

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

Tuesday 18th April 2023. Committee Rooms 3 & 4, Council House, Victoria Square

Minutes.

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Rob Pocock, Julian Pritchard, Paul Tilsley, Jan E Jones and Kirsten Kurt-Elli.

Also Present:

David Melbourne, CEO, Integrated Care Board, NHS Birmingham and Solihull

Andrew Dalton, Screening and Immunisation Lead, Vaccination and Screening; NHS England– Midlands.

Timsey Deb, Head of Service, Ops and Partnership, Adult and Social Care.

Michael Walsh, Head of Service - Commissioning, Adult and Social Care.

Kate Woolley, Director of Immunisations and Vaccinations, NHS Birmingham & Solihull

Leon Mallet, Head of Immunisations and Vaccinations, NHS Birmingham & Solihull

Chris Baggott, Service Lead, Health Protection, Public Health

Fiona Bottrill, Senior Overview and Scrutiny Manager

Adewale Fashade, Interim Scrutiny Officer

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be recorded and subsequently broadcast via the Council's meeting You Tube site www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Apologies from Councillor Gareth Moore.

3. DECLARATIONS OF INTEREST

There were none.

4. ACTION NOTES/MATTERS ARISING

The Action Notes of the last Health and Social Care Overview and Scrutiny Committee (HOSC) meeting held on 14th March were noted.

RESOLVED

That the minutes of the meeting held on 14th March be approved as a correct record.

5. HEALTH AND SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE ACTION TRACKER

It was noted that 11 items from the Action Tracker need to be followed up and updated by the end of the present Municipal Year.

A Cabinet Briefing for HOSC members on the Days of Opportunities Cabinet report is scheduled for Thursday 20th April.

6. INTEGRATED CARE SERVICES REPORT.

The committee received the presentation of a report from David Melbourne, Chief Executive of the Integrated Care Board (ICB) on the Integrated Care Partnership 10-year strategy; *'A Bolder, Healthier Future for the People of Birmingham and Solihull'*. The following key points were highlighted: -

- This is the Integrated Care Partnership strategy and not an NHS one. There is a requirement for the Partnership by the Health Act.
- There was significant partnership engagement behind the strategy, particularly with the Birmingham Voluntary Services Partnership.
- A key priority of the strategy is to improve life expectancy in Birmingham and Solihull at birth and at 65 years of age, as well as for those living with disabilities, and those from ethnic minorities and other deprived groups. Focus is also to tackle inequalities that impact on life expectancies.
- There are five key drivers: Circulatory Diseases, Infant Mortality, Respiratory Disease, Cancer and Mental Health
- A clear metrics dashboard will be in place to measure progress against the strategy. This could be monitored on an annual or 6-month basis. This may something for the HOSC to consider for the Work Programme for 23/24.
- Place Committees are established as part of the delivery infrastructure and act as sub-committees of the ICB, making sure care is delivered and systems are working together. There is a Place Board in Solihull and another one in Birmingham
- £25m from the Fairer Futures Fund has been set aside to drive neighbourhood engagement through the Integrated Neighbourhood Teams and support the voluntary sector in ensuring vital engagement work.

- Professor Graeme Betts chairs the Place Boards and meets regularly with the ICB.

The following are among the main points made in response to Members' questions:

- In relation to why it is an officer and not an elected representative that chairs the Place Boards, the officer leading on this work will report directly to him in ensuring operational and strategic delivery of outcomes, and the work is part of existing governance structures
- In terms of localities and neighbourhoods, the Place Boards are vital in driving forward our work in ensuring delivery of appropriate services to local communities
- In terms of measuring performance against the West Midlands average, given where the ICB is, this is a challenge. The ICB are currently 42nd out of the 42 ICBs in terms of health inequalities, so had to be realistic in terms of where ICB.
- The Board is keen to invest in more initiatives focusing on a preventative approach and to use some of the Fairer Futures Fund for these.
- In having a specific target for health inequalities, Mr Melbourne will come back to HOSC on this
- There is a real shortage of mental health beds. We are working hard to increase this.
- In terms of developing local mechanisms in engaging with communities and tackling health inequalities, the HOSC Committee may want to consider having oversight of how the Place Committees are utilising the Fairer Futures fund on this work.
- On the use of the phrase 'disability free', this will be looked at again and propose appropriate terminology. There will be ongoing dialogue with HOSC to ensure the strategy is relevant to people's diverse situations
- In terms of localisation of health services, this will be driven from the citizens perspective at a local level. This is the vision for the strategy.
- In relation to mainstreaming the preventative service in Solihull to other areas, Mr Melbourne will get back to the HOSC on what plans there may be for this to happen. This may form part of a wider discussion on more resource into mainstreaming preventative work
- In relation to health indicators for homeless communities, there is currently none in place, but this will be taken back to Justin Varney, Birmingham City Council's (BCC) Director of Public Health, to look at as part of the strategy.
- The Food strategy is being looked at as a partnership with the Health and Wellbeing Board as diet and obesity is recognised as a key determinant to tackling health inequalities

