BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD THURSDAY, 23 JULY 2020

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON THURSDAY 23 JULY 2020 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
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
Dr Tim O'Neil, Director of Education and Skills, Birmingham City Council
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Waheed Saleem, Birmingham and Solihull Mental Health Trust
Dr Ian Sykes, Sandwell and West Birmingham CCG
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Elizabeth Griffiths, Assistant Director of Public Health
Chris Naylor, Interim Chief Executive, BCC
Monika Rozanski, Public Health Service Lead on Inequalities
Errol Wilson, Committee Services

The Chair invited the Board members who were present to introduce themselves.

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NOTICE OF RECORDING/WEBCAST

456 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.

DECLARATIONS OF INTERESTS

457 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.

APOLOGIES

458 Apologies for absence were submitted on behalf of Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Toby Lewis, Chief Executive, Sandwell and West Birmingham NHS Trust
Professor Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
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:

459 **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

460 **RESOLVED: -**

That the Minutes of the meeting held on 21 January 2020 and the Minutes of the Special meeting held on the 23 April 2020, having been previously circulated, were confirmed.

ACTION LOG

The following Action Log was submitted:-

(See document No. 1)

Dr Justin Varney, Director of Public Health introduced the item and advised that all outstanding actions had been progressed and these were currently green for the Suicide Prevention Act Action Plan which had been published and circulated. He highlighted that increased activity had been undertaken around raising awareness of public questions and that a successful Special Health and Wellbeing Board meeting had been held and the learning from that was what more could be done in the future to increase awareness of how to ask questions of the Board.

461 **RESOLVED: -**

The Board confirmed that the Action Log was current and correct.

CHAIR'S UPDATE

462 The Chair made introductory comments and advised that it had been a challenging time over the last five months. She expressed thanks to each Board member and stated that the system in Birmingham had shone at that point as a lot of positive feedback was received in relation to the honesty, the way the system came together, what the Board did at that time to ensure it had delivered for the public and the way the Board was able to get and respond to the questions and responded to the public. The Chair thanked the organisations, and everyone involved for the work they had done and continue to do in terms of the joined-up way in which the system had worked and how people came together to make a difference.

The Chair highlighted that she was impressed with the remote ways of working and the use of technology to ensure that the Board kept in touch with the residents and the way it had been used to developed new ways of working. She added that what the Board managed to achieve was incredible and that it was hoped that as the months goes by the Board did not lose the progress that had been made.

PUBLIC QUESTIONS

463 The following question from a member of the public was submitted:-

When will the Health and Wellbeing Board agree and publish a strategy to meet the health needs of BAME communities across Birmingham. The strategy to identify the overarching and specific health needs of BAME communities, identifying those that require commissioned services, and those that communities can provide for themselves, with support. The strategy to highlight whether services currently meet needs, how BAME communities access services, the obstacles to access, and the actions to be taken to improve delivery of healthcare to BAME communities, with measurable outcomes.

Dr Varney requested that the question be shared for a fuller response from the Health and Wellbeing Board (HWB) as it was a broad reaching question. He highlighted that it was important that the Board acknowledge the question today by giving an initial response at the meeting. Dr Varney advised that an online process was being set up to share questions raised by members of the public through a single portal which would make it easier for the team to respond.

Members of the HWB then made the following statements:-

Dr Varney, Director of Public Health advised that colleagues on the Board would be aware that the Board was refreshing the approach to the Joint Strategic Needs Assessment (JSNA) and prior to Covid had published the first section in relation to children and young people which explicitly had sections looking at inequalities for children and young people from ethnic communities. It also looked at inequalities for children and young people with disabilities and those that had been identified as Lesbians, Gay Bisexual and Transgender (LGBTQ). The aim not to pick out a specific community or minority group but to do this in a way that was assessing inequalities across the city to understand the differences. This then raised the question as to what would be done about the responses.

Dr Varney stated that this was the first response about how the HWB was considering inequalities around ethnicity and was through the JSNA as the Board's first stage. The second was any strategies or framework the Board developed, or its sub-groups developed would go through an equality assessment impact in line with the City Council's policy and those were published at the same time as the frameworks. This was used as an opportunity to reflect further as to whether there were any other inequalities that should be picked up for any of the protected characteristics which include ethnicity.

The third element was in the relation of commissioning of the services. The HWB was not a commissioning body, but was in the Council's Public Health Division looking at how we could assess and work with our service providers to look at the uptake of our services in the different communities by using an equity audit where the demographics were looked at who was using the service compared to who was expected to be using the service. If it was a general service, example, sexual health services, we might compare that to the general population of working age adults in the city. If we were looking at NHS health

checks programme for people over 40 it would not be expected that 20 years old would be attending. The equity audit was tailored to the service.

The mechanism was being developed to do this and we will be working with some of our NHS colleagues to think about how we could share good practice through the Public Health Commissioning Board as a route for that.

The final part which was important to highlight was that the Board was aware that as a partnership with Lewisham, undertaking a health inequality review specifically focussing on our African and Caribbean communities, this was a pilot with a new methodology that we will look to replicate for ethnic minority communities' overtime as we could not do everything at once. It would be a disservice to our communities if we tried to say everyone who was non-white was the same. By taking this year and one half to explore the inequalities that affected our African and Caribbean communities in some details and some depth we would be able to try and understand how we could change inequalities that had lasted for decades and not just pay lip service to that conversation.

