

# BIRMINGHAM CITY COUNCIL

**BIRMINGHAM HEALTH AND  
WELLBEING BOARD  
TUESDAY,  
22 SEPTEMBER 2020**

**MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND  
WELLBEING BOARD HELD ON TUESDAY 22 SEPTEMBER 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  
Professor Graeme Betts, Director for Adult Social Care and Health Directorate  
Councillor Kate Booth, Cabinet Member for Children's Wellbeing  
Andy Cave, Chief Executive, Healthwatch Birmingham  
Mark Garrick, Director of Strategy and Quality Development, UHB  
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  
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  
Karl Beese, Commissioning Manager, Adult Public Health Services  
Andrew Dalton, Screening and Immunisation Lead, Public Health England  
Carla Evans, Head of Primary Care, Sandwell and West Birmingham CCG  
Chris Holt, Chief Operating Officer, Birmingham Community Health Care Foundation Trust  
Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs  
Bhavna Taank, Public Health Adults and Older People Care Service Lead  
Errol Wilson, Committee Services

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**NOTICE OF RECORDING/WEBCAST**

- 473 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](http://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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**DECLARATIONS OF INTERESTS**

- 474 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**

- 475 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  
Dr Tim O'Neil, Director of Education and Skills, Birmingham City Council  
Andy Couldrick, Chief Executive, Birmingham Children's Trust  
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:

- 476 **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.

**CHANGE TO ORDER OF BUSINESS**

477 The Chair advised that she take Agenda items 12 and 13 ahead of the remaining reports.

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**UPDATE ON PUBLIC HEALTH COMMISSIONED SERVICES**

Bhavna Taank, Public Health Adults and Older People Care Service Lead and Karl Beese, Commissioning Manager, Adult Public Health Services presented the item and drew the attention of the Board to the information contained in the report.

(See document No. 1)

In response to questions, Mr Beese made the following statements:-

- a. In terms of sexual health, the demand had been largely the same. There was a drop off initially with all the services during the first few weeks of lockdown while people were in lockdown and not going out.
- b. The demand was still there and was being met as seen through the increase in telephone traffic as people got used to the new way of working.
- c. From the substance misuse side, the demand was still there and as mentioned there were over 1,300 new starts.
- d. In terms of the overall demand, it was always difficult to say, but our services were open and were still taking referrals albeit it in a different way.
- e. It was difficult to engage whether there had been an increase demand due to Covid-19. From the substance misuse side there was a slight demand in terms of alcohol.
- f. At present, there were more referrals for opiates than for alcohol. This would bear out more as Covid-19 continues.
- g. With sexual health it was picked up that there had been an increase in disclosures around sexual violence and domestic abuse and this was being monitored closely with the services. There had been an increase for substance misuse and sexual health was as we imagined it to be.

At this juncture, Mr Beese highlighted that in relation to substance misuse, there was potential to extending the Change Grow Live contract by a further year due to delays experienced as a result of Covid-19 and hence not been able to consult on the public draft Triple Zero Strategy.

478 **RESOLVED: -**

That the Board:-

1. Noted the progress detailed in the report;
2. Agreed to continue to work to mitigate the effects of Covid-19 in the delivery of these services;
3. Noted that services were are operating differently due to Covid-19;
4. Agreed to continue to signpost people to services; and

5. Noted that major contract recommissioning plans have paused for 6 months due to Covid-19.

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**EARLY INTERVENTION PROGRAMME – PHASE 2**

Chris Holt, Chief Operating Officer, Birmingham Community Health Care Foundation Trust made introductory comments and drew the Board's attention to the information contained in the report and slide presentation.

(See document No. 2)

Members of the Board then made the following comments:-

The Chair commented that this had been one of the best system lead approaches she had seen since being the Chair of the Birmingham Health and Wellbeing Board as everyone had cooperated full to the programme.

Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust expressed credit to Mr Holt and his operational team, Andrew McCurgan and colleagues from University Hospitals Birmingham and City Council colleagues. He added that this had been a properly system wide piece of work that only worked as people had been willing to set aside some of the traditional organisational obstacles and do the right thing for the service users. The wider result was encouraging at this stage. Mr Kirby echoed Mr Holt's statement that the use of this model of care had helped to get through Covid-19 well as it was launched on the day after the national lockdown was imposed. There was still work to do largely around embedding and sustaining and building on this going forward.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG commented that as some members of the Board would remember when the Care Quality Commission came to Birmingham, they put a slide up and the first bullet point stated that *Birmingham has failed its older people*. Mr Jennings commented that we have turned it around and the service had been exemplary and was a national leader that delivered on the ambitions that those of us in people services had shared for many years. It delivered on the ambition to support people to live in their own homes independently for as long as possible which was what they all wanted. Mr Jennings added that this was a fantastic piece of work.

Professor Graeme Betts, Director for Adult Social Care and Health Directorate commented that early intervention had been really important and had gone right. It had made a difference between older people to not just surviving but thriving in their own homes within the community rather than going into residential care as this was the situation, they had been in three and a half years ago. It was important to improve that service and the benefits were tangible and were making a difference to citizens lives. It was known that the major prize was the shift in the way the system as a whole worked and it was getting the system to work differently, with different cultures etc. Professor Betts added that he echoed the comments of Mr Holt, Mr Kirby and Mr

Jennings as this had been a fantastic achievement and it was great to see where the programme had gotten to now.

The Chair commented that it was a pleasure to discuss this in other platforms and to show that when the system was working how well and how proactive it could be.

Andy Cave, Chief Executive, Healthwatch Birmingham stated that it was a pleasure to go around all the pilot sites in south Birmingham and speak with staff and patients throughout the service to review where we were at with the mechanisms and put some recommendations in. The thing that came through strongly was the passion that every member of staff had from listening to the needs of users of their service and making use of that to cause improvements.

In October 2019, the Healthwatch England Board came from a national level to look at best practice in Birmingham and the Early Intervention Programme was one of the areas they visited by Sir Robert Francis. Sir Robert Francis was massively impressed by all the achievements in Birmingham and the outcomes being achieved for all the older people.

Waheed Saleem, Birmingham and Solihull Mental Health Trust referred to the mental health aspect of this input and stated that it was important to note that and welcomed the fact that we were working closely with colleagues. Mental health was an important element in this and they were trying to get to a point where mental and physical health were integrated into one. Phase 2 would be looking at the community teams and would be engaging with them to support people to stay at home and to be healthy. Mr Saleem expressed thanks to his team in the Mental health trust and look forward to ensuring they were supporting their elderly population. He added that it was a great piece of work and welcomed the continued support and engagement in this project.

Councillor Bennett commented that this was a good piece of work and he congratulated all concerned.

Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs stated that she recalled a conversation with the Chair recently about West Birmingham. Ms Mayo advised that one of the challenges that the Chair had set was to ensure that West Birmingham could connect well with some of the broader Birmingham programmes. Ms Mayo gave an assurance that the Early Intervention Programme was one which they had their eyes on in terms of prioritising and it was hoped that when she came back to give an update next time to give an update on the next steps around this they would have a confident position about the roll out across the West Birmingham area.

The Chair expressed thanks to Chris Holt and team for all their hard work in presenting the item today.

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**RESOLVED: -**

That the Board reviewed the report and in particular:-

- i. Noted the outcomes from Phase 1 of the programme; and

- ii. Considered the role of the Board in relation to Phase 2 of the Early Intervention Programme.

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**MINUTES AND MATTERS ARISING**

480 **RESOLVED:** -

That the Minutes of the meeting held on 23 July 2020, having been previously circulated, were confirmed.

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**ACTION LOG**

The following Action Log was submitted:-

(See document No. 3)

Dr Justin Varney, Director of Public Health introduced the item and advised that all of the actions had been covered. There was one outstanding action which was the Secretary of State, but due to the formatting he was unable to unpicked what that action was. Dr Varney undertook to follow this up ahead of the next meeting as this was one that was allocated to him. Everything was completed and the last bit of the Suicide Prevention strategy was in place now.

