work was a good piece of work. She expressed well done to Mr Jennings and Dr Aslam. The Chair then invited Yve Buckland, Chair of the ICS Board, (BSol CCGI) to comment.

Ms Buckland stated that bar had been raised for other system. Ms Buckland added that she had been involved in the Black Country system and they too had looked at similar issues. The work that colleagues had done in Birmingham around multigenerational households, and had pushed for that, and really pushed this to the top and getting that agreed, was not only going to help the people of Birmingham and Solihull, but would help people elsewhere as this was now rapidly spreading to other areas. Ms Buckland expressed well done *us* and to everyone who had been involved.

At this juncture, the Chair introduced Dr William Taylor to the Board and advised that Dr Taylor was voted in as vice-chair for the Birmingham Health and Wellbeing Board by the CCG just over a month ago.

Dr Taylor advised that he was a GP in south Birmingham for several years and that he had been working with the CCG since it started. He added that he had just started as the CCG chair and was overseeing the CCG framework as it became an ICS in the next 12 months or so. Dr Taylor added that he was pleased to be on the Board and was enthusiastic to be working with the Board.

CORONAVIRUS-19 INEQUALITIES AND RECOVERY DISCUSSION

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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. 6)

An extensive discussion then took place and the following is a summary of the principal points made:-

Dr Manir Aslam commented that:

- In some of the most deprived areas in West Birmingham it was known that the ethnic breakdown in those areas was strongly in favour of the ethnic minority groups. We had some challenges but we had been nimble in terms of how we met those challenges.
- We did not have any areas or any age group that fell below the 70% uptake and that was much higher than our flu vaccination.
- When we did a small study in my own practice the people that were declining the vaccination year after year, now we had a greater number of people immunised for Covid-19 than we did for flu and we were in a better place than we would be otherwise.
- We had changed our offer, we had spoken about multigenerational households and it was important that we did that piece of work that enabled us to visit people and vaccinated whole household to protect not only the young people in the home, but them passing Covid onto the other generations in the household.
- We had increased the offer and continued to increase the offer at pharmacy so that people could get their vaccine at the pharmacy as we looked at how we transition from where we were now to where we needed to be in six months' time.
- We were going to be vaccinating for a considerable period of time with first doses and with second doses. We needed to think about the sustainability of that model.
- We looked at mass vaccination sites and we had three that were accessible to West Birmingham patients at Aston Villa, Millennium Point and the City Hospital site which continued to function well. Nishkam will start on Soho Road and will start the vaccination process.
- There were a series of pop-up clinics and conversation was had with the Bangladeshi community who had highlighted all of the things that Dr Varney had stated and had queried why they were suffering most out of this.
- There were a range of historic reasons and we cannot allow Covid to make them suffer more. This was an opportunity to tackle some of the inequalities that had been entrenched over time.

Andy Cave stated that:

- ❖ It was important for us to understand where the differences lies within Birmingham and where we were imputing interventions working with communities where that made a difference.
- ❖ It was positive to hear today that we continue to see the uptake improving in our communities and where we could identify where we needed to do more work. We had those connections in place within communities.
- ❖ Some of the things we had learnt was the importance of working in an integrated way across the voluntary sector, health and social care and

- how working together with one force with our communities impacted hardship with communities we could see that big difference changing.
- ❖ This was critical for our work around inequality – the question was how we continue to listen to the voice of those individuals within our communities most likely to experience inequality and work together to drive improvement.
 - ❖ Tying in a few of the different presentations today it was important that the learning from Covid-19 fits in with the models of working around the integrated care system.
 - ❖ Not only around neighbourhood integration and locality working and that community connection that we had in the city was vital for us to do that and very much our role within the system and how we listened to members of the public.
 - ❖ It was crucial for us to progress as a city to reduce inequality and eliminate inequality.

