

BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND
WELLBEING BOARD
INFORMAL MEETING
TUESDAY, 27 JULY 2021**

MINUTES OF AN INFORMAL MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 27 JULY 2021 AT 1545 HOURS AS AN ONLINE MEETING

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Chair of Birmingham Health and Wellbeing Board
Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Andy Cave, Chief Executive, Healthwatch Birmingham
Deborah Brookes (rep. Kevin Crompton), Birmingham Children's Trust
Mark Garrick, Director of Strategy and Quality Development, UHB
Chief Superintendent Steve Graham, West Midlands Police
Karen Helliwell (rep. Paul Jennings) NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
Richard Kirby, Birmingham Community Healthcare NHS Foundation Trust
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Peter Richmond, Birmingham Social Housing Partnership
Dr William Taylor, NHS Birmingham and Solihull CCG and Vice Chair for
Birmingham Health and Wellbeing Board
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Luke Heslop, Service Lead, Public Health, Birmingham City Council
Natalie Stewart, Service Lead, Public Health, Birmingham City Council
Bhavna Taank, Service Lead, Partnerships Insight and Prevention, Birmingham
City Council
Karl Beese, Commissioning Manager, Adult Social Care, Birmingham City
Council
Avneet Matharu, Programme Officer, Partnership Insight and Prevention,
Birmingham City Council
Patrick Nyarumbu, NHS
Aidan Hall, National Management Trainee, Public Health
Douglas Simkiss, Birmingham Community Healthcare NHS Foundation Trust
Errol Wilson, Committee Services
Kathryn Clarke, Committee Services
Michelle Edwards, Committee Services

NOTICE OF RECORDING/WEBCAST

- 1 The Chair welcomed attendees and 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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APPOINTMENT OF HEALTH AND WELLBEING BOARD – FUNCTIONS, TERMS OF REFERENCE AND MEMBERSHIP

- 2 Members noted the re-appointment of the Health and Wellbeing Board with functions, terms of reference and membership as itemised in the schedule at pages 5-7.
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DECLARATIONS OF INTERESTS

- 3 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

- 4 Apologies for absence were submitted on behalf of Cllr Kate Booth, Paul Jennings, Stacey Gunther and Kevin Crompton.
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DATES OF MEETINGS

- 5 The Board noted the following meeting dates for the Municipal Year 2021/22:

2021

Tuesday 27th July
Tuesday 21 September**
Tuesday 30 November

2022

Tuesday 18 January**
Tuesday 22 March**

All meetings will commence at 1500 hours and may be extended to three hours if necessary.

NB: **These meetings are formal meetings and will be held as face-to-face meetings. Venues to be confirmed.

MINUTES AND MATTERS ARISING

6 **RESOLVED: -**

The Minutes of the meeting held on 19 May 2021, having been previously circulated, were noted and agreed as a true record.

7 **ACTION LOG**

The following Action Log was submitted:-

Aiden Hall introduced the item and advised that there were no outstanding actions on the Action Log.

RESOLVED: -

The Board noted the information.

8 **CHAIR'S UPDATE**

It has been a busy month with lots of meetings and events – as a country Covid restrictions were lifted last week on Monday 19th July. Initially Birmingham was identified by the Government, as requiring enhanced support due to increasing numbers of Covid-19 cases. We continue to encourage our staff to take twice weekly Covid tests and also following guidance around PPE and social distancing.

It was also confirmed on Friday 9th July that we are now experiencing Wave 4 of Covid19 – although looking at the figures this week it is good to see that there has been a slight decrease after a rapid rise in preceding weeks. I know our health colleagues continue to battle with the pandemic in our hospitals as admissions are high.

The national vaccination programme has been expanded and we all need to do what we can to increase take up; the more people who get vaccinated the better it will be for us all.