Dr Varney stated that this was being approached in many ways rather than having a single strategy that would be easy to put on the shelf and tick the box to say that we have done it. The approach being taken was one that was integrating the consideration of ethnicity and other protected characteristics of minority communities through all the work that the Board was doing. Ensuring that this was an important part of BAME needs assessments but also our impact equality assessment and our equity assessment of both how we commission services and checked that they were reaching and achieving the outcomes we were trying to change.

Waheed Saleem, Birmingham and Solihull Mental Health Trust (BSMHT) stated that a letter from the BSMHT Chief Executive was published widely about the impact of Covid-19 on BAME communities not just on the staff but also the service users. The Trust like all of the NHS organisations were undertaking risk assessments and were offering those to all their BAME colleagues and had had some good uptake. BSMHT were also addressing some of the inequality around their provision and delivery of services and were developing a process and action about how engagement with the communities BSMHT served could be improved by addressing some of the underlying issues concerning health inequalities that had perpetuated the mental health issues in those communities.

Like all NHS organisations the Trust was committed with regards to diversity with their workforce. If the Trust had a diverse workforce service delivery would improve and would be more affective. They were looking at ways of developing their reach to their communities and how the Trust could ensure that they had better representation of BAME colleagues. BSHMT was involved in a number of work programmes that were being undertaken.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Trust stated that there were three things. A lot of what the Trust were doing was similar to the things the other organisations were doing. Firstly, the Trust was undertaking a piece of work internally in terms of staffing and how staff was

being supported particularly staff from BAME communities that was operating before the pandemic and had been turbo charged through what was learnt through the pandemic.

Secondly, in terms of work with services and communities there was a first order priority for the Trust about ensuring that the Trust had reliable comprehensive data on ethnicity of the people being served. Mr Kirby acknowledge that the Trust did not have a lot of this as they wanted and the first thing for them was to understand that.

Thirdly the Trust wanted to build on that, particularly where they were providing specialist community services with long-term conditions like diabetes, respiratory conditions or heart failure. We know that we were targeting those of the right people in the right communities and the Trust knew that the way this was being delivered was probably culturally sensitive and culturally competent. The Trust had some great members of staff on the ground who were doing a lot of work with some of the communities in West Birmingham and often on their own initiative and that he was grateful that they were doing that, but the Trust needed to get behind them better as an organisation to help scale this up.

Andy Cave, Chief Executive, Healthwatch Birmingham advised that most of their work was directed at listening to inequalities and getting into communities within the city specifically around the inequalities highlighted by Covid-19 amongst the BAME community. Their next project was identifying particular inequalities within the BAME community, but not looking at BAME as a homogenous group but targeting specific communities within that to try and understand what the unique needs were of these communities and the inequalities that the particular community faced. This information would be fed through the inequalities sub-group of the HWB.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull Clinical Commissioning Group (CCG) advised that the CCG did not provide services but oversaw the services provided by others. The CCG was active in supporting the establishment of a BAME Primary Care Network which was working across organisational boundaries to ensure the CCG heard the voice of those who work in the services. The CCG was doing a lot of engagement work, particularly a piece of work in the Lozells with one of the City's Councillor, a particular piece of work that Dr Varney had invited them to participate in with the Bangladeshi community. The point made by Mr Cave in terms of not being homogenous in their approach was important and the CCG had approached different elements of the BAME community intervention and support.

Stephen Raybould, Programmes Director, Ageing Better, BVSC stated that the voluntary sector was looking at integrating the approach to the recovery strategy including the shifting of resources towards communities that had been affected heavily by the Covid-19 crisis. A collection of organisations was looking at how this impact across the city. In terms of a single strategy, one of the challenges was that across the system there were a number of things happening which was quite positive, and it was hard for people to engage with a single strategy. Even if there were a single strategy, if it could be presented in one place so that people could look at it, it would be helpful in terms of citizens coming to understand what was taking place.

The Chair commented that just having one strategy was difficult and perhaps this might not be the forum where it could happen, but she believed that each organisation was adopting to what the issues were in the place where they were serving and were trying to adopt a strategy to suit that moving forward but will all get to the same place in the end.

CORONAVIRUS UPDATE

464 Dr Justin Varney, Director of Public Health introduced the item and gave the following verbal update:-

- We were continuing to see Covid cases and it was important to recognised that the national evidence showed that only 20% of the population has had Covid to date. There were still 80% of the population that did not yet had it. We were still seeing people getting Covid every day in Birmingham and some of those were still ending up going to hospital.
- Sadly, although we had a couple of days without any new deaths, we were still seeing across the country people still dying from Covid. Covid was no less infectious than it was two weeks ago, nor was it any less fatal. We do understand it a bit better now which was helpful.
- In Birmingham what was seen was looking back through the data was a sense of what the data was showing that we saw our first case in Birmingham in the second week in March 2020. The cases in Birmingham hit the first peak in the second week in April 2020 and then dipped again and then came back up before a slow descent.
- There was a bit of a 'camel hump' in terms of the first peak. The number of cases had started to fall quite well, but in the last two weeks a number of new cases were seen as an increase across the city.
- This was pretty general across the city in terms of numbers and in any one Ward was ranging between one or two cases to a maximum of 21 cases in any one area. This was linked to a couple of large households where everyone in the house had Covid. The shift in new cases was predominantly in people between the ages of 20 - 40 years old that had reflected people coming out of their homes more and socialising and engaging and back to work.
- Public Health was proactively working with the business sector and the Chamber of Commerce particularly and the Business Improvement Districts to ensure that businesses had access to the advice and guidance and support to keep their staff and customers safe.
- Public Health was doing work with our community partners, with our faith organisations and our Elected Members and many of our partners on the HWB helping to get the message out so that everyone in the city understood that Covid was still about and we all had a responsibility to try and keep safe and to stop the spread.
- Public Health have also been working with the Department of Health (DOH) and increased access to test facilities and a pilot walk through site at Villa Street in Newtown which was doing quite well as they were seeing 100 people per day. All of whom were booking through the 111-telephone number which nationally was seen as some of the best

practice in the country how well people in Birmingham were using the system to get a test.