- Although there was good engagement, more engagement could have been made to bring other voices such as the HOSC into the development of the strategy.

RESOLVED:

- That the report is noted.

7. IMMUNISATION REPORT UPDATE.

Chris Baggott, Service Lead, Health Protection, Public Health and Kate Woolley, Director of Immunisation and Vaccination Birmingham and Solihull (BSol) NHS trust introduced the follow-up paper from the February HOSC meeting on the local immunisation system. Key highlights are:

- Public Health performs 3 key roles in the local immunisation systems; to provide assurance, support relevant activities, and to challenge existing plans
- In terms of 'Assurance', this function is with the Health Protection Forum (HPF), a sub-forum of Birmingham's Health & Wellbeing Board (HWB) consisting of various partners such as UK Health Security Agency and NHS Lead Commissioners. The Forum meets monthly and reports quarterly to the HWB. Public Health works closely with partners through the HPF which will allow for scope for improvements to ensure Birmingham residents are protected from vaccine preventable disease.
- The 'Challenge' function ensures that Public Health acts as a 'critical friend' in highlighting areas of improvement to ensure there is movement in the right direction in tackling inequalities
- The 'Support' function is where Public Health supports immunisation activities focused in increasing uptake in Covid, Flu and Child & Adolescent vaccination
- There is a diagram in the report on the structure of the roles and responsibilities within the immunisation system (a larger format of this is available to share on request).

At this point, Chris Baggot handed over to Kate Woolley, Director of Immunisation and Vaccination, NHS BSol, Andrew Dalton, Screening and Immunisation Lead, Vaccination and Screening, NHS England– Midlands and Leon Mallet, Head of Immunisations and Vaccinations, NHS Birmingham & Solihull, to present the paper on NHS responsibilities. Key points highlighted are:

- NHS England is moving towards the delegation of their Section 7a responsibilities for a range of services including immunisations and vaccinations
- The Immunisation and Vaccination programmes works as a collaborative process with a range of NHS providers
- In 12 months, the system has worked well in focusing on wards and communities where there are high levels of inequalities and a lower uptake of vaccinations, including MMR uptake to pre-pandemic levels

- The system partners are working towards addressing health literacy concerns for ages 0-3 uptake on vaccinations

Kate Woolley provided further outline of key programme activities. Key highlights are:

- The programme is supported by a strong governance structure that is focused on working collaboratively across all local partners and with NHSE as commissioners to strengthen our service offer in strengthening functions and systems.
- Currently, the covid spring booster is in place and this is likely to be the final spring booster offer. An autumn winter programme will become the business-as-usual annual offer. Nationally, the reduction in funding for all systems has been over 60% between March 2022 and March 2023.
- We have access to real time information on covid which is providing the ability to adapt plans as required, enabling the system to better target efforts across high need populations.
- NHSE runs a system know as CHIS (Child Health Information System) which produces access to information on appointments and screening across a range of organisations and professionals to help monitor uptake.
- Locally BSol is working closely with local digital teams on access to real-time information from GP practices to help target specific needs among citizens and their children.
- Key priority is on improving vaccination uptake among children 0-5 years of age and with a particular focus on inception vaccinations and MMR.
- Concerns remain on high number of people not vaccinated for Covid. There are 470,000 people across the geographies who are yet to have the first two Covid vaccinations.
- In terms of emerging issues, the programme has responded proactively with partners BCC/UHB/Birmingham LGBT for having a system level response using the SVOC to deal with the threat of diseases such as Monkey pox, and to protect groups such as asylum seeker and migrants in our communities from diseases like diphtheria. We have also responded via BCHC to Hepatitis A outbreaks in two schools.
- One of the most important parts of work this year is promoting equity, and we continue to develop positive partnerships at local level with the communities we serve with a particular focus on low uptake wards.
- Through the Systems Operations Centre, BCC Councillors are regularly updated on locations of where mobile pop-up vans will be, and this will continue throughout the Spring programme which ends on 30th June. The autumn winter programme commences at the beginning of September
- Working hard to dispel the myths around vaccine related information and listening to and supporting local people to understand the facts – providing health literacy information through trusted sources and local partners and community leaders.