Last week Cllr Kate Booth resigned. She had already indicated that she would not be standing as a Councillor in the local elections but, following the recent SEND Re-Inspection, decided it was time for her to step aside and let someone else with a fresh approach to take the mantle as Cabinet Member for Children's Wellbeing. I would like to formally thank Cllr Kate Booth for her professionalism and support for the Health and Wellbeing Board. Cllr Booth was a key member of the Board and played an active role in particularly championing the health and wellbeing of our City's children. As a former school deputy head teacher Kate was committed to improving the outcomes of all our children, which she did magnificently. The Leader of the Council Cllr Ian Ward will be announcing later today the new Cabinet Member.

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At Council earlier this month the Leader and I put a motion forward that was passed, which supports the calls and pleas from bereaved families for the Government to launch a fully-independent public inquiry into the Covid pandemic. This pandemic has claimed the lives of too many and we have all faced the loss of loved ones and shed too many tears as we have supported family members and friends. We all have battled with the fallout of decisions taken nationally. Our next step will be to write to the Prime Minister, Boris Johnson, to urge him to set out a timetable for the inquiry which will give bereaved families and us all the answers that are needed.

This pandemic has exposed the links between inequality experienced across race, class, gender, disability and age. It has highlighted existing inequalities in terms of low-income work, education, health, housing, but has also revealed new divides in terms of the ability to work and learn from home, to access green spaces, and the extent of digital and financial exclusion.

Last Friday I chaired a Mental Health Challenge Webinar. Mental Health is a huge and growing issue and the impact of over a year of social distancing and isolation is having a profound impact on the mental wellbeing of all our citizens. Although our health services have remained fully open throughout the pandemic, the need for social distancing and self-isolation has seen an increase in the need to provide support via phone and online platforms. I really feel we have yet to realise the longer-term impact and the mental health and wellbeing of our population needs to be understood. Mental Wellbeing and reducing Social Isolation and loneliness have always been my key priorities; promoting and encouraging healthier lifestyles, wellbeing groups and mindfulness sessions, small things can make a positive impact. However, there is much more we need to do to continue to champion Mental Health and through working as a system there is much more we can do collectively.

I know that this has been a little controversial but I am absolutely delighted that it is now official that after over six years West Birmingham is coming home. So, from April 2022 our Health system will be co-terminus with our Birmingham boundary. The Minister of State for Health announced last week that West Birmingham will be leaving the Black Country system and will become part of the Birmingham and Solihull Integrated Care System.

PUBLIC QUESTIONS

- 9 The Chair advised that there were no public questions submitted for this meeting.
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CORONAVIRUS-19 POSITION STATEMENT

- 10 Dr Justin Varney, Director of Public Health introduced the item and provided a brief update. Key points as follows:
- Positive cases are currently recorded as 524/100k.

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- The rate of hospital admissions was noted as rising, with all intensive care patients recorded as unvaccinated.
- There has been some reduction in testing since schools closed for the summer break but the overall percentage positive figure has remained stable and is showing signs of slowing.
- The vaccination programme is beginning to demonstrate a reduction in hospitalisation and evidence shows that it is also effective in reducing household transmission and preventing long Covid.
- There has been some increased positivity in more affluent areas of the City, possibly due to people returning to work, additional socialisation and the re-opening of schools. This is beginning to stabilise and work is underway with NHS colleagues to promote the regular use of Lateral Flow tests.
- Vaccination uptake is continuing with over 50% of adults now fully vaccinated. Work is continuing to encourage the younger population (18-29 years) to take the vaccination and to communicate the risks of not doing so.

For further information Dr Varney referred colleagues to the Local Outbreak Engagement Board notes available on CMIS.

CORONAVIRUS -19 VACCINE UPDATE

11 Karen Helliwell introduced the item and provided a verbal update. Key points as follows:

- The main challenge currently is in engaging the young adult population, and thanks were extended to Local Councillors who have been promoting engagement at Ward level.
Mobile pop-up vaccination centres and various methods of communication have been established and attempts to engage will be ongoing.
- Planning is now underway for Phase 3; the covid booster and flu jab, and modelling for this is currently in process. Co-administration is being explored for some areas such as care homes, and the wider supply process for the flu jab is being considered.
- Guidance regarding vaccinations for children is still awaiting.

