

**BIRMINGHAM CITY COUNCIL**

**HEALTH AND SOCIAL CARE O&S COMMITTEE PUBLIC**

**MEETING**

**1000 hours on Tuesday 27 April 2021 Online Meeting, Action Notes**

**Present:**

Councillor Rob Pocock (Chair)

Councillors: Mick Brown, Debbie Clancy, Peter Fowler, Mohammed Idrees, Ziaul Islam and Paul Tilsley

**Also Present:**

Dr Majid Ali, BSol Clinical Lead for Dementia Services

Bernie Faulkner, BSol, Senior Integration Manager for Long Term Conditions

Marcia Perry, Chief of Nursing and Therapies

Claire Paintain, Divisional Director Children and Families.

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

Amanda Simcox, Scrutiny Officer

Dr Justin Varney, Director of Public Health

Mike Walsh, BCC, Head of Commissioning

Emma Williamson, Head of Scrutiny Services

Rhona Woosey, BSol, Head of Integration and Long-Term Conditions

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**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](http://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.

The Chairman also shared with the Committee the guidance around purdah which had been provided by the Interim City Solicitor & Monitoring Officer.

## **2. APOLOGIES**

Apologies had been received from Cllr Diane Donaldson, and Cllr Paul Tilsley submitted his apologies for lateness.

## **3. DECLARATIONS OF INTEREST**

None.

## **4. ACTION NOTES/ISSUES ARISING**

(See document No. 1).

The action notes for the meeting held on 23<sup>rd</sup> March 2021 were agreed, and the Chairman updated Members on the issues arising from the previous action notes:

- During the presentation at the last meeting Paul Sherriff had agreed to update Members on three issues. These are still outstanding and hopefully will be covered in today's meeting.
- The information requested within page 4 of the notes had been received.
- The closure of Goodrest Croft Surgery and issues around communication had been raised by a number of Members. The Chairman advised that there would be a discussion about the learning points at the Joint Birmingham and Solihull Health O&S Committee on the 10<sup>th</sup> June 2021. This will then be brought to this Committee. Cllr Fowler thanked the Chair and said he looks forward to the lessons learnt report.

### **RESOLVED:**

The action notes for the meeting held on 23<sup>rd</sup> March 2021 were agreed.

## **5. PUBLIC HEALTH UPDATE**

(See document No. 2).

Dr Justin Varney, Director of Public Health, gave the presentation and the main points included:

- We are currently in step 2 of the national roadmap out of lockdown. It takes 2 to 3 weeks of the relaxation to interpret what impact it has had on transmission, and that is why there is a five-week window between the steps of the roadmap. This allows the government to ascertain whether it is safe to proceed with the planned relaxations of the next step, which would be the 17<sup>th</sup> May. The government has been very cautious and the full guidelines for the 17<sup>th</sup> May have yet to be published, which is prudent.
- Data overview available on the .gov website for 21 April 2021 shows the case rate has fallen to 26.8 cases per 100,000 population in the last week and this

is 306 cases. The impact of the vaccine programme is driving down hospital admissions and deaths. The highest case rate of infection now is the 10 to 14-year olds, with case rates of 49 cases per 100,000 population. However, it needs to be noted that school children are testing more than any other group and therefore this may not reflect an increase in transmission. There are variations within different communities and the highest case rate now is within the Indian and Mixed Community.