- Testing rates had increased over the last three weeks which was positive and was a testament to all of the work that partners were doing to help communities understand how to get tested if they had symptoms. The message was to stay at home if they had symptoms with their family until they knew their results and to engage with the test and trace service to support them and to get advice as to what they should do if they tested positive and how to protect people who may come into contact with them who might be at risk.
- Public Health was continuing to respond to situations and was working with both CCGs and NHS partners to think through what more could be done before the second wave of Covid comes to reduce peoples' risks.
- It was known that there were some things that Public Health cannot not change which was associated with the higher risks of being unwell or dying, age, gender or ethnicity, but they often reflect things that could be changed such as carrying excess weight, being overweight or obese, smoking or having a long-term condition like diabetes or high blood pressure that was not well controlled increases the risks.
- Public Health and NHS partners were working together to see what more could be done to help people over the next three to four months to reduce those risk factors that could be changed as quickly as possible ahead of the next wave.

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

1) Dr Varney noted Mr Raybould' s query concerning the voluntary sector capacity planning for the autumn and winter periods and advised that the expectation was that it would look similar to the first wave in terms of the scale of numbers. The peak day in Birmingham was 134 new cases on a single day which was the highest number Birmingham had reached through the first wave which went on over several months.
2) The current thinking around when, there were two schools of thought – One was that as we all come out and we socialise more we forgot to keep our distance. We have not seen people for a while, so we shook their hands and gave them a hug and as well as giving them some love we gave them Covid at the same time. This sees the case numbers rising quickly over the summer.
3) However, if the weather was nice and people had their windows open, most of the socialising would be done outside and people would remember the advice about keeping their distance, washing their hands and got tested quickly if they had symptoms. This may defer the second wave to the autumn when the weather got bad and the second wave would probably be in October/November, possibly alongside the seasonal flu.
4) It was important to recognised that we will be in a different situation this time and the NHS and all the work that was put into the Nightingales, training and getting Personal Protective Equipment (PPE) all of that we were thinking through how we could keep things going so that when the second wave comes we will be in a stronger position to manage it rather

than getting overwhelmed. This meant that we could have a different approach in terms of lockdown and how we approach it.

5) It was unlikely that a vaccine would be available to roll out across the population until probably next year. Even if a vaccine that worked could be found and it was safe, it would take six to seven months to get enough of it and would then take four or five months for everyone to get an injection. Normally it took five months to give the flu injection to the over 65 years old, those under five years old and those with long-term conditions, just think how much work we have to do to give it to everyone. We needed to plan as if we were planning for wave one as it was thought that this would probably come in the autumn in terms of timeline.

At this juncture, Dr Ian Sykes, Sandwell and West Birmingham CCG commented that it was important to be mindful of the coronavirus as it had not gone away. As Dr Varney had stated approximately 20% or so of people have had it. It was known from the latest research that 25% - 30% of those people who had it did not become immune to it. Therefore, because a person had it did not mean that person could not get it again. This therefore meant that most people in our city was not immune to this condition and just because a person had it did not meant that they could go out and forget the regulations as there was a one in three chance that if a person had it that person was still not immune.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG highlighted that it was needed to do everything that possibly could be done to get the flu vaccine working as soon as possible this year. Different delivery mechanisms were being looked at. Upwards of 300,000 people attending their General Practitioners surgeries was not the way to do this and better ways needed to be found. The CCGs were still waiting to hear what the extended age range would be which could be from 60 years old and were looking to having to deliver half of a million vaccine for flu but were determined to do it much faster than it was done previously.

Dr Varney continued.

6) Dr Varney concurred with Dr Sykes point and stated that this was one of the reasons Public Health was not rushing to roll out the antibody tests as the evidence was showing that a significant group of people either did not develop any antibody despite having had Covid or if they did it wore off quickly. This was because Covid-19 was the same family of viruses as the common cold and it was thought that the body was responding to it in the same way as it did not learn how to fight if effectively and it forgot quickly what it learnt.
7) Dr Varney noted Mr Jennings' point concerning the flu vaccine and stated that it was an important reminder and part of what was needed to be done to be ready for the next wave was to do everything that could be done to protect us and to get as healthy as possible. Getting the seasonal flu jab this year will be important.
8) Dr Varney stressed that if you were one of the people who were eligible because you had a long-term condition, or you fell within the age group it was important for you to get the flu jab. What people did not want to do

was to catch Covid and catching influenza at the same time as this would be a nasty combination.