Dr Aslam provided the following information:

- Hospital bed occupancy is increasing across the West Midlands and local transmission is impacting GP practices due to the difficulty in managing Covid-free surgeries, hence GPs are continuing to operate the telephone triage system as detailed in the NHS operating model.
- Demand in GP practices are now 50% higher than pre-Covid and hospital admissions for other reasons is also high.
- GPs are now planning for the winter flu and Covid vaccine programme and awaiting delivery models from the NHS and PHE.
- Challenges have been identified in delivering the flu vaccination to children and this may be administered through schools.
- Pharmacies already approved to deliver the vaccination are now facing additional bureaucracy in order to be approved to deliver from September and this is proving challenging.

The Chair posed the following questions:

Are hospitals still open for elective surgery and clinics?

Response: Dr Aslam confirmed that hospitals are still performing elective work although there are delays due to hospital bed occupancy of Covid patients. The current backlog is proving difficult to manage.

What is the current status of readiness for the autumn flu and Covid booster vaccination programme?

Response: Karen Helliwell confirmed that modelling is currently underway with timescales for September to confirm delivery partners including GP surgeries and pharmacies.

Every year there is a shortage in the flu vaccine supply. Is this likely to be resolved this year?

Response: Dr Aslam confirmed that supply never meets requirements. The Government agenda is to ensure there is enough but there are no assurances. Karen Helliwell reiterated this, stating that learning through modelling is underway to determine the required supply but there are no guarantees about the supply chain.

Cllr Hamilton responded to this with an offer of support from the Health and Wellbeing Board.

- Dr Aslam restated the challenge of bureaucracy in pharmacy registration to deliver the vaccinations and will return to the Board with challenges to be presented to Government.
- Dr Aslam reported that only NHS estates have currently been approved for vaccine delivery and requested that colleagues consider the use of Local Authority sites as a delivery partner.

Dr Varney confirmed that discussions are ongoing regarding the use of BCC and commercial venues for delivery of the vaccination but noted that challenges with process and protocol in gaining approval for this, particularly in the vaccination of children, where national clinical documents are still awaiting.

ICS UPDATE

12 No update noted.

JSNA DEEP DIVES (VETERANS)

13 Luke Heslop, Service Lead for Public Health provided a verbal update in reference to the briefing note at pages 39-110, on the review of evidence and the focus group as follows;

Public Health colleagues have undertaken a review of the challenges of veterans in adjusting to civilian life and the impact this has on their health. Findings suggest that there is insufficient data at this time to establish the size

and needs of the veteran population and the following recommendations have been made:

- The current data source is only accessed via self-identification at GP surgeries. More active work is required to encourage GP surgeries to gain veteran friendly accreditation which incorporates training, a clinical lead for veterans and meets the armed forces covenant.
- Health professionals should be made aware of the armed forces covenant and the covenant should be revised to acknowledge the findings of the research.
- Identification of veterans is required in order to understand the population and meet their needs in a more proactive and preventative way, including increased mental health and suicide support, and seeking out partners to take this work forward.

The Chair invited questions and discussion:

Will Taylor: Action is underway from Primary Care to promote the veteran friendly GP scheme and the CCG would be keen to continue to support and champion this and work towards improved data to assess priorities.

Mark Garrick: The findings are similar to those found by UHB. UHB are currently a centre for defence medicine and a gold winner of the 'Step into Health' employee recognition award.
UHB would like to assist in data-gathering and driving forward this agenda.

Response: Dr Varney thanked colleagues for their positive feedback and welcomed the offers of support to engage veterans and give them a voice. Work is also currently underway with the voluntary sector to ensure recommendations are carried forward.
Findings will now be published with a commitment to progress and partners will be invited to attend the next board meeting to provide an update.

The Chair summarised by acknowledging the importance of the study and thanking those involved in producing the report

Recommendation –

The Chair invited colleagues to accept the report and recommendations at 3.1 – 3.2, and to invite a further progress report to a future meeting.

All those present agreed the recommendation.

CREATING A MENTALLY HEALTHY CITY FORUM

16

Natalie Stewart, Service Lead for Public Health provide a verbal update in reference to the briefing note at pages 111-115 on the Mentally Healthy City Forum as follows;

- The forum and its meetings have been on hold due to the Covid pandemic, however activities have been underway.

