

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

1400 hours on 19th May 2020, via Microsoft Teams – Actions

Present:

Councillor Rob Pocock (Chair), Mick Brown, Diane Donaldson, Peter Fowler, Mohammed Idrees, Ziaul Islam, Zaheer Khan and Paul Tilsley.

Also Present:

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.

Louise Collett, Acting Director of Adult Social Care.

Mark Croxford, Head of Environmental Health.

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care.

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office.

Catherine Parkinson, Interim City Solicitor and Monitoring Officer.

Gail Sadler, Scrutiny Officer.

Dr Justin Varney, Director of Public Health.

1. NOTICE OF RECORDING

The Chairman advised that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (which could be accessed at "www.civico.net/birmingham") and members of the press/public may record and take photographs.

The whole of the meeting would be filmed except where there were confidential or exempt items.

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

The action notes for the meeting held on 17th March 2020 were agreed.

11th February meeting – Outstanding Actions

Review of In-House Enablement Service

Tim Normanton to provide diversity data for the In-House Enablement Service Workforce.

18th February meeting – Outstanding Actions

Sexual Health: Testing and Treatment Service in Birmingham – Umbrella

Natalie Slayman-Broom to provide further information on the clinical trials that Umbrella are involved with.

Adult Social Care Performance Monitoring – Month 8

Maria Gavin to provide clarification on the number of beds inappropriately occupied across the whole of the estate i.e. each hospital. Councillor Tilsley said he had received this information from Councillor Hamilton, but it appeared that other members of the committee had not. Therefore, a further request for the additional information would be made.

17th March meeting – Outstanding Actions

Permission to consult on the Birmingham Drug and Alcohol Strategy (Triple Zero City Strategy)

Dr Marion Gibbon to ask the Public Health Evidence Team if geographical data on substance misuse on a ward-by-ward basis city-wide can be provided.

Scoping of the Infant Mortality Review

Dr Marion Gibbon to provide geographical data on infant mortality city-wide, and if possible also mapped against air pollution emissions. It had been agreed that this information would be circulated before the June meeting.

It had been agreed that the additional information pertaining to the 'Triple Zero City Strategy' and 'Scoping of the Infant Mortality Review' would be circulated before the June meeting.

5. COVID-19 UPDATE

a) Update from the Cabinet Member for Health and Social Care

Councillor Paulette Hamilton gave an overview of the current situation across the City pertaining to adult social care focussing her briefing on three areas:

1. Clinical shielding and the voluntary sector

There are over 14,000 people shielding in the city. Over 7,000 of those are receiving weekly food parcels provided through the government shielding scheme. In addition, the voluntary sector has delivered 1,000s of food parcels to those in need but not falling under the shielded category. As we move towards recovery this will be reassessed.

2. Personal Protective Equipment (PPE)

PPE is an ongoing problem both in terms of quantity and quality. Businesses have supported the city to obtain essential PPE. Emergency PPE supplies have been provided to care homes etc.

3. Care Homes

Birmingham as a system is providing wrap-around support to care homes which is being led by the Birmingham Community Healthcare Trust. This includes GPs attending care homes and, upon request, residents being testing and results being available within 48 hours.

Council officers currently undertaking work to identify gaps in help and support for those people with learning disabilities, mental health issues and physical disabilities living in supported accommodation.

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

- The City Council has put a protective ring around supporting the care sector setting aside £5m. The funding is to help cover extra costs e.g. PPE, agency staff. Central government will be providing funding but, as yet, we do not know how much that will be.
- It was recognised that the significant number of deaths in care homes would inevitably lead to an enormous loss of income to the homes. In the short term, the City Council has made a commitment to support care homes as much as possible so they can remain financially viable as closures would present a formidable issue in the future.
- Concern was raised about hospital patients who had been discharged back into care homes without first being tested for Covid-19 and the impact this would have had on the rate of infection.
- In terms of the number of deaths in care homes, it is known that Covid-19 can be disproportionately fatal on the over 70 age group. When comparing the proportion of deaths in care homes in Birmingham to the rest of the West Midlands, there is a smaller proportion than, for example, in Coventry or Shropshire.

b) Data Intelligence on Covid-19 in the City.