481 **RESOLVED:** -

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

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**CHAIR'S UPDATE**

482 The Chair stated that the last six to seven months had been Covid-19 heavy. As a Council we continued to work across the system and ensuring that any issues relating to Covid-19 and issues around mental health as we heard about drugs and alcohol that we continued to address them. The Chair commented that at the moment in the areas she had responsibilities for in the Council, particularly Public Health, a number of the day to day things had been stood down and predominantly the work that was covered related to Covid-19. The Chair added that other things were still being done as they did not stop completely.

Within Social Care and Health at this current time continued to work with the system, developed and move forward in a productive way working with our care homes, the third sector and our neighbourhood networks. The work continued in Adult Social Care. As a politician the big issue for her was around the long-term funding for adult social care. We have been having money coming in, but this did not always meet the service needs. The issues in adult social care was managed well. The bid issues as a Chair for the Birmingham Health and Wellbeing Board was around funding and ensuring that the needs of our residents could be met as we go into the second Wave of Covid-19 and the restrictions being place on the Council.

The Chair commented that she was blown away by what her department was doing between Adult Social Care and in particular Public Health who had been soldiers over the last seven months. The staff had done the system proud and the staff throughout the Council had worked hard in other areas. This includes the CCGs, the providers etc which had been a system approach. The Chair stated that she was honoured with what she had seen over the last 7 months.

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**PUBLIC QUESTIONS**

483 The Chair advised that there were no public questions submitted for this meeting.

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**CORONAVIRUS-19 POSITION STATEMENT**

484 Dr Justin Varney, Director of Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 4)

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

- a. Dr Varney noted Dr Manir's query in relation to the turnaround rates for testing and the messaging regarding isolation and stated that the advice was very clear from the national website. He added that when a test is booked it tells you that you are supposed to isolate until you get your result.
- b. Dr Varney further stated that there had been delays in people getting their results, but this was no excuse to take the risk. If you have symptoms, get a test. Isolate until you got the test and until you had the result as you did not want to take the risk for you and your family and those you care about by going out and about and potentially spreading Covid-19.
- c. In terms of timeframe, it was noted that three quarters of tests were coming back within 24 hours in terms of results from the walk-thru and drive-thru testing sites. This meant that a quarter of tests were taking longer.
- d. Delays in the batch testing was also seen in care homes as some of those were taking longer. This was all to do with the national laboratory system and the capacity issues in the machinery and the people that was there.
- e. Over the last week Public Health was getting regular updates with testing – there were more testing slots opening up in Birmingham. The mobile testing units were seeing 300 to 400 people per day at the end of last week whereas the previous week they were capped on much lower number.
- f. The average return of results was getting better and back to the 24 – 48 hours that was seen a few weeks previous. There were always exceptions, but most people were getting their results within two days if

- they went to a drive-thru or walk-thru. For postal kits another day or two could be added to that due to the postal system.
- g. With regard to the last two weeks in August -the 20 to 39 year olds and the acceleration in cases in Birmingham to the rest of the country, there were a couple of things that happened those last weeks in August.
  - h. It was known that there were a series of private gatherings that individuals were having in their houses. There were one or two where it was known that particular individuals had lots of people around over a week as part of a celebration that was driving some of the increase in cases.
  - i. There was also the impact of the cluster that was associated with the Asylum Seekers Centre that had played out in this data and we also had the series of other parties that had been flagged. As Public Health was getting better with people talking to test and trace, public Health was able to join the dots more.
  - j. In the last week of August, this was clearly a week in which many people had celebrated something and had people in their homes to do it which sadly had spread the virus.
  - k. It was hoped that given the new restrictions that came into effect for Birmingham to prevent households mixing and having people into your homes, that would be driving down that source of transmission and we will see those numbers come down. This was the predominant thing that was driving the spike in that last week of August.
  - l. In relation to the ethnic breakdown figures and what could be done concerning the rise in cases in the Asian community, the asked was to get people signed up to become Covid-19 Champions. Public Health will be producing materials in different languages to increase accessibility.
  - m. What were seen was that the Asian community were testing more i.e. second highest testing rate after Black African and Caribbean communities, but the rate was higher. Some of what was going on here was about household size and more analysis of this needed to be done.
  - n. Public Health had seen significantly large family groups within our Asian community where 11, 12 or up to 17 individuals in some cases were all from the same family who were affected and they lived in 4 or 5 different houses.
  - o. This was the challenge with these family gatherings as the more family and friends that were brought together the bigger the spread of the virus would be. This was what was seen particularly in our Asian community, often there are larger family groups, but also when they celebrate everyone comes together and this was the risk of transmission.
  - p. It was also seen that in our Asian community, many of our community had continued to work in frontline jobs, many in the care sector, but Public Health did not get the data to separate that out to understand if that was one of the driving things.
  - q. Anecdotally a large number of rises in cases was seen with a link to taxi drivers almost all of whom were from Asian communities. At this point it was not just the individual that gets it but invariably the whole household gets it as well. All Public Health could do was to sign up to Covid-19 Champions. This model was successful in Newham. The Chair encouraged the Board members to sign up to become Covid-19 Champions.