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- Terms of reference for the forum are now due for renewal as they expire in September 2021. The new document will be drafted for presentation to the forum on 19 October for feedback and comments prior to agreement. New members will be invited to fill any vacancies on the forum.
- The concordat was relaunched in December 2020 and will now include the impact of Covid 19 on mental health issues, particularly in the most vulnerable. This has now been drafted and reviewed by PHE and will be sent to the Director for Public Health and the Chair of the Mentally Healthy City forum for agreement.
- Progress has been made in the design on peer mentoring and mental health champions for children and young people. A draft specification will be presented to the next board meeting.
- The Better Mental Health Fund has now been approved, with eleven projects identified including support for vulnerable women, bereavement support, the mindful Muslims programme, Being well programme, and suicide prevention.

The Chair confirmed that suicide prevention work is to be presented to full council following a national meeting on 7 September 2021.

The Chair invited questions and discussion:

Douglas Simkiss: Community Health have a series of projects running to support bereaved children, including a palliative nursing team and two consultants working with families. Will there be opportunities to link with this funded project?

Response: Dr Varney provided background to the bid which was developed in collaboration with a number of partners as part of the Birmingham Mental Health forum. The delivery of the programme will link back to organisations through the forum to ensure all partners are consulted and represented. The bid was drafted in response to existing projects and priorities and consists of both delivery and exit strategy.

Chair: How will the programme link to the Community Trust and the Mentally Healthy City forum to ensure organisations are collaborative and not working in isolation?

Response: Dr Varney confirmed that the programme will continue to report to the Mentally Healthy City forum to ensure that partners such as NHS, Birmingham Forward Steps and Forward Thinking Birmingham are connecting. There is confidence in existing partnerships and more academic and NHS engagement is now taking place, as well as opportunities for ICS to engage. The programme is funded through a national grant programme with national evaluation framework consisting of monthly reporting to Government to build the evidence base.

Stephen Raybould: How will the work align for systems, governance and structure, and links with ICS?

Response: The Chair confirmed that discussion are underway with regard to the structure and governance.

Dr Varney also confirmed this and reiterated that discussions are ongoing regarding transformation, provider collaboration and partnership with NHS and mental health providers. Colleagues are committed to ensuring clarity and links, structures and appropriateness.

Richard Kirby and Karen Helliwell agreed and stated the importance of the developing relationships and lines of accountability.

Recommendation –

The Chair invited colleagues to accept the report and recommendations at 3.1 and to invite a further progress report to a future meeting.

All those present agreed the recommendation.

PUBLIC HEALTH COMMISSIONED ADULT SERVICES

- 15 Karl Beese, Commissioning Manager for Adult Social Care and Bhavna Taank, Service Lead for Public Health provided a verbal update in reference to the briefing note at page 119-137, in regard to sexual health, substance use, health checks and smoking cessation as follows:

Sexual Health (Karl Beese)

- Umbrella have continued to deliver throughout the pandemic via video consultation and face to face appointments where necessary. All clinics are now open and operating as normal.
- A contract extension has been proposed in order to mitigate any delays in the procurement process due to the Covid response, this will now commence with a final needs assessment due for completion by mid August in order to develop a sexual health strategy for Birmingham and Solihull.

Substance Use (Karl Beese)

- Change Grown Live are the service provider for substance use. The service has been running as normal with some reduction in face to face provision due to Covid.
- Four Hubs are providing services for new referrals and medical reviews, and page 12 of the report sets out the draft Triple Zero City Strategy for the next ten years, which is now out for public consultation on the BCC website.

Health Checks (Bhavna Taank)

- A mandated service of health checks in order to prevent cardio-vascular disease is now underway with a deadline for completion in 2023.
- There has been some reduced delivery due to Covid, however checks are still ahead of target for this five year programme.
- The team continue to work with GP practices in order to address equitable access challenges.
- Future procurement intentions are to review the Birmingham offer next year and map against ICS to procure a single contract for delivery.