Dr Justin Varney (Director of Public Health) informed the committee that trying to obtain data at a local level had been extremely challenging in terms of what was needed to understand how the outbreak was affecting the city. Dr Varney provided data on the number of new cases/deaths in Birmingham compared with neighbouring authorities and the core cities as of Monday 18th May 2020.

Further work was being undertaken with the Registrar's Office to look at patterns of Covid-19 and non-Covid-19 deaths as there had been a short period in April when there was a significant increase in both. The committee was also informed that University Hospitals Birmingham (UHB) and Sandwell and West Birmingham Hospital Trusts had carried out specific analysis of the local data based on in-patients to gain a better understanding of Covid-19 and ethnicity.

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

- Public Health England are conducting a national review to analyse how different factors impact on health outcomes for people with Covid-19 and ethnicity is one of the elements of that research. An adverse outcome from Covid-19 is more prevalent in people with certain underlying health conditions such as diabetes, high blood pressure and kidney disease and how those conditions are managed. There is also an association with obesity.
- There had been some confusion surrounding the suggestion that the City Council would be conducting an inquiry into Covid-19 and the impact on black, Asian and ethnic minority groups (BAME). It was confirmed that a special Health and Wellbeing Board had been held to discuss concerns from within that community. The outcome of those discussions had been passed to Public Health England who are leading on a national review on this topic, but the City Council is not conducting a separate inquiry. The Cabinet member was separately involved in a political initiative gathering qualitative data on BAME experiences of the epidemic.
- Some care homes in the city have, voluntarily, taken part in a twice weekly survey, led by Adult Social Care, to gather information regarding supplies of PPE and providing details of new cases/deaths from Covid-19.
- In terms of reopening schools. Public Health have been working closely with Headteachers and developing a risk assessment tool to enable them to open schools safely when they are ready to do so.

c) Testing and Tracing Process

Dr Justin Varney (Director of Public Health) and Mark Croxford (Head of Environmental Health) explained the emerging model for 'Test and Trace' and how Public Health and Environmental Health would be collaborating in this area of work.

Dr Varney said, as of Monday 18th May, anyone who was symptomatic could request a test through the NHS Coronavirus website or ringing 119. He explained how the test was carried out and could be obtained by attending a testing location in Edgbaston or Sandwell or requesting a postal test.

Dr Varney explained the 'Test and Trace' process and, when available, how the smartphone app would work. He also set out what he thought would be the role for local authorities which could, potentially, be to:-

- Track and contact people that the national call centre is unable to contact i.e. using various information available to the local authority e.g. council tax.
- Support and advice for complex settings e.g. schools, care homes, hotels, business etc.
- Support for vulnerable individuals self-isolating for 14 days e.g. food parcels.

Dr Varney said he had been working closely with Mark Croxford to effectively coordinate the track and trace process at a local level to make best use of the specialist expertise in both Public Health and Environment Health given the limited staffing resource. It was also suggested regarding enforcement that the Health and Safety Executive could take ownership of this for the businesses they regulate and the CQC for residential care homes to ensure compliance.

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

- In terms of the smartphone app. Dr Varney said one of his concerns for Birmingham was that there will be a significant proportion of the population who do not own a smartphone. It is expected that the app will have multiple language functionality.
- Once someone has received a notification to isolate for 14 days it is the responsibility of that person to stay home. There are powers in the Coronavirus Act to enforce people to isolate if needed.
- Public Health have worked closely with the Birmingham and Solihull Mental Health Trust on how to support people who lack the capacity to understand that isolation is needed in a compassionate and dignified manner.

d) Briefing Note from Public Health England (West Midlands Region)

The briefing note set out what local Covid-19 data was available and provided clarity regarding the relationship between Public Health England West Midlands as a national organisation with a local presence and Birmingham's Director of Public Health.

Unfortunately, representation from Public Health England West Midlands (PHE WM) was not available to join the meeting. Dr Varney said he had been meeting regularly with PHE WM since December and there was a shared frustration about access to relevant data. He also said support from PHE WM had been excellent. They had worked with Directors of Public Health to respond locally in the absence of national guidelines.

e) Care Act Easements

Louise Collett (Acting Director of Adult Social Care) set out she had taken the decision to enact Care Act easements and Catherine Parkinson (Interim City Solicitor and Monitoring Officer) explained governance under the Emergency Plan command structure.