9) Dr Varney highlighted that people needed to main the 2 metres social distancing the moment we leave our homes we needed to keep the 6 feet/2 metres in our minds from other people, keep washing our hands and do not touch our face until we have washed our hands. He added that this was how we took the virus from something that we touch and put it into our face where it could get inside our bodies.
10) The face covering was important as what it did was to stop you spreading the virus. If you got the infection or very mild symptoms you could be out and about, shouting to someone or singing to yourself and would be spraying that virus onto people. By using a fabric face covering – two or three layers of fabric except knitting as this had holes in it and cover your face if you are going into a building whether that was a shop, taxicab or public transport. Wearing a face covering was about showing respect for other people and by protecting them.
11) It was important to recognise that some people cannot wear a face covering. In some cases this was because they had certain conditions like autism where it was distressing, some people have breathing difficulties and face covering did not make a huge difference to the oxygen and it was expected that asthmatic, but for some people who have fragile lung problems they may not be able to wear one. What would be done in this situation was to encourage people to wear *face* coverings as it would protect the people who could not. This was the other part for having responsibility for our city, our friends and our communities.

Chief Superintendent Stephen Graham, West Midlands Police commented that in terms of enforcement the Police was not going to be issuing tickets as they did not do this during the earlier wave but would rely on people taking on board the educational message. The Police will rely on people taking responsibility for their own actions. If people thought, there would be a 'swarm' of police officers going through the Bull Ring or going to supermarkets giving people tickets who were not wearing a face covering this would not be the case. It was about individuals taking responsibility not just for themselves and their loved ones but for those whom they would interact with in public spaces. This did not mean that people would not get a ticket. If people refuse the advice and refuse the education and the encouragement that people were offering, then they might get a ticket, but the Police were not going to be doing what was the equivalent of the speed trap and have Police hiding in Asda waiting to issue people with a ticket if they were not wearing a face covering.

The Chair commented that in a number of Wards, some people were having outdoor parties and the public were nervous as these gatherings were happening and they were not sure who had the responsibility for dispersing them. Chief Superintendent Graham advised that a few weeks ago when the weather was warm there was a number of what was known as block parties which were unlicensed events where they did raves. The age group was 20 - 40 years old as that was the demographics that was attending these groups as they were frustrated that the pubs and bars were not open at the time and they came together to socialised with their friends. Chief Superintendent Graham stated that members of the public should do what they would do if there was a

noisy party and disorderly behaviour happening and report it to the Police. The police had gone along and try to breakup those that they could as they had to walk the line to see what was achievable and what was not.

There was a saying in Birmingham that what was seen in some parts of London when the Police ended up with pitched battles between the police and local young people as no one wanted this either and so the Police were trying to take a path that reflected the need for people to sometime come out but at the same time they could not have these gatherings as it could lead to a communication in the virus. Chief Superintendent Graham added that Councillors could advise residents that if they saw large gatherings or antisocial behaviours to report it to the Police and if the Police thought it was reasonable to step in and disperse the crowd then they will. What they did not want to see was Police officers wading into young people and striking them with batons.

Dr Varney stated that they did not watch how many people got fined for not wearing a seatbelt as we did it because it was the right thing to do to keep us and our family safe and the vast majority of us drove safely on our roads within the speed limits. It was about keeping other people safe as well as ourselves. It was hoped that most people will view face coverings as a simple thing that we could all do that makes our communities safer. Ultimately the people that ended up being hurt by the spread of the virus was us. It was important that we all take ownership for and lets all work together to keep our city safe.

COVID-19 LOCAL OUTBREAK CONTROL PLAN UPDATE

The following report was submitted:-

(See document No. 1)

Dr Justin Varney, Director of Public Health presented the item and advised that Public Health was asked to develop the Plan in July at relatively short notice and had worked with partners within the City Council, CCG colleagues and voluntary sector colleagues to work this through. This was a joint effort with many members of the HWB.

Dr Varney highlighted that the Plan was not just a document that sat on the shelf as it was being tested with some hypothetical scenarios and it was also being tested every day in response to situations of outbreaks across the city. The Plan was reviewed by the Regional Convenor of the Test and Trace Programme in the Department of Health who gave a positive feedback and commended the Council on its community engagement and communications of the Plan which was one of the annexes of the Outbreak Plan. This was held up as both regional and national best practice which was a positive reflection of all the work that was being done as a partnership to ensure that our communities understand how to keep themselves, their families and the city safe.

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

a. Dr Varney noted Mr Saleem's query concerning the regional response and how the Plan was connected around the regions and stated that all of the Plans across the regions followed a similar format as Public Health across the region were given a specific set of things that needed to be covered. Public Health was sharing information with each other as their Plans were being developed particularly with colleagues in Solihull. This was also being done with colleagues in Walsall and Sandwell where there were perhaps the most flow across the border.
b. The Directors of Public Health met on a weekly basis and had agreed to step this up to three times per week to have a conversation to see where each was going in our own patch and whether there were any cross-border issues we should consider. An example was the outbreaks in Sandwell and the rising number of cases in Sandwell primarily linked to two businesses.
c. In both businesses there were staff that lived in Birmingham who tested positive and there was clear communication between Public Health and his counterpart in Sandwell in terms of understanding what they were doing and whether there was anything he could support with. Public Health was working hard across boundaries and had agreed to support NHS colleagues and worked throughout crisis with the CCGs but had also now had a Lead Director of Public Health for each of the NHS Trusts that had inpatients beds.
d. Birmingham had a lot of hospitals which had been shared with some of his counterparts. The Director of Public Health Solihull had lead for Solihull and University Hospitals Birmingham and his counterpart for Sandwell led for Sandwell and West Birmingham Hospital Trust whilst he (Dr Varney) led for the Mental Health Trust, the Community Trust, the National Orthopaedic Hospital and the Women and Children's hospital Trust. Meetings with the Directors for Infection Control were held to understand what was being done and ensuring the dots were connected with cases that might appear in hospitals particularly in staff and what was happening outside of the hospitals.
e. A lot of work was being done to think that through and were now working towards some regional testing of the plans to put through a scenario if there was a large employer that had staff that lived across the patch where there was an outbreak, how this would be managed. If there was a large event where lots of people came together and perhaps to watch a football match and there was an outbreak associated with that and they went back to where they lived how this would be managed. This testing was being done to ensure they were confident to know how public Health would approach that and to ensure who was leading it and how the rest could play a supporting role.