Smoking Cessation (Bhavna Taank)

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- 4,500 people die in Birmingham from smoking related diseases including cancer, COPD and respiratory disease and Covid has highlighted the importance of quitting.
- The current service provides pharma therapy and cessation support, delivered by pharmacies and GP practices. The provision is mapped by Ward in order to ensure services are available city-wide.
- A vape shop trial is underway and has been approved by PHE as a service provider. This has provided an online offer during Covid closure.
- Services are also supplemented with 'Quit with Bella' online app.
- Future commissioning of the service will be provided by a single contract negotiation.

The Chair invited questions and discussion;

Douglas Simkiss: Work is underway to address the gap between the sexual health service and the paediatric sexual assault service.

Bhavna Taank: NHS is identifying smokers when they attend hospital and this will assist with the data for targeting smoking cessation services.

Richard Kirby: Community Healthcare is not a direct provider but staff should be identifying those who would benefit from these services.

Response: Dr Varney and Richard Kirby agreed to liaise regarding this matter to ensure community NHS teams are picking this up.

Carly Jones: SIFA are involved in some of these programmes and are working closely with Karl's team on the Triple Zero consultation to assist with client voice and the development of accessible consultation processes.

SIFA also have a contract with Umbrella for the provision of sexual health services and meeting the needs of the homeless population.

More input into the smoking cessation programme would be welcomed, for the workforce as well as the homeless population.

William Taylor: The CCG can offer support for the programmes with a view to engaging PCN's rather than individual CP practices.

Karl and Bhavna thanked colleagues for their input and will continue to progress collaboration in delivery of the programmes.

Recommendation –

The Chair invited colleagues to accept the report and recommendations at 3.1 – 3.3.

All those present agreed the recommendation.

CREATING A HEALTHIER CITY FRAMEWORK

14

Dr Justin Varney, Director for Public Health provide a verbal update in reference to the briefing note at page 139-144, with key points as follows:

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- The draft consultation has now been presented to for a, with avoting system used to capture views, priorities and gaps.
- Next steps – the final draft will be presented to the board for final input prior to consultation in September.
- see document – per consultation draft taken to forums – voting system used to capture views and prioritisation/gaps

Recommendation –

The Chair invited colleagues to accept the report and recommendations at 3.1 – 3.2.

All those present agreed the recommendation.

OFSTED REPORT

- 17 Deborah Brookes, provided a verbal update on the recent Ofsted and CQC Local Area SEND re-inspection, with key points as follows:
- The re-inspection was carried out in response to the outcomes of the inspection in 2018. This has been delayed by one year, due to Covid, but had no real impact on the findings.
 - The inspection involved all partner agencies including Health, the Children's Trust and Birmingham City Council and resulted in the conclusion that only one area of significant weakness of the 13 originally identified had made any improvement. This judgement is in alignment with the partners' self-appraisal prior to inspection.
 - The report is now in the public domain and partners have responded collectively. It is clear from the report that the lived experience of children and young people is poor and partners have accepted that this is unacceptable.
 - Partners have now been notified by DfE and PHE of the intention to issue a formal statutory direction and an accelerated progress plan for swift and monitored improvement. Priorities include making the necessary impact for a sustainable long term delivery strategy including immediate support for families as a priority.
 - Partners are now working to produce a SEND improvement plan in co-production with stakeholders, and a programme of engagement to be introduced in Autumn term.

The Chair thanked Deborah for her update and requested that this item remain on the agenda for the next 2-3 meetings to allow Kevin Crompton to provide regular updates to the Board.

INFORMATION ITEMS

- 18 The Chair acknowledged Items 18 - 22 for information and made specific reference to Items 20 and 21 as useful information.
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OTHER URGENT BUSINESS

- 19 No other urgent business was submitted.
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DATE AND TIME OF NEXT MEETING

- 20 To note that the next Birmingham Health and Wellbeing Board meeting will be held on the 21st September 2021 at 1500 hours.
It is agreed that this will be a face to face meeting due to requirements for in-person decisions. The venue will be BMI, Margaret Street (tbc)
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The meeting ended at 1730 hours.

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CHAIRPERSON