The Board noted the update.

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**FLU PLAN FOR BIRMINGHAM 2020/21**

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG and Carla Evans, Sandwell and West Birmingham CCG presented the item.

(See document No. 5)

Ms Evans drew the attention of the Board to the information in the report and highlighted the key points. At this juncture Mr Jennings highlighted that within the STPs they were offering a framework of support to Primary Care Network (PCN) if they needed it and were speaking with the individual PCNs about what would help them best to deliver as some wanted drive- thru, and some wanted to drive to - the STP will try to help them to do that. A lot of intense conversations had been had around trying to address health and inequalities and they had their Primary Care GP colleagues to try and raise awareness. It was known from the first Wave of Covid-19 that it was precisely in those communities where immunisation uptake tended to be low where the worst impact would come if the coronavirus and the flu mixes together. Mr Jennings emphasised that they were communicating regularly with the centre with respect to the additional vaccine supply. The GPs purchase the flu vaccines a year in advance but could only buy a limited amount. Mr Jennings stated that they had been assured repeatedly that there was sufficient supply at the centre.

Members of the Board then made the following comments:-

The Chair commented that she wanted to ensure that there was enough flu vaccine in the City to avoid another added pressure.

Councillor Kate Booth voiced concerns about some of the things in social media around anti-vaccine tied in with fake news. She added that she was concerned that some parents might be put off having their children vaccinated. Councillor Booth further enquired whether there was anything that could be done in particular to address parents' concerns around vaccinations.

Carly Jones, Chief Executive, SIFA FIRESIDE stated that the health inequalities section of the report was important and that SIFA Fireside was the Primary Care service for people who were homeless and were rough sleeping. There was reference to pop up centres etc. but she was trying to get some commitment around getting increased vaccination within the homeless population together with the Covid issues they were facing would be extremely vulnerable as they face winter.

Mr Jennings undertook to communicate directly with Ms Jones outside the meeting concerning the issues she had raised.

Councillor Bennett commented that this was important that people were encouraged to take up the flu vaccination offer. He referred to Councillor

Booths query about what could be done about messaging and stated that a clear and consistent message needed to go out to parents.

Mr Saleem commented that the NHS was prioritising the at risk groups that was mentioned in the report, but if there were others that were encouraging people to get a flu vaccination such as employers etc. whether there was sufficient supply in the system that to happen so that if people wanted to have the vaccination that was not in the categories stated in the report. If there was a Covid vaccination his understanding was that this had to be given a certain way and whether this had been planned into the operation if this came on board. He further queried how this would impact the same people that would be giving the Covid vaccination and the flu vaccination as well.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG commented that Councillor Bennetts point was important but there was a lot of evidence about vaccinating school children and it was known that greater than 90% of children would present less, there would be less presentation if there was a vaccine at general practice; 70% less attendances to an A&E with flu-like illnesses; you were less likely to get admitted so 90% reduction in admissions to hospitals and it would be found that families and those living with children 60% were less likely to have flu in that season. The evidence was quite clear that vaccinating your children would protect you and protect them and the family.