- The map shows the number of cases in different parts of the city between 18<sup>th</sup> and 21<sup>st</sup> April and demonstrates that we are in a similar position to where we were after the relaxation of the first lockdown in early July 2020. There is a big question mark over the next 2 weeks and we are now at an important stage of the pandemic, where we either continue to follow the rules and drive the infection rates down, or we relax too much and too quickly, and case rates rise rapidly.
- The rise in December to January was very much driven by the Kent UK variant. In Birmingham about 99% of all new cases is this variant, and that is by far the dominant strain in the UK now.
- There had been a significant surge in testing in early March as more children returned to school, particularly through school-based testing in secondary schools. After the Easter break, we have not regained the levels of testing we had in early March and, although there are signs of improvement, we are still not achieving the levels through home testing. The key message to the public is to reaffirm that all of us should be testing twice a week with a lateral flow kit at home. These are free and easy to get hold of and everyone needs to play their part in keeping the city safe. Testing rates are highest in school age children and highest in our Black and Mixed communities.
- Symptomatic test locations remain the same across the city and citizens can book a test via the NHS website or by ringing 119. They are looking at maintaining those sites as long as possible, although there are pressures on sites as services resume. Where they have to relocate a site, they may look at commercial premises when some need to return to business as usual in May or June.
- There has been a shift to home testing. Everyone can get a home testing kit and they are easy to do, and it is easy to upload the results onto the government website. They have been piloting distributing home testing kits in local supermarkets. Over the last two weekends they had two pilots and each site gave out over 1,500 kits over the two days. Anecdotally the feedback was that these were to people who hadn't been able to access the kits, or thought about it, but when they were put right in front of them, they took up the opportunity very willingly. It is important that adults test twice a week, as this plays a key part in helping to identify Covid early and reduce the spread.
- There is a variation with testing in the city and over the last week there has been a major uplift in testing.

- The positive test rate is scattered across the City, which is important, as in the Autumn there was more clustering of cases and that is not the case now. Covid is affecting every community across the city and affects all of us and is a risk to all of us.
- There are three global variants, these are more infectious, deadly or cause issues for the vaccine. The Brazil variant, of which we have none currently in Birmingham, the South African variant, of which we have several cases in Birmingham, and the UK Kent variant, which is the majority of new cases in Birmingham and is no longer tracked in the UK as it is endemic to the UK.
- The Indian variant is currently classified as a variant of interest and Dr Justin Varney expects this will become a variant of concern this week. It is a new variant and there is limited data and that is the difference. There are disturbing images and data coming from India that suggest the variant is a significantly greater threat to younger adults than any previous variants, so they are taking the Indian variant seriously. People arriving from India or the surrounding regions need to follow quarantine guidance and take the tests that are part of the quarantine protocol. There are three areas of surge testing in the City.
- Key points:
  - Testing rates remain below regional average and all adults are asked to test twice a week with a free lateral flow test.
  - Testing in school age children has not regained the levels prior to spring break and they are working with schools on this.
  - Small number of cases in a large number of areas, but no major outbreaks or clusters. The clusters are mainly linked to education or to workplaces, particularly retail.
  - Three Operation Eagles currently running, and they have recruited just under 800 Covid champions.
  - NHS data suggests a small uplift in cases coming which will be watched closely and this is looking very positive.
- The vaccine uptake continues to progress well, and Birmingham has two CCGs covering the City. For the first dose of the vaccination they are aiming for over 90% coverage, which is the level at which we start to achieve herd immunity and start to contain the spread. Some people will have natural immunity after contracting Covid and from a public health perspective Dr Justin Varney would be happy with 80% coverage, but we should be aiming to achieve 90% coverage across all priority age groups.
- The uptake for the second dose of the vaccination is very strong. There is very little drop off from the first and second dose and the key is getting people to have their first dose.
- The blood clot risk: there is still ongoing research to understand the relationship between the AstraZeneca (AZ) vaccine and a very specific and

unusual type of blood clot. However, the data clearly shows for people over the age of 30 the risk of having a blood clot linked to the vaccine remains significantly lower than their risk of ending up in intensive care if they caught Covid. For under 30 year olds that risk is closer and it is why the government took the decision for people under the age of 30 to have a conversation with a health care professional to help decide which vaccine they wanted to take. 4 people in a million will develop one of these rare blood clots, that compares to 165,000 cases to every million cases that are at risk of blood clots if they catch Covid.

- They are increasing their understanding of Covid and post Covid, long Covid, where the instances can be as high as 10% of people that end up with symptoms that last more than 12 weeks after the infection and many of these can be quite disabling. They are seeing over 100 referrals a week coming through to Post Covid Clinics. Therefore this remains a serious condition and challenge and we all need to play a part.