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

- The reason why the decision was taken to consider the use of 'stage 3' Care Act easements was because there were pressures on the system i.e. increased demand and reduced capacity which meant there was a risk that adult social care would not be able to fulfil its duties. There was a culmination of factors including the rate of infection and number of deaths was increasing rapidly as was the number of patients needing intensive care and a need to free up capacity within hospitals. The

Birmingham Nightingale Hospital was under construction and adult social care would be expected to support both the new hospital as well as increased demands elsewhere. Therefore, there was a need to temporarily streamline processes. The decision was reviewed on a weekly basis and the use of Care Act easements ceased on Monday 18th May 2020.

- The command structure came into force upon the declaration of a Major Incident and the Emergency Plan was activated on 18th March 2020. The constitution refers all decision making into that command structure. Therefore, decisions which would normally have been taken by Cabinet are determined by Chief Officers and Statutory Officers (or deputising officers) and Lead Members briefed. All of the decisions taken under the command structure, and reasons for taking those decisions, have been recorded and will be published on the website by the end of June.
- Members were concerned about the absence of democratic involvement in the decision-making process.

RESOLVED:

That a letter is sent on a cross-party basis from Councillors Rob Pocock, Peter Fowler and Paul Tilsley to the Interim Chief Executive setting out concerns that had been raised in this Item 5e) of the meeting.

f) Update from Healthwatch Birmingham

Andy Cave (Chief Executive Officer, Healthwatch Birmingham) outlined the work of Healthwatch who were focussing on two main areas:-

- Providing regular up-to-date communications for the citizens of Birmingham through information and signposting;
- Hearing the experiences of local people around Covid-19 and the effect of the lockdown restrictions.

Information and signposting:-

- Initially, undertook work to research and map out support available across the city and publish that information on the website to enable the correct information and support pathways for those individuals who made contact.
- Three main areas where information was being sought were:-
 - Supplies of essential items during self-isolation/shielding.
 - Information during self-isolation/shielding.
 - Emotional support whilst self-isolating.

Survey:-

- The survey has been running for 6 weeks and there have been 672 responses.

- Have been analysing data to identify key issues/themes and raising those direct with key organisations e.g. working with Birmingham and Solihull CCG to ensure vulnerable people are receiving shielding letters etc. Also, highlighted concern about vulnerable citizens who may not be getting the help and support they need and are currently looking at data to try and identify those gaps.
- Working closely with both STPs and CCGs regarding restoration and recovery to make sure the citizens voice is heard and feeding information into those mechanisms.

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

- Through the information and signposting line was able to identify help and support for those individuals who needed essential supplies whilst shielding. System-wide, and the voluntary sector response in setting up food distribution, worked incredibly well for the city.
- Ongoing concern for individuals who are vulnerable and may be falling through the gaps or have not been identified for help and support. Also, those individuals who initially indicated they had support from family and friends, but the situation may have changed.
- No issues had been raised with Healthwatch around housing (e.g. high-rise blocks of flats) or access to open spaces or fears around infection control in enclosed spaces.

RESOLVED:

That a further update is received at the next meeting on 16th June 2020 and a report on the survey results in due course.

6. INFANT MORTALITY REVIEW – TERMS OF REFERENCE

The draft Terms of Reference for the review had been discussed at an informal meeting held on 21st April 2020.

RESOLVED:

The Terms of Reference were formally approved by the committee.

7. IN-HOUSE ENABLEMENT SERVICE – FINAL REPORT AND EXECUTIVE COMMENTARY

The report and Executive Commentary were noted for information.

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

None.

9. OTHER URGENT BUSINESS

None.

10. 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.

11. DATE AND TIME OF NEXT MEETING

The Chairman confirmed that the next meeting would take place on 16th June 2020 at 2.00pm and, provisionally, 21st July 2020 at 2.00pm for the subsequent meeting.

The meeting ended at 1606 hours.