The Deputy Medical Officer had also highlighted some issues with Covid and influenza at the same time. It was known that you were twice as likely if your risk of admission and early death was around 20% with Covid and 40% if you had both viruses at the same time. It was not a scare message but it was facts that were evidence based so vaccinate your children as it will protect them and your family. If you get Covid this winter it would be less likely that you get admitted and had an adverse outcome. There were some consistent messages that we need to get out to the public, particularly to push back on the anti-vaccine campaign. The porcine had been a problem in the Muslim community and it was thought that recognising it this year was important that vaccinating those children in a way that was appropriate for families help to protect them in the same way.

Mr Jennings commented that in terms of the Covid, NHS was starting to pick upon what they do when the Covid vaccine arrive. This was such an early stage it was not worth talking about it now. What they did know was that the Covid vaccine was a two stage vaccine and the elements had to be given 28 days apart and there cannot be any other vaccine between those two. The likely start date for Covid vaccine was moving further away and we were now talking with a great degree of confidence that this would be around January 2021. If we get our flu plan right this would not be an issue as we would have worked our way through the high risk and vulnerable groups in terms of the flu before we get to the Covid vaccine. In terms of supply, the pharmacists had a separate set of supply which was the supply they were charging people for that anyone could go and buy. We were repeatedly told by the Department of Health and Social Care that there was sufficient flu vaccine.

Ms Evans stated that the other points were around the communication and the specific message out to parents and specific communities. The full details of what the national campaign had not yet been seen. The STP had only been given the headlines. Normally the local campaign would follow on the back of the these. Our communications leads were still working through what those specific messages might be. Ms Evans undertook to share the message with the Board with the wider flu plans across the STP so that the Board was sighted on the kind of messages and the key targeting that would be made specifically to those groups. Certainly, there were plans within the campaign to do some of the specific messaging with particular community groups. Ms Evans stated that at this point in time the STP was not sighted on what the messaging would be as they were still being finalised before they were released.

At this juncture, the Chair enquired whether the messages would be shared with the Children's Trust, heads of schools so that this was a joined up message. The Chair added that what they did not want was a generic message that people had not bought into and then did not followed what was being stated.

Ms Evans advised that the STP was working with the providers of the Schools Immunisation Service and through the local authority with those links to schools to ensure there were consistent messages going out across all the channels. The HWB and colleagues across the local authority will be joined into that message.

Ms Mayo stated that in terms of engagement it was important to ensure that the messages around flu with some of the Covid work that was going on with the Covid Champions so that our population got a single message and some of the simple things they needed to do to keep themselves safe. Ms Mayo added that discussions would be had with the public health teams about how they could dovetail the messages to reached communities well and consistently.

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**RESOLVED: -**

The Board:

Noted the report provides assurance on the flu programme plan for mobilisation, noting the key risks regarding notification of how we can obtain and when we will receive the additional stocks needed to reach the target levels.

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At this juncture, the Chair on behalf of the Board, expressed a warm welcome to Mark Garrick, Director of Strategy and Quality Development, University Hospitals Birmingham to the Birmingham Health and Wellbeing Board.

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**UPDATE ON SCREENING AND IMMUNISATION**

Andrew Dalton, Screening and Immunisation Lead, Public Health England introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 6)

An extensive discussion ensued and the following are the points made by members of the Boards:-

The Chair stated that more information concerning children immunisation was needed as a number of places had been closed over the last 4-5 months. The Chair further enquired whether there were any plans in place to try and catch up with the children immunisation programme as this was a real problem going forward.

Mr Dalton stated that school age children immunisation did not do much work since March 2020 – June 2020 and this was the amount of work that was undone. He advised that the provider in the area did some clinics through the summer holidays and community settings to do some work. This was not necessarily catching up. The asked was and the plans that had been received was that the providers would catch up in the next academic year. Plans for these were received and had been signed off. It was not going to be catching up overnight but by June 2021. Some of the important things around this were the immunisation schedule in their programme were for a reason, but there were some where going by one year was not terrible. An example of this was the HPV vaccine which had only just changed so children would have had it in Year 9 previously, now this was in Year 8. In terms of having evidence and why this was a lot of work for providers, but there were plans in place and they would support them to do those.