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

- Dr Justin Varney has not been alerted to any cases of the Indian variant in Birmingham that are not in quarantine arrangements. They know there are cases of the Indian variant when people arrived last week that was picked up in the quarantine screening, and there has been significant work, which is led by Public Health England, to make sure that people are following quarantine rules. He is not aware of any cases in the UK that are not directly linked to someone coming off a plane. This is different to the South African variant, as they can't find the link to travel and that is why they do the surge testing.
- In relation to demographics for the Indian variant: there are anecdotes through the media and health care professionals in India, although it is always important to recognise that the baseline health of the population is very different and they have a much more privatised health care system. However, it does appear that it may pose a greater threat to both young people and children. They are currently modelling this and he thinks the Indian variant, like the Brazil variant, is a clear and present danger to our current roadmap, and we have to take this very seriously
- Pakistan went onto the red list because there were rapidly escalating case rates; whether that was because of the Indian variant or not is unknown as one of the challenges is that many countries do not have access to genetic sequencing.
- The surge testing in Alum Rock lasts about 10 days and they aim to get to 75% – 80% of the adult population. They do several rounds of door to door etc., and this is a methodology that has worked well in other areas. The tests are voluntary.
- If Members have concerns about poor practice, such as people not wearing masks, then these should be reported through whistleblowing on the Council's website (<https://www.birmingham.gov.uk/business-concern->

[COVID-19](#)) or by calling 0121 303 1116, to report non compliance in a business or venue. Enforcement officers can then use this information when deciding where to deploy Covid Marshalls in different areas of the city. The Covid Marshalls, working with police, follow the inform, engage and educate approach ahead of enforcement.

- The uptake of Covid vaccinations in care homes: Dr Justin Varney deferred to colleagues in Adult Social Care and suggested that the Committee may like to invite Alison Malik and/or Louise Collett to attend the next meeting to discuss this. The latest data that he has dates back to January which is now out of date, with the January data showing just over 50% of staff in older adult care homes having had the vaccine, but there has been week on week improvement. Also, there is a partnership group that he believes is chaired by Maria Gavin, working to improve the uptake and engage with them on their concerns.
- The post covid clinics referral pathway is through the GP, and symptoms have to be present after 12 weeks after the infection. All the GPs know how to access the clinics.
- The risk of blood clots through smoking is 0.18% and there have been a number of smoking cessation programmes that they have rolled out during Covid. It was suggested that the Committee might want to reflect on this, and it is important to highlight that Covid is important but smoking and obesity continues to be a problem and when we get a third wave it is important to increase people's resilience.
- They continue to work with faith leaders etc., on the uptake of the vaccine. There is a very small proportion of population that are vaccine deniers. However, there is a larger group that have legitimate questions and they continue to have open Q&A sessions and engagement e.g. on the radio, with half of these being vaccine questions.
- How to get a test: people can google "lateral flow test" and it will take you to the NHS website, make sure it is the NHS website and then enter your postcode in the postcode checker, where it will tell you where to go in your local area. Alternatively you can phone 119 or go to the Covid pages on the Council's website. They are working with Members and if they are going to go to a supermarket in their ward then they will let the Members know.
- Getting a third wave is a question of when not if, as you only need to look at what is happening in Brazil and India. Vaccination buffers us from a third wave, so it becomes like seasonal flu. Members were reminded that the death toll from Covid, where Covid is on the death certificate, caused or significantly contributed to the death of over 3,000 people in Birmingham. Until the whole world is vaccinated we will see new variants appear and each time they do, they pose a threat to a third wave. Europe is currently going through its third wave, off the back of the Kent UK variant, which drove our second wave at Christmas. The big question is whether it will be a Brazil, Indian or South African variant and that is why we are doing Operation Eagle

surge testing to make sure we clamp down quickly when we see cases. Dr Justin Varney hopes that if we all follow the rules, and all test regularly and get vaccinated, then we will avoid a third wave until the Autumn. Then as we all stay indoors and we see more global travel the risk of a third wave becomes more challenging.