465 **RESOLVED: -**

The Board:

i. Noted the contents and publication of the Covid-19 Local Outbreak Control Plan;
ii. Noted the Governance arrangement for Test and Trace detailed on pages 5 – 8 of the Covid-19 Local Outbreak Control Plan; and
iii. Noted the request for members of the Board to promote the Local Outbreak Control Plan amongst their networks.

COVID-19 LOCAL OUTBREAK ENGAGEMENT BOARD UPDATE

The following report was submitted:-

(See document No. 2)

Dr Justin Varney, Director of Public Health introduced the item and stated that the important point was to highlight what was done in terms of establishing the Board's Terms of Reference. The Board was set up within a timeline as defined by the Department of Health which was between Health and Wellbeing Board meetings. This went through Cabinet with the support of Councillor Hamilton to approve the formation of the Board in order to meet those timelines to obtain the formal ratification of the sub-group of the Health and Wellbeing Board.

466 **RESOLVED: -**

The Board noted the governance and purpose of the Local Covid Outbreak Engagement Board.

FINDINGS FROM COVID-19 IMPACT SURVEY

The following report was submitted:-

(See document No. 2)

Dr Justin Varney, Director of Public Health made introductory comments and drew the attention of the Board to the information contained in the report.

Members of the Board then made the following comments:-

Stephen Raybould stated that in terms of volunteering one of the things that had happened during the coronavirus crisis was that the formal volunteering was reduced as a result of the lockdown due to certain vulnerable portion of the population that was engaged in this prior to the crisis.

Andy Cave advised that Healthwatch Birmingham did a survey during the lockdown to see how people were feeling and what their needs were during the lockdown period. Healthwatch Birmingham had met with Public Health colleagues to look at their dataset against theirs to see where similarities lye. One of the main things was around mental health and the impact that this had had on the mental health of the city and how mental health services needed to react to that. It would be interesting to see whether people were accessing the mental health service as a result of this moving forward.

Waheed Saleem commented that the Trust had seen an increase in acuity as more people were coming in that were more unwell than previously. The Trust was having to deal with those issues in more detail. The Trust had also seen a slight increase in people accessing our mental health services including things

like their HIAC services etc. This would increase further as lockdown was easing and people were coming out a potential increase would be seen. What was happening in most of the NHS services was that people were reluctant in accessing the services when they previously would have accessed the services a lot earlier and so the Trust was picking up some of this a lot later in presentation in the services.

Paul Jennings advised that conversations had started in terms of what was needed to be done as there was a link as it was known that a 1% rise in unemployment would give a 2% rise in mental health issues. As stated previously, the Trust had already seen an increase in acuity including people who had appeared for the first time and were quite unwell. There was also a long term need around recovery from Covid as there was a large group of people recovering from Covid which was a long slow process that had a physical and mental health impact. There were conversations about how a rehabilitation service would link the physical services with physiotherapy. A lot of preparation was being made at present concerning the issues.

Richard Kirby stated that there were a couple of things such as staff visiting people in their homes which would be described in a much less quantitative way in a similar picture to the one described by Dr Varney. Clearly, some people felt that this was an anxious time and were worried about their interaction with others in the services and the wider communities. The Trust had done its bit to reassure where they could and were well plugged in to local community organisations and voluntary groups, neighbours and friends and getting the type of help there would be. The Trust had seen a huge drop in referrals to their more specialist services, particularly their specialist services with children. If there was a chance to share a message that would be the children who had been referred to the Trust during the pandemic were probably still there and probably still needed the Trust. If people needed help with their development, they needed to contact the health visitors as those services were open but working differently. The Trust will respond if families got in touch and sought help.

Nichola Jones, Assistant Director, Inclusion and SEND, Education and Skills advised that Children's Services, Education was currently working closely with Forward Thinking Birmingham and across the education services particularly with Education Services Psychology across the city. A citywide graduated approach for supporting children and young people was being developed. As part of that process it was seen across the city that referrals into the different services was across both health and education. What was being picked up from schools as the children were returning was that there will be an increased level of needs in social deprivation. Our responses were that we will be doing a graduated approach so that we could work closely with individual schools and will be undertaking a review when schools return in September 2020 and would be looking at what we will be offering across the city as part of the graduated approach, but as part of a joined up approach across health and education.