Carly Jones highlighted that:

- ✚ From SIFA FIRESIDE presenting people there, experience their homelessness.
- ✚ Possibly the most challenging group of people potentially to be able to hear in our communities around health and inequalities and how they experienced Covid-19.
- ✚ Where we were seeing some of that data coming through around issues like loneliness and increased sense of anxiety it will be more prevalent in our population as we come out of Covid-19. We needed to be increasingly aware of that.
- ✚ In terms of vaccination access that had been a significant issue for our group and our people to access. We also struggle to understand that homelessness had relatively low case speaking broadly possibly because the access to testing and vaccination was now different for people.
- ✚ It was good to be working with Public Health with the data that was being produced and starting to get a better understanding of a group that was generally not heard within this conversation but yet experienced the greatest health inequalities was encouraging.

Dr Ian Sykes advised that:

- From the 1st April 2021 we will be Black Country and West Birmingham CCG and this will be his last meeting for the HWB. Dr Manir Aslam will be the Chair for the West Birmingham place and that he was pleased that Dr Aslam will continue representing our CCG at this Board.
- As a CCG (he was at a shadow Board meeting today) where Paul Moback was able to state categorically that our number one priority was to deal with health inequalities.
- We recognised that problem particularly in West Birmingham and it was our number one priority to try and deal with that. We were pleased that in West Birmingham the approach of trying to get round the multigenerational vaccine was fantastic.
- A couple of local pop-up clinics in multi-faith settings were going to be coming on stream soon in order to help reached those who were difficult to reach, those policies will help.

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- As a CCG and in Birmingham additional schemes would employ other people in general practice and primary care particularly our social prescribers had been a big help in trying to reach these people and support those to overcome health and inequalities.

Professor Robin Miller agreed with what was being stated so far and added that it was a fantastic effort all round and to see such transparency within the data that gave the insight to the difficulties people were facing. Professor Miller stated that he was interested to know when the ethnographic research would be completed and when we would see the insights from that.

Debra Howls stated that Dr Aslam covered the issue quite well from West Birmingham perspective. We were committed to this and our work is not done as we were working hard to ensure that no population was left behind.

The Chair remarked that:

- a. Everyone was saying everything that was politically correct and she was not disagreeing with them all, but, for her she would like to see some proper timelines for the timescales for the outcomes. That she would like to ensure that the loudness were the ones that got sorted first.
- b. Earlier it was highlighted that there were issues within the Bangladeshi community. They were not hard to reach – the question was why the Bangladeshi community was disproportionately being affected in comparison to other communities. We knew there was an issue around Vitamin D up take.
- c. In the Council we had seen a large uptake of people needing food through this pandemic, but Public Health had some funding to ensure Vitamin D tablets was placed into each parcels that was given.
- d. The Chair enquired what was being done across the sectors. She added that Sarah Marsh at the Children's hospital was doing the same to ensure that the children were given the Vitamin D that they needed. The Chair further queried where the joined up working was being done so that we could prevent inequality happening and that we had to start speaking as systems.

Councillor Matt Bennett stated that:

- i. The thing that struck him about the presentation was the information about mental health and anxiety, loneliness and private conversations and family relationships.
- ii. It was predictable that people being locked up for a year was going to experience some mental health issues. Certain populations and demographics were more affected by that than others.
- iii. One of the items to note later on was about Creating a Mentally Healthy City Forum, but it was noted that this was on hold for the past year and seeing these kind of figures reminded us that this was an important issue that would become prevalent going forward.
- iv. It was understood why it was inactive for the past year, but we will need to see some action on this going forward.