- Cllr Idrees highlighted that in the middle of January he caught Covid and on the 10 March he had his vaccination. On the 22 March he donated blood to the NHS and he questioned what would happen to this and how many people could this help. Dr Justin Varney stated then when we donate blood it is either kept whole or separated into its different constituents. Therefore potentially every time you donate blood, your blood could be separated into four or five component parts that will go to treat patients. Where it is known people have had Covid they had been looking at trials using the plasma as part of the treatment for Covid. Unfortunately those trials suggest that it doesn't make a lot of difference in fighting the virus. He will ask the team to do a written response on what happens to donated blood.

The Chair thanked Dr Justin Varney for all his hard work.

Paul Sherriff, Director of Organisational Development and Partnerships, BSol CCG updated Members on the three outstanding actions from the last meeting.

- From an immunology viewpoint, the percentage of uptake of the vaccine needed for the programme to be effective has been covered by Dr Varney and the aim is 90%.
- Usage of donated blood plasma has also been covered by Dr Varney.
- Based on the evidence, the likelihood of catching Covid-19 a second time is low at the moment, but the variants are an unknown.

Paul Sherriff then set out the latest position regarding the roll-out of the Covid vaccination programme in Birmingham and Solihull. The main points highlighted were:

- The vaccination programme covering Birmingham and Solihull is going well and they have administered over 800,000 doses of the vaccine. This figure doesn't include those people living on the boundaries that have been vaccinated over the Birmingham and Solihull boundary.
- The current operational deployment is mainly focusing on the twelve-week second dosage.
- There remains some first vaccine activity and the cohort are aged 50 years old and older. In the main they are using AZ for the first dosage, however there are some small sites still administering Pfizer due to higher risk factors for some of the AZ vaccine.
- Community engagement work is paying dividends in the uptake of the vaccine.
- They were previously worried about the negative impact regarding links between blood clots and the AZ vaccine. However, they have not seen a

significant negative impact. The public has engaged incredibly well and the vaccination teams on site have talked through the concerns people may have. Resulting in the vaccinations taking longer.

- They have still not started using the Moderna vaccine, but it is expected that this will come online in the future.
- Ensuring people in care homes and those that are housebound are vaccinated continues to remain a priority. There are a very small number of people who feel they haven't had an opportunity for a domiciliary visit, and they will pick these up. Members were encouraged to forward details to him or the vaccination team if they are aware of people who need help.
- They are starting already to think about the Autumn and Winter and plans for the seasonal flu campaign, and possibly a Covid booster regime. Paul Sherriff is more than happy to bring an update nearer the time.
- The Chair queried the flu uptake figures for Autumn 2020 and whether the flu rates were at a record low. Paul Sherriff will share the data for flu and later in the year will provide a summary of the approach for this winter.

The Chair thanked Paul Sherriff.

**RESOLVED:**

The update was noted and:

- Dr Justin Varney will ask the team to do written response on what happens to donated blood.
- Paul Sherriff will share the data for flu and later in the year will provide a summary of the approach for this winter.

## **6. BIRMINGHAM AND SOLIHULL JOINT STRATEGY FOR DEMENTIA UPDATE**

(See documents No. 3 and 4).

Dr Majid Ali, BSol Clinical Lead for Dementia Services; Rhona Woosey, BSol, Head of Integration and Long-Term Conditions; Bernie Faulkner, BSol, Senior Integration Manager for Long Term Conditions; Mike Walsh, BCC, Head of Commissioning, attended for this item.

Rhona Woosey gave the presentation and the main points included:

- There have been a significant number of challenges presented by Covid for people with dementia, carers and families and they temporarily have parked the refresh of the BSol Dementia Strategy. This has been superseded by the development of a one-year action plan, to prioritise key actions for service recovery across the full wellbeing pathway, working with all stakeholders.
- The key strategic priorities remain the same and they absolutely need to improve the quality of the care for people with dementia and ensure they are person centred and the services are integrated with partners.