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Kate Woolley introduced Leon Mallet who provided key highlights from the immunisation and vaccinations data report:

- BSoL Trust is within the top 80% of the national profile. However, we still have work to do to bridge the gap among black African, black Caribbean, Pakistani and Bangladeshi communities.
- Our mobile pop-ups vaccination offers are there for all and seeking those who are in IMD 1-3 populations. We are seeing relative success and we continue to work hard at increasing awareness and uptake.
- We have had some challenges on uptake among frontline social care and healthcare staff. We are benefitting from support of council colleagues to help promote positive uptake particularly among groups of staff caring for the most vulnerable.
- There has been shifts in behaviour among residents. We have ensured that community pharmacy provision is closer to home for all and accessible. Local Primary Care groups also provide access to vaccinations.
- For Children and Adolescents – we took our ten biggest queues in 2021 and through to January this year, there was reduction of queues overall by almost 1000 slots from a queue of 1900. There is ongoing work with practices both individually and collectively through ‘The-Queue’ Project to share good approaches and produce a local handbook for all practices to apply the learning and maintain good access to vaccination appointments to help continued improvement.

The following were among the main points made in response to Members’ questions:

- On social and healthcare staff vaccination uptake, tactical marketing approaches are being developed in targeting those not vaccinated yet, through in-reach and outreach engagement such as targeting key wards. We have offered frontline staff in Trusts vaccinations on site and at night as a roving offer, such as going through wards, and offering vaccination at nights. Frontline staff uptake is still a concern, so work is ongoing on engaging staff around their civic duty.
- There is the need to provide accurate and timely information to counter the misinformation primarily from social media. The aim is to reduce the level of risk by reducing the high number of those who are yet to be vaccinated by at least 50% and continue to allay fears among vulnerable communities.
- The Trust is working with and supporting professionals within the sector to be strong advocates for vaccination among communities they regularly interact with on the benefits of immunisation and vaccinations. We are also working with local community groups to improve community trust.
- BSoL as a system is regularly engaging with vulnerable groups including those who are homeless, those with serious mental illness and learning disabilities, as well as those suffering from addiction. They are constantly on the radar of

outreach services going across the city seeking to protect people who have not had initial vaccinations for COVID and flu.

- In terms of linking postcodes of patients who may have been vaccinated, to locations where they were vaccinated, there is no way of having access to this data. What can be shared is uptake data on either a lower super output area or a ward, which will only provide what the rate of vaccination is.
- Information and feedback on uptake through our mobile offer can be shared. Numbers of vaccinations through this offer is generally much lower as it is working in low uptake locations
- The national booking site is available for people to book appointments although this medium may not be appropriate for all. There are some walk-in sites available which may not require appointments.
- There are good working relationships with pharmacies in localities, in making vaccinations accessible. There is support in ensuring there is a high number of pharmacies within 5- or 10-minutes' walk of where people live across both geographies.
- In response to cultural sensitivities, there has been intensive efforts to reach those groups who have particularly low uptake, Bangladeshi, Pakistani, Black, African, Black Caribbean, Arabs. Focus on these groups has been positive particularly over the autumn winter programme. Close links have been developed with community leaders in engaging with these groups.
- There is support for pharmacies who can deliver the expected volumes as a minimum level per week which is fifty. Unfortunately, we are unable to continue to support those not able to meet the expected volumes on the programme.
- Bank staff are working with the Trust to deliver programme of engagement and awareness on the programme. This approach also allows the Trust to support local people on Bank staff into jobs in the health and social care sector
- In terms of uptake, whilst the position is average, there will be some locations across the city and in Solihull where the average rate would have been exceeded and there will be other places that did not. Addressing the issues where there is the lowest uptake is our priority.
- Specifically on MMR vaccine, we cannot yet confirm the basis for the significant improvement in the three nationally reported vaccinations we continue to closely monitor the ongoing results against our improvement efforts. That is why we need local real-time extraction of data, so that the programme is more responsive to information and intelligence.
- The Trust is working closely with Health Protection Forum and Health and Well-being Board on conversations on health and well-being rather than only vaccinations.