Councillor Kate Booth commented that:

- ✓ The effect of the pandemic on our children's mental health goes beyond what we had seen already. What we had already seen was quite devastating in some cases.
- ✓ We have had some children who were quite happy to work from home and found it difficult to go back into school whilst on the other hand the impact of the pandemic was fundamental.
- ✓ It was thought that some of them would not recover educationally from the impact of this last year.
- ✓ She was delighted that we had a number of young people who where they could go to young people and enquired of them how their lives had been affected and start to seek ways to redress those inequalities as it was about inequality.
- ✓ If you were sitting in one of our wealthier Wards with your own laptop and your siblings had also got their own laptops this was a completely different world than living in a tower block where you were sharing mom's mobile phone between a couple of other siblings.

Yve Buckland, Chair, ICS Board (BSol CCGI) stated that:

- The ICS needed to not just wring its hands and share the data. The ICS needed to work on what were the evidence based interventions we could do joined up – what could we fund, what could we resourced and how could we measure our impact on tackling health inequalities.
- It could be currently fashionable to say all the right things but like the Chair she was determined that the four things – what were they and how we could measure – on point.
- The point in relation to the lead up to Covid-19 and what this had thought us was taken on board. The discussions we had on recover around the ICS we were starting to tackling inequalities and this was coming from the chairs at the forefront.
- The question was what interventions will we make to recover our services in health and social care and how would we know.
- Not only were we not making inequalities worst, but was trying to dig out the people who were disproportionately affected and ensuring that they got to the top of the pile.
- The other work that would go on will be in the children's space (we had the presentation earlier about adult care) we needed to provide a collaborative together about what we might do.
- Again, it was the job of the Board to keep our feet to the flames around what it was that we were going to do when by and when could we see the outcomes. That was the commitment she could give in terms of chairing the ICS.

Dr Varney then made the following statements:–

1. In terms of the ethnographic research the interviews were now being completed and that would form part of the Director of Public Health report. The team was working towards publishing that for the end of April 2021, but this depended on the next stage of the pandemic.
2. The ambition was to bring this back to May's Board in terms of the final report from this and will form part of that as there were lots of passion. That he agreed with the Chair on the point about how we turned this into

reality. Dr Varney stated that his ask of all Board members was to reflect on the data.

3. As Carly Jones alluded to one of the issue, we had around understanding the homeless experience during the pandemic was that we did not capture the data routinely, it was not in the dataset.
4. We knew from the survey and from our community engagement partners that Covid-19 had disproportionately affected the LGBTQ population particularly where we had young LGBTQ people living in households where they were not able to be their full selves safely. This was not collected in the data.
5. We knew from what the funeral directors had told us that there had been a disproportionate affect to death in different Faith communities, but because we did not record that in deaths certifications there was no way of analysing that and therefore these had not been seen in the data.
6. Across the city at the moment people will be filling in the 2021 Census and my call not just to partners but also to anyone watching this was please take part in the Census.
7. What he have tried to demonstrate today was the limitations of the data as well as what they were telling us. If we truly were going to address inequalities, we had to get better at data.
8. We had to be able to see people's lives in the numbers that we monitor and in the data that we collect as well as in the stories that we hear and our experiences on the frontline.
9. The Census hopefully would take us one step forward, but it was for all of us as partners to get much better on collecting data and looking at it and listening to what it was telling us so that we did not have the same burden in another 10 years' time.

At this juncture the Chair invited Douglas Simkiss to comment before the Board agreed the recommendations to item 15.

Mr Simkiss commented that it was an interesting Board to observed and that what Mr Kirby would want to say was that the ICS was a large part, but only a part of a whole system and only a small part of the whole city within the communities. The aim in voluntarily bringing the presentation was to check with the Board the direction of travel for this component of the system fitted hand in glove with the larger system that the Board represented so that the nine priorities that we set out got ticked by the Board and agreement that this was the right direction to go and that there would not be a surprise to anyone and that we could add value to the Council which was the most important part of this. Public Health and the Council was a key part of work on social determinants. This was to ensured that we were aligned.

The Chair commented that we were aligned for where we were at the beginning. Sitting on the ICS Board I will be pushing for more.