The Chair expressed disappointment with what had been stated by Mr Dalton in relation to the immunisation of children.

Dr Varney stated that there were two big concerns – the focus should be on early childhood vaccination catch up. HPV was unfortunate if it did not happen for an extra year, it was not the end of the world. Dr Varney voiced concerns regarding the coverage of MMR and stated that the last thing that was needed in the middle of the next wave was a measles outbreak and getting clarity about the pace of any catch up. The area that was needed to catch up was up to that first entry point of school was the area that needed to have absolute clarity quickly that would resolve. The question was whether there would be a series of immunisations that were planned, but due to lockdown did not happen that we need to close that gap.

Dr Varney further stated that we were already not in a great place for this vaccine up take in the 0-5 age group so clarity for this age group would be welcomed. This was more than things like HPV which was of less concern. Dr Varney further expressed concerns that the proposal was that it was going to take a year to catch up for a defined school age group who were in school for HPV. It felt that this did not have the pace that it could have.

Councillor Bennett commented that he shared the concerns strongly. He added that it was about a year ago that Matt Hancock, MP, Health Secretary described this as the biggest public health problem that we faced. This sounded like a golden era in comparison to what we were facing now, but it was still quite serious as it was a big problem. Councillor Bennett added that they were concerned the last time the figures were seen as the uptake in the MMR vaccine was lower than the national up take and in some areas were extremely low.

Councillor Bennett stated that what needed to be seen was some concerted actions to drive this up, but for obvious reasons this had not been top priority to be drove up for the last six months. It was important that we got a grip on this and cannot just be told that plans had been signed off on this. It needed to be made know what action would be taken not just to catch up, but to drive up that rate of take up. Councillor Bennett stated that Dr Varney was right that a measles outbreak on top of what we had now and the potential flu crisis, we needed to have a strong idea of how we were going to improve not just catch up but what active steps would be taken.

Councillor Booth echoed Councillor Bennett's statements and voiced concerns regarding the number of parents who were not taking up the vaccination for their children as this was a huge issue around vulnerable children in this city and that she was keen that they got up to date with this. Councillor Booth further stated that what was missed in schools during the period from lockdown to September was huge and unless a real focus on catching up was placed on this, a crisis could be seen ahead of us is a few years' time.

The Chair stated that Mr Dalton needed to be coming back (Mr Dalton needed to be working with Dr Varney and his team) and showing the HWB some action plans in relation to how they would catch up concerning the children's' immunisation. The Chair added that this could not continue and it was not acceptable to put the MMR in with the HPV. The Chair reiterated that it was vital that the 0-5 years old was up to some level of equality with other parts of the country as we were not in a place where we could be comfortable. The Chair requested that a fresh plan of action be submitted by Mr Dalton concerning the issue.

Mr Dalton stated that another conversation needed to be had as this was defined as school age and childhood. He added that nothing that he said was about primary and year 0-5s. Mr Dalton stated that more time needed to be spent to talk about that as noting was stated about the 0-5 that some people had drawn conclusions about.

The Chair advised that what was asked of the officers were the 0-5 years old as this was where the real issues had been for the last year, but she took on board what was stated by Mr Dalton and that a report be submitted to the HWB later in the year.

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**RESOLVED:** -

**Birmingham Health and Wellbeing Board – 22 September 2020**

The HWB did not agree the recommendations in the report and requested that a further update report with a clear plan of action across immunisation be submitted to the Board.

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**INFORMATION ITEMS**

488 The Chair advised that Agenda items 14 – 17 were for information only.

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**OTHER URGENT BUSINESS**

489 No other urgent business was submitted.

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**DATE AND TIME OF NEXT MEETING**

490 To note that the next Birmingham Health and Wellbeing Board meeting will be held on Tuesday 24 November 2020 at 1500 hours as an online meeting.

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The meeting ended at 1703 hours.

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CHAIRPERSON