467 **RESOLVED: -**

The Board members agreed to promote the promote the survey and encourage participation which remained open until the 31st July 2020. The link to the survey is https://www.birminghambeheard.org.uk/place/new-survey/

UPDATE ON PROGRESS SINCE THE APRIL SPECIAL HEALTH AND WELLBEING BOARD MEETING

The following report was submitted:-

(See document No. 3)

Dr Justin Varney, Director of Public Health advised that some of the progress had been summarised since the last special Board. The special meeting of the Board was called to discuss the emerging inequality needs through the Covid outbreak specifically how they were impacting on ethnic communities across the city. The Board had over 600 questions from over 200 members of the public. The Chair had responded to every person who had submitted a question giving a personalised response to each question. This was a testament to the partnership and Board and the many colleagues contributing to those responses. Colleagues were asked to contribute to this report and to give an update from individual member organisations on the Board about the actions that were being taken as a response to the continued concerns around the impact of Covid-19.

It was important to reinforce that Public Health were continuing to learn more each day about the way Covid-19 had disproportionately impacted on different communities. Public Health was increasingly understanding that impact on ethnic communities which had reflected many of the inequalities that had existed before, particularly not just in terms of inequality in the numbers and proportion of people that had long term conditions like diabetes, but also in the quality of care and the management of those conditions.

Recent research had also highlighted the importance of improving the relationship between the NHS and some of the ethnic communities as sadly some of the individuals who presented in hospitals with Covid-19 from ethnic communities presented much later than those from white British communities. It was needed to reinforce to people that the NHS was there for everyone and to support them when they had health problems. The earlier you presented and reached out for help the easier it was to help you and to get a positive outcome. Much of what was seen in the report was the reflection partner organisations both how they were working to address some of these issues but also, they were considering them for their own staff from ethnic communities as well.

Chief Superintendent Stephen Graham, West Midlands Police emphasised that the large gatherings that was seen during the *Black Lives Matter,* which was not the issue, predominantly saw representation from the BAME communities. The research that Dr Varney shared showed that those events did not lead to any spikes in any local outbreaks as there were some real concerns about the coming together in big numbers and there was a breakdown of social distancing in nearly all of those demonstrations. There was nothing that

suggested that those demonstrations particularly the big one on the Thursday afternoon that started in Centenary Square. There was no causal link between that and any spiking in the coronavirus in the City.

The Chair voiced concerns that with the communities now the messages were confusing that the youngsters thought that *this was just a conspiracy to stop them from enjoying themselves*. The Chair added that even though she had agreed that it had no lasting effect it had made it more difficult for us to get the key messages out especially to our young people who were the ones if infected would take it home to family members that were older and more susceptible. The message was not just from the Council the Health Service, Police, and all the statutory bodies that they were absolutely clear.

468 **RESOLVED: -**

i. The Board noted the progress detailed in the report; and
ii. The Board members agreed to continue to work to mitigate disproportional risk of Covid-19 to ethnic communities.

OVERVIEW OF ACTIVITY ACROSS THE CREATING A CITY WITHOUT INEQUALITY PARTNERSHIP TO MITIGATE THE IMPACTS OF COVID-19 ON THE BAME COMMUNITIES

The following report was submitted for information:-

(See document No. 4)

Monika Rozanski, Public Health Service Lead on Inequalities introduced the item and advised that the report was based on information partners had submitted within a short timescale prior to the Board's deadline. Ms Rozanski stated that whilst the aim was to present a complete picture in the report this may not be complete as there may be other initiative that might not be covered in the report.

The inequalities affecting the BAME population had been in sharp focus over the past weeks and the Covid pandemic had exposed some long-term issues and disparities, which had been a factor in causing disproportionate impacts of Covid particularly on Black African and Caribbean communities. Organisations were working with the BAME communities as well as other communities to understand specific issues around Covid-19 and to develop culturally sensitive methods of engagement. The initial findings from the survey referred to by Dr Varney ends on Friday. Public Health were also looking at other ways to engage and utilised existing networks and channels in order to continue with the engagement.

Public Health had initiated a partnership with Lewisham for an in-depth review gathering information on inequalities affecting Black African and Caribbean communities working towards breaking the cycle of inequality. The review was still in its infancy, but it was hope that this would produce a robust evidence and lead to implementing a robust response across the two local authority areas. Specific operations as well as strategic activities were already under way as

specified within the main report in the appendix. The equality and diversity in curriculum in Birmingham schools had been strengthened and the partnership of health offers had been reviewed to ensure it was more effective in tackling some of the systemic inequalities affecting the BAME families.

The Director of Public Health, Dr Varney had engaged with the Faith community leaders and the City's health care providers had been adopting and developing services that were culturally competent with better access to translation and interpretation. The services had been adopted to capturing data so that it could be used more effectively in identifying the needs of the BAME communities and responding to those needs more effectively. The project had been focused on work during Covid and supporting those who had been disadvantaged further by the conditions raised by the pandemic.

Social justice had now been added as a key priority into the Adult Social Care Delivery Plan and the CCGs were working with the local BAME communities to reduce health inequalities in their long-term conditions programme for proactive engagement and marketing of the programme directly to the BAME communities. Providers of mental health helpline and counselling had taken steps to provide access to work and therapist to speak a range of community languages. Specific work was being undertaken by the university Hospitals Birmingham and the Women and Children's Hospital also.

In conclusion the insight into the inequalities and financial impact of Covid-19 on the BAME communities were being developed from many perspectives and by many different groups in all organisations and therefore it was highly important that there was a single strategic oversight.