- They have learnt through Covid that they have to build into this a flexible approach and one service offer doesn't fit all. The service needs to reflect this and be flexible and improve outcomes for dementia diagnosis and management in our diverse communities.
- The action plan supports recovery against the six key national ambitions for dementia care and this includes: prevention, diagnosing well, treating well, supporting well, living well, and dying well.
- A number of key actions have been distilled and one of the key aspects of care they need to undertake quickly is to promote the healthy living message. Early diagnosis is also important.
- One of the impacts of Covid has been an increase in waiting times and they need to put solutions in place to improve this and put in support measures, so patients are receiving early diagnosis and are not waiting a long time for treatment. They have just received notification that they have been allocated just over £300,000 to build capacity.
- One of the key parts of the recovery plan is that they have developed a new interface group with stakeholders who will scrutinise the recovery plan.
- They need to start developing additional capacity to respond to the potential Covid third wave and they know that there will be an increase with referrals as they move into the recovery phase.
- They need to support ongoing work with care homes to support awareness raising and ongoing management of care.
- The Memory Assessment Service (MAS) are still providing face to face consultations, however in recognition of the implications of social distancing they haven't been able to see as many people, so they developed a blended approach with opportunities for virtual and telephone consultations. They will be reviewing this process.
- One of the key lessons from the recovery plan is that they need to build on lessons learnt. They know clinical practice and support offers during Covid have been changed, and there has been some quite innovative work that needs to be learnt from and built on, both learning from best practice and reframing what hasn't worked so well.
- Equally important is to review the day opportunities offer to support carers, as because of their vulnerability they have been more at risk of isolation during Covid and they need to be supported.
- There is a commitment to ongoing education and training and support through all their front-line health and social care partners.
- Care plans needs to be systematically reviewed on an ongoing basis where there is a diagnosis of dementia. They also need to make sure the care plans include written advance decisions and that a supportive and informed discussion has taken place with carers and family.

- They need to review the availability of visits in care homes to ensure consistency of approach across Birmingham and Solihull.
- They are implementing this recovery plan interfacing with the CCG End of Life co-ordination Group to ensure hospice and care home visits are in accordance with safety guidance.
- Progress includes a collaborative approach to the Task and Finish Group, and they have reframed where they needed to focus the recovery plan.
- Next steps include the recovery plan driving forward the actions that have been identified to support the targeted restoration and recovery of services.

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

- It was questioned how much involvement there is with the family when an elderly parent is being diagnosed with dementia. Dr Majid Ali gave a working GP perspective in that in primary care they would ordinarily see the involvement of the family as quite crucial. The usual practice would be to obtain the collateral history from family members in order to put the picture together, as in the context of memory impairment that is crucial. As far as he is aware colleagues in secondary care would also seek to do the same. At the moment a formal diagnosis of dementia is made usually by a consultant psychiatrist and from experience this is crucial, but of course they are mindful of confidentiality issues and obtaining consent. If they are referring to Memory Assessment Clinics, they would usually put in the family details, so they can be contacted. Primary care is getting better at documenting if they have consent to speak to family members as sometimes patients with dementia cannot articulate this.
- Dementia diagnoses being under-represented in BME communities was questioned and the Chair highlighted that when they had a presentation in October 2019 the Committee had requested more specific details about what's being done to address equality of access. Rhona Woosey stated that they recognise under-representation of different communities and it is a key part in their restoration and recovery work. One of the key priorities is to have dementia champions in communities and they will be piloting some of their primary care networks to champion some of that work. This will be supported by a separate task and finish group and they will be learning from best practice locally and nationally to inform how they can improve the offer, to get referrals from those communities.
- Dr Majid Ali commented that they are at the stage where they are reflecting where they are with Covid and what the obstacles are and one action from the last meeting was to try and target religious festivals and events, but unfortunately due to Covid this has come to a standstill. Prior to Covid there was a lot of opportunistic contact and there may be far less opportunistic contact in the new model of working, whereby prescriptions are requested via Pharmacists and online or patients have telephone appointments and people are not therefore seeing GPs.