RESOLVED:

- That the reports submitted are noted by Committee

At the stage, the Chair proposed that the meeting be extended by half an hour to allow for time on other items to be presented. Members agreed.

8. STAYING INDEPENDENT AT HOME ADAPTATION AND IMPROVEMENT SERVICE PROCUREMENT STRATEGY.

Timsey Deb, Head of Service, Ops and Partnership, Adult and Social Care (ASC) and Michael Walsh, Head of Service - Commissioning, ASC, gave an update on the recent cabinet decision. Some of the key points highlighted are:

- The Staying Independent at Home policy was approved by cabinet in March 2022.
- The policy allows BCC to use the Disabled Facilities Grant in a more flexible way enabling the use of discretionary assistance and simplifying support and accessibility for citizens.
- Citizens were engaged and involved in co-producing the policy.
- Assessment of needs and decision making will continue to be BCC's responsibility
- Service objectives and values focused on meeting overall health and well-being of citizens and ensuring high quality care. Citizens will be appropriately involved in shaping the delivery of outcomes to meet their needs.
- Service delivery contract with providers is for 5 years with possibility of a 2-year extension subject to performance and budget availability.
- Delivery is scheduled to commence from January 2024

In response to member questions, the main points made are:

- There is expectation for providers to deliver service contracts in line with conditions related to contract and ensuring efficiency
- One of the current challenges for the council is management of workforce capacity across the range of providers. However, with this contract the risk and obligation will be on the lead provider to do that.
- In terms of procurement of local providers to deliver the contract, at least ten local sub-contractors will be contracted to deliver up to 50% of the service. However, BCC is bound by procurement legislation which means that we cannot exclude non-local providers from the opportunity to bid. BCC is continually focused in supporting the local economy in procurement opportunities.
- In terms of cost-of-service delivery, the social value aims and objectives relating to the service and policy will take compliance and costs into consideration. Difficult to go into full details because it is still a live tender.
- In terms of performance on delivery and reaching target groups effectively, the service will have clear KPIs to help monitor performance and progress.

RESOLVED:

- That the Committee note the contents of the report and appendices for information

9. WORK PROGRAMME 2022/23 REVIEW

The report provides details of the scrutiny work programme 2022/23 and members were asked to consider review of the committee's work in 2022/23 and agree on any item to be taken forward into the next Municipal year 23/24. Members agreed to feedback to officers by email. Main points highlighted that members may want to consider for next year are:

- Children & Young People Mental Health enquiry – Task and Finish Group to continue with the work and consider emerging issues.
- ICS 10-year strategy and 5-year forward plan. To identify issues and key areas of work to consider for scrutiny and include next year's work programme.
- Immunisation and vaccinations – may want to keep abreast of the programme and add value as a committee and monitor any recommendations from previous inquiries.
- Performance management information on Adult and Social Care – to continue to explore and monitor next year.
- Consider and review statutory role of HOSC in relation to any substantial variations of development in service that come through from the NHS.
- JHOSC ongoing work – UHB reviews coming up, and exploring emerging issues such as workforce planning

In response to member comment on draft reports from cabinet to be brought to HOSC, the Chair acknowledged that officers are usually in conversations with colleagues and the challenge is sometimes having partner agencies to respond within required timescales to attend meetings. The aim will be to have a more flexible work programme to accommodate other new items for consideration.

RESOLVED:

- That the Committee note the contents of the report for information and review

The Chair noted that it this is the last meeting of this municipal year and thanked members for their contributions.

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

None.

11. OTHER URGENT BUSINESS

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 12.49 hours.