469 **RESOLVED: -**

The Board noted the report and consider its findings in shaping and influencing future strategies and work across the health and wellbeing partnership.

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470 **LOOKING TO THE FUTURE**

NHS access and service model

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG emphasised that the positivity of seven years of practice working together in their Primary Care Network (PCN) enabled them to ensure that they could maintain good access to some services and maintain safe services. This meant that the PCN used less Personal Protective Equipment (PPE) which might otherwise would be used if they had tried to open up everywhere. It was hoped that this work would continue.

There were two things – we had made lots of advance around the use of IT. We were moving towards the next stage of health care using a digital and artificial intelligence tools to help get people to the right place and the right services the first time. A lot of shunting around of people was done in our health care service and GPs were the key people that often spend a lot of time

dealing with people who could easily have been dealt with by somebody else. GPs were most pressured and, in some ways, rather dwindling resources of workforce. Better use had to be made of all the health care professionals we had and ensuring people were going to the right places.

This was the next piece of action and learning from the work that was seen over Covid-19. Alongside of that was the move to appoint people to services so it goes through 111 and try to get to a point where if a person needed an A&E appointment one could be booked rather than turning up at A&E and booking themselves in and waiting when they could be streamed into the right place. This was one of the positives that was learnt.

Another thing that reflected part of what was stated by the Chair was about collaboration. What was seen in terms of how the NHS interacted around the Care Homes system in Birmingham was fantastic and was something he was desperate that they hang on to. A lot of work was done together understanding workflow and needs; understanding infection control, supplying PPE and helping to educate and support staff so they could hold residents in their own homes rather than moving them into hospital. This was a whole bunch of work that was powerful. The link between social care, care homes and community services to hospitals, the way we wrapped this up all together was a precious thing and he was desperate for them to hold things and make it work in the future. There was no doubt that it provides a better pathway of care for our service users, citizens and patients.

Dr Tim O'Neil, Director of Education and Skills, Birmingham City Council stated that some good joint work with Public Health was being done. He highlighted that a meeting would be held on the 24 July with Dr Varney to look in more detail on the plan around the lockdown and were seeing that the way they had worked together over the last six months had been incredibly positive. One of the ways in which he had measured success or otherwise was the extent to which his mailbox was full of the schools' sector. Dr O'Neill added that his inbox was relatively quiet and was a really good measure of the support and a huge thanks to Public Health and his staff for the work that had been done over the last few months.

The challenges were only just beginning as Dr Varney alluded to as there was some huge challenge ahead. One of the things being spoken of was squaring the circle as Dr Varney rightly spoke of the second wave and were encouraging parents and children to return to schools' settings in September but this was tricky to manage together. Dr O'Neill stated that they were confident in Birmingham to do what they could together.

The Chair placed on record that the work that the Birmingham Community Healthcare NHS Foundation Trust did with other partners they led in this space with Care Homes had been phenomenal. She expressed thanks to Mr Kirby and his team for the work done.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust stated that they had learnt the power of bringing together the Primary Care input. The work that the City Council did in commissioning Care Homes and the input his team had been providing on a daily basis to try to

properly help Care Homes get through this challenge. It was hoped this would be appreciated by the Care Homes as their absolute intent was to build this into a system that remain and to do the next stage in consultation with them and engagement from the Care Home managers etc. It was recognised that at the speed worked at, having pulled this together rather than co-produced it and it was hoped that the co-production could be built in next time.

Another bit of work that was connected to this was the work being done across acute community mental health and social care to change the Discharge Pathways to ensure people were not staying in hospital beds longer than they clinically needed to. A measure of the scale of this was when lockdown had started and the Trust responded to the pandemic, they routinely had 600 Birmingham people in acute hospital beds who were well enough to be cared for somewhere else. The number now was 150 and about 500 people were being cared for in the right setting and a number of clinical teams had been freed up to do the right things and because the Trust was able to work with Care Homes. The Trust was keen to work with the system to keep going as they go into autumn and winter

Community sector services
Stephen Raybould, Programmes Director, Ageing Better, BVSC stated that the credit needed to go to the voluntary sector that responded brilliantly and so quickly to the crisis. One of the key points was around dissolving of the boundaries around the different organisations. They were looking to sustain this and the relationship that had been built up with the statutory providers in the city so that they had a system that worked more efficiently. Recovery planning was being looked and this was taking place with different organisations BVSC was looking to build on.

Although there were challenges within the crisis some of the challenges that were gained both in terms of the cultural sector and the capacity of the sector and the citizens and around digital and ensuring that people were better connected.

Local Authority services
Chris Naylor, Interim Chief Executive, BCC stated that there was a strong connection to the conversation about Covid-19 and the impact it had and how we had responded to it. In simple terms if he was asked what the future looked like he would give a Civil Service answer to that which was what Members had advised him to do since his arrival with the City Council. There were two things:

Firstly, to set out in a clear terms as possible what was needed to be done over the next two years, but to do that in the context of where the city was now and where the city could be in the next n10-15 years and what was the pivotal role in particular the City Council and wider partnership to make that change happen.

The context of this was radically different to the context there was before the start of the year. The City Council was fiscally challenged by the impact of Covid, but as other people had stated in the time he had been in the meeting, in simple terms Covid did two things – one was revealed a number of features

of our society and economy of Birmingham that had too long being hidden in plain sight. The differential impact of this pandemic on different parts of the communities was clear for all to see and alongside the Black Lives Matters movement galvanised us to do something about this in a way that was not quite so urgent beforehand.