- They recognise that raising awareness is vital, as the sooner dementia is diagnosed the sooner the medication can start. They are working very closely with Public Health on public awareness, and also putting on some training because they are not getting that footfall. This is to ensure that anyone that comes into contact is able to recognise the first signs and symptoms of dementia, and they can then signpost to primary care to get the formal diagnosis. They have developed a website for long term conditions, which dementia is part of. The website is public and clinician facing, and they are hoping this will be launched in a couple of weeks. This will contain a lot of information about prevention and raising awareness.
- Mike Walsh asked whether any of the Members wished to become Member Champion for dementia, as this would add real value and Cllr Paulette Hamilton, Cabinet Member for Health and Social Care is keen to promote this. The Chair stated he will put a call out to see if any Members are interested.
- The Chair requested a brief memo be supplied to the Committee, as it would be helpful if this could be documented as a follow up note from the previous attendance in October 2019, that includes the information verbally given at today's meeting answering what is being done to address the equality of access to the service in relation to the BME community:
  - What is being done to address equality of access to the service?
  - Information/data to be broken down geographically e.g. Ward.
  - What actions are being taken in response to the List of Participants Recommendations?
  - An explanation as to why there were other Regions that systematically report a much higher diagnostic rate – indeed a rate already at the target level we have set.

The Chair thanked the attendees for attending and providing the update.

**RESOLVED:**

The update was noted and Members to receive a memo as a written record to the four specific requests made at the 15 October 2019 Committee meeting.

**7. OVERVIEW/UPDATE ON CHILDREN'S PUBLIC HEALTH COMMISSIONED HEALTH SERVICES**

(See document No. 5)

Marcia Perry, Chief of Nursing and Therapies, and Claire Paintain, Divisional Director Children and Families, attended for this item.

The Chair welcomed the attendees to the meeting and informed Members that this is an item that the Committee hasn't had before.

Marcia Perry and Claire Paintain gave the presentation providing an overview of the Public Health commissioned children's services and the main points included:

- A more detailed presentation is available to Members for when they have more time.
- Their service for children up to the age of 5 years old is called Birmingham Forward Steps (BFS) and includes health visiting.
- In 2018 they had their CQC inspection of their children's services including health visiting and were rated 'inadequate'. They had their full re-inspection in 2020 and were rated 'requires improvement'. They have worked closely with partners and in March they put in a request to the CQC regarding the S31 conditions.
- Health visiting and BFS is very important, especially over the last year during the pandemic, when in some cases their service was the only one that went in and had face to face meetings.
- They are pleased that they have made progress in meeting targets and trajectories for the key milestones in children's journey and they can track each child's journey.
- School nursing has also been key during the pandemic. In the midst of the pandemic they launched a new slimmed down model. They have 17 school nurses and they have maintained their KPIs and critical services. They did redeploy some school nurses to critical inpatient wards.
- During 2020 they mobilised a new approach to immunisation. They have successfully delivered the flu programme. For Birmingham and Solihull this included an additional c. 8,000 children due to changes to include year 7 children. They are also responsible for HPV vaccine for boys, with two doses needed and this resulted in another 6,000 boys. They are also responsible for booster campaigns etc.
- The immunisation team was most affected by Covid as they could no longer go into schools to vaccinate. Some of the team were redeployed to assist with the Covid vaccinations. They have a plan in place to pick up on the outstanding vaccines.
- The Immunisations – Birmingham current position slide in the pack has since been updated and this can be forwarded to Members. Responding to the pandemic and the introduction of lateral flow testing did mean delays on vaccinations in schools.
- The key areas of focus for 2021-22 are for them to look at strengthening and developing their work around the 0-19 pathway in line with recent publications and they are aware of the Leadsom review. They are also working closely with public health colleagues and commissioners.
- Their therapy services are a priority in the children's and family division. They are aware they have waiting times for Speech and Language Therapy (SLT), which has been compounded by the pandemic and prior to this. They

have taken forward initiative pieces of work whilst awaiting therapy intervention.