Dr Varney commented that the key bit was ensuring that the ICS had a commitment on data and transparency. Both contributions that Mr Cave and Ms Jones made highlighted how important it was to have an open and transparent conversation about the inequalities in our city. It was important that the ICS plan was much stronger on that data collection angle and the use of data and information. The other angle that was important was that some of this

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was driven from national rather than local was that we must not lose the community engagement that we had learnt through the last year. The voices of systems needed to inform what we were doing. This was probably the area that the ICS most needed to work closely with local authorities on and to ensure that this was driven by the richness of our understanding of place as well as what the data was telling us and the multiple bits of data that was playing out. It was hoped to explore this in more detail at the Away Day in April.

Ms Buckland commented that Dr Varney and director of Public Health colleagues in Solihull were probably playing into the work that Mr Kirby was doing around inequalities. It would be useful for Public Health to come to the Board with the joined up data that they had. Certainly we needed to be data led and we needed to invest in gathering more data which was important, but also with their view of what an evidence based approach might be. This was complex but it was known that there were some evidence around that might work and how we might work together to get to that groundedness. It was useful for the Board to see what we knew already and what we did not know and what the issues were to talk about them in a narrative sense. The notion that 15% of jobs in Birmingham were in the sector that we were all trying to integrate through employment training initiatives we might be able to do something which could light that fire in relation to that element of the work on inequality would be her plea. Ms Buckland undertook to arrange this through the ICS.

The Board agreed the recommendations at Agenda item 15.

JSNA – OLDER ADULTS CHAPTER

Stacey Gunther, advised that this was the third Chapter from the pre-covid JSNA that was brought to the Board for approval and that the Children's Chapter was brought in early 2020 and the Adults Chapter at the last Board meeting in January 2021.

Ms Gunther drew the Boards attention to the information in the report.

(See document No. 7)

Dr Varney stated that colleagues on the Board may or may not know that sadly we had lost Ralph Smith who was one of our Service Leads in our Knowledge and Evidence Governance Team a couple of weeks ago through sudden death. The Late Mr Smith was a huge loss to our Governance Department and our hearts and condolences were with his family. The funeral will take place on Wednesday 17 March 2021 which many of us would be joining virtually. Dr Varney added that he wanted to take a few seconds to acknowledge the Late Mr Smith's huge amount of work over the last year and the year before in reformatting and refreshing the approach to the JSNA. The late Mr Smith took him landing in Birmingham in his stride when I asked him to do all sorts of things differently when he came into JSNA and Evidence. He was always a gentleman and someone whose heart was truly in Birmingham and the Black Country and this was reflected in the JSNA in what was captured there. Dr

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Varney stated that he just wanted to acknowledge his contribution and his legacy to the city in this JSNA Chapter as his heart and soul was written through them and we honour him by putting them to good use.

The Chair commented that she could not agree more as she had known the Late Mr Smith for several years and she remembered that we did a memorial service and he always wore lycra or leathers ...and she always remembered him for his leathers. She added that she could not believe that he had passed away and that he will be truly missed.

541 **RESOLVED: -**

The Health and Wellbeing Board:

- i. Approved the publication of the Older Adults Chapter of the Birmingham Core JSNA; and
- ii. Noted the document was written in the pre-Covid era. The content has been updated with the latest data and will be refreshed in 2021/22 to include Covid data/impact.

FORWARD PLAN REVIEW

542 The Chair highlighted the HWB Development Session in April and reminded the Board members to submit their items for the Forward Plan to Stacey Gunther.

INFROMATION ITEMS

543 The Chair advised that Agenda items 17 and 18 were for information only.

OTHER URGENT BUSINESS

544 No other urgent business was submitted.

DATE AND TIME OF NEXT MEETING

545 To note that the next Birmingham Health and Wellbeing Board meeting will be a Development Session on Thursday 29th April 2021 at 0900 hours as an online meeting.

The meeting ended at 1700 hours.

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CHAIRPERSON