Secondly, it demonstrated to us the possibility that we had clear admission and focus that we wanted to get things done.

The underpinning things that binds our conversations was a renewed commitment to understand and tackle the structural inequalities that were prevalent in many parts of the lives of the people of Birmingham which required us to do two things:

- Firstly, an understanding of the level of the experience of people who were experiencing these barriers.
- Secondly, we need to understand in quite technocratic data led kind of way how did those barriers manifest the risks in peoples' lives so when we could enquire in some technical way to then understand the right interventions the public sector needed to make to overcome those things.

Where this had taken us in the Council over the last five to six weeks, was to land on four big themes that was needed to underpin our work for the next couple of years.

Firstly, a renewed focus on the right kind of growth in the city. It was absolutely imperative that we have economic growth and ultimately a lot of the issues we were contending with were a product of poverty and destitution and was a kind of material economic baseline that we wanted as many people as possible to reach so they were able to live a healthy life. This required something to think about the economic regeneration model we had in the city for many years and how we ensure that growth in the next 10 -15 years and 20 – 30 years benefitted as many people as possible. We needed to think about what this would look like and how it was going to happen.

Secondly it required us to think again both inside the Council and our partnership about how we afford what we do so that day in day out we focused our priority on understanding the root causes as to why people come into our extensive services and we systematically try to tackle them in quite a preventative way.

Thirdly, all of that required an outstanding relationship of trust between the council or other public sector partners and the individuals that were here to help. The dynamics shifted dramatically, from a situation where a person comes to us in crisis, looking for our help from a situation where we were reaching out to them before they recognise the crisis themselves. This was a completely different dynamic and people will not engage with us unless we think unequivocally our own red side, we had their best interest at heart, and we were here to help. This meant everything from how we answer the phone, the experience on the website and a number of mundane stuffs such as

whether we empty the bins on time or clean the streets was as important to this mission as the social conversations we had.

Finally, the question was what this needed to look like organisationally. The relationship we had inside the Council and the relationship with partners across the city. All of these were in the mix and over the next couple of years we need to answer some of those questions. There were a lot of practical things that could be done now some of which we learnt directly through the Covid experience but there was something slightly bigger and bolder and was within grasp if we give ourselves the time and space to ask the question, answer it properly and then do something about it.

Dr Ian Sykes, Sandwell and West Birmingham CCG stated that the main points which were in the pack, there were four things:

Our Red site was open – Aston Pride and it was also good news that it was open to patients not just from Sandwell and West Birmingham, but Birmingham and Solihull patients as well and was a site that could be used by anyone if it was convenient. The reason for keeping this site going was that they needed to get things back to normal. We needed to be prepared if and when the second wave hits so the Red site will be kept going which meant that patients who were highly likely to have Covid could be seen in a secure environment.

Secondly, General Practice was fully open and functioning as normal as possible. However, local surgery might be closed, but there were other surgeries that would remain open. This was simply because they had to create an area where high risk staff to safely work without being put at risk.

Thirdly they were actively trying to restore normal services as best as possible, particularly the long-term services focussing on things such as diabetes and learning disability, mental health and autism checks as these were vital for the vulnerable groups.

Finally, a talk before you walk – do not turn up at A&E or at your surgery before ringing first as you may not need to be seen physically but could be seen virtually. If you do need to be seen, we could ensure that you will be seen by the right person in the right place.

Paul Jennings stated that was one organisation that was not represented on the HWB - the Acute system. He expressed his gratitude for some of the work that the West Birmingham Hospital and the University Hospitals Birmingham which was already the largest Intensive Care Unit (ICU) at the Queen Elizabeth, the largest ICU in Europe everyday which was never overwhelmed. Enormous gratitude to all the staff who worked in the Acute system with real peril who were so ill. At the peak of the Covid crisis someone was dying every 45 minutes at the QE Hospital which was a lot for staff to take in.
The Chair advised that the issue concerning the Acute system would be addressed shortly. The Chair then drew the attention of the Board to the information reports in the Agenda Pack

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OTHER URGENT BUSINESS

Vaccinations

471 Councillor Bennett raised the issue of vaccinations and advised that this was identified prior to the Covid-19 outbreak as there was a low uptake in some areas which was of concern. He noted that this was in the paperwork for the last item and Dr Varney had referred to it i.e. not wanting Covid and flu. The anti-vaccine sentiments and the scaremongering that was going to apply if and when we get the Covid vaccine. It was important for a number of reasons that the Board revisit that item and ascertain in more detail how the system was planning to address the issue going forward as it was more important than when the issue was first raised.

The Chair commented that this was an important point that will be discussed, and it was hoped to get back to some of the agenda items that were on the Board's work plan. It was also hoped that a report would be submitted to the Board detailing what had been done including the vaccine and the MMR vaccine for children at the next Board meeting.

SCHEDULE OF MEETINGS FOR BIRMINGHAM HEALTH AND WELLBEING BOARD 2020/21

It was -

472 **RESOLVED: -**

The Birmingham Health and Wellbeing Board noted the schedule of meetings for 2020/21 as follows: -

2020	2021
22 September	19 January
24 November	16 March

All meetings will be held at 1500 hours as an online meeting.

The meeting ended at 1705 hours.

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CHAIRPERSON