- They have a therapy advice line which is manned by a qualified therapist and also have a clinical harms review in place.
- The BFS played the lead part in early intervention and early support in localities.
- They are committed to focusing on inequalities and supporting the most vulnerable and improving access for all communities and their chief executive is leading on a key piece of work around the integrated care system, and their medical director is leading on the work around equalities.

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

- School nursing and what happens with children not at school/not in education: this is an area of concern and they will offer support to the families they are aware of. Their children in care service provides a service for those that are Not in Education, Employment or Training (NEET), and they have a specific offer and care plan for them. For those other children, where there are concerns and are known to them, they will provide support and input. Clearly with 19 school nurses there is difficulty to extend that out further and they will look to provide other services and signpost and work with partners. This is an area of concern and there is more to do, and they work with partners as to how they are sighted on children who are NEET.
- Transition and preparation for adulthood: they can share their new approach to transitional planning. They recognised it wasn't working and have reviewed and implemented a new model.
- How they are linked into the SEND Improvement Board: Claire Paintain sits on the SEND improvement Board and various clinical colleagues are represented on various sub-boards that sit under this etc. There are five key areas of the SEND inspection that they are focusing on:
  - New developmental pathways;
  - The quality and timeliness of EHCPs;
  - Waiting times for SLT;
  - The ante-natal contact; and
  - The two-and-a-half-year review.
- At a Board level they take the reduction in the visits to new births seriously. They have a monthly operational group which is chaired by their chief executive, scrutinising every area of children's services and their improvement plan and they have a 13-point action plan. That is fed on a monthly basis to the board. In the last 6 months they did a focus group for their governors and also a specific workshop for their non-executive colleagues. Therefore, they would like to assure Members that they get the support and challenge from governors and board colleagues. In relation to

the 53% for new birth visits they believe this was a systems error for that month and they have now rectified this.

- Cllr Paul Tilsley acknowledged that the 53% may be a data blip during the pandemic, however he remains concerned and requested the percentage of new birth visits for the past two years, in particular when the inspection in 2018 rated children services to be inadequate, and questioned whether this played any part with the rating. Officers were happy to provide this.
- They have made improvement in their IT so they can get information on an area level for new birth visits etc.
- They are working differently and continuing to recruit and train more health visitors. The IT system improvements assist with working better.
- They recruited three specialist health visitors to support families in temporary accommodation and have proactively worked so they can get access these families. They have also worked with colleagues in housing.
- They have got challenges for waiting times for therapy services and they are contained in the detailed pack available to Members.
- School nurses lead on the weight programme, safeguarding and low-level mental health support. The work is now more targeted with every child having an assessment. There are some elements that they used to provide not in the contract.

The Chair highlighted that there was some ambiguity where this area of service sits within the Scrutiny Committee structure, and hopefully this will be cleared up in the City Council's constitution at the Council AGM. Also, a memo will be sent to officers listing the information Members have requested.

**RESOLVED:**

The update was noted, and it was agreed that a memo be sent to the Trust setting out in more detail the questions and issues members felt required further information. It was also resolved that Members to be provided with:

- The updated Immunisations – Birmingham current position slide.
- Electronic version transitional planning new model.
- The percentage of new birth visits for the past two years, in particular when the inspection in 2018 rated children services to be inadequate.

## **8. WORK PROGRAMME**

(See document No. 6)

The work programme was noted, and the next meeting is scheduled as an informal meeting on 22<sup>nd</sup> June 2021 after the AGM, where the newly constituted committee will meet to discuss the work programme for 2021/22.

Members expressed appreciation to the Chair on the way the Committee meetings have been chaired and has been very inclusive.

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

None.

**10. OTHER URGENT BUSINESS**

None.

**11. 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.

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The meeting ended at 1212 hours.