

Cabinet Member for Health and Social Care, Councillor Mariam Khan - Cabinet Member Priorities and Update

Introduction

As Cabinet Member for Health and Social Care, my portfolio falls predominantly under the scrutiny of this Committee, with elements of wellbeing and sport falling under the Commonwealth Games, Culture and Physical Activity O&S Committee. The two main service areas within my responsibility are Adult Social Care and Public Health, operating out of two separate directorates.

For newer members of the council or committee, my responsibilities, as set out in the Constitution, fall into three key areas:

- Development of the Health and Wellbeing Board and relationships with the NHS and private providers. Strategic leadership of social care services and safeguarding for adults. Development of an integrated health and social care economy in Birmingham and neighbouring local authorities around the relevant sustainability and transformation plan.
- Leadership on public health services, working with the Health and Wellbeing Board to reduce health inequalities.
- Championing healthy living through sport and leisure services and influencing resident choices through proactive behaviour change initiatives.

In addition, our statutory duties as a local authority under the Care Act 2014 broadly include promoting wellbeing, preventing, reducing or delaying needs, providing information and advice, shaping the market and commissioning of adult care and support, and managing provider failure and other service interruptions. This is done across both service areas, and in partnership with external bodies such as the NHS and the voluntary sector.

It is important for me to ensure the members of committee understand both the breadth and remit of the portfolio and are equipped with the knowledge and background of the key main areas of work that directorates are undertaking. The national picture is changing in terms of system delivery, assessment and accountability, and we will have to adapt how we operate accordingly. Changes on the horizon for the next 18 months include social care reform and fairer cost of funding, as well as the recent introduction of the Integrated Care System, which is referenced under 4.1 in this report.

My key priorities for the year are as follows:

- **Tackling Health Inequalities** - through the Health and Wellbeing Strategy: Creating a Bolder, Healthier City, setting out our clear and bold ambitions over the next eight years based on a series of core themes across the life course. For example, building on the groundbreaking work of the BLACHIR report by implementing the findings alongside the recently released community health profiles, working with key communities within the city to improve health where inequalities exist; and driving forward major programmes as part of our food agenda to tackle issues such as childhood obesity, addressing food justice and food poverty; developing a food strategy to address healthy lifestyles.
- **Post Pandemic Situation** - following the past two and a half years of being in the centre of a pandemic, being alert to winter pressures and strong signals of covid and flu waves and winter excess deaths.
- **Cost of Living Crisis** - compounding the winter pressures further as people find themselves forced to make the difficult choice to eat or heat, most often those who are already the most vulnerable in society, such as the elderly or infirm, or families with children. In addition, we will need to monitor access to services which are still struggling to get back to pre-covid levels, such as dental and primary care, and how this crisis will impact on challenges around ensuring people eat healthily.
- **Maternal health** – as a mother of three young children, I am especially passionate about families and the health of mothers throughout pregnancy and beyond, as well as the rights of children to have access to good quality basic healthcare and support to live healthy, happy lives.
- **Mental health** - By championing and advocating the importance of mental health and work with partners to empower and support citizens, including young people, to be healthy, and improve the approach to mental health by improving access to mental health support working in partnership with the NHS, and support around suicide prevention. I am committed to supporting HOSC with the inquiry into mental health and young people where I am able to.
- **Integrated Care Partnership** – As lead representative for the Council on this partnership, I am committed to ensuring an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area is produced.

Another intrinsic role for me is making sure we nurture our partnerships. It is my responsibility to ensure all of our partners are linked in, included and that we are working together to achieve our shared goals of providing the best outcomes for the people of Birmingham.

The Commonwealth Games were a catalyst for us to springboard into a golden decade for the city - and that includes legacies we can develop around an uptake in sports and activity across the city, aided by the proliferation of new community sports equipment and facilities, the

improvements made to existing sports facilities in the city, increased awareness of healthy eating and pursuing our smoking cessation agenda.

I am indebted to the knowledge and expertise of Graeme Betts and Justin Varney and their teams and their support in the four months since I took up post and I want to put on record my personal thanks to them.

I look forward to working with this committee over the coming months and years and to you holding me to account for the priorities I am outlining and am confident our relationship will be one of mutual respect and constructive criticism, such as that I know you afforded to my predecessor, Paulette Hamilton.

Part A - Adult Social Care

1. Context

The context within which Adult Social Care is operating has never been more pressurised. The rising cost of living combined with the most fundamental reforms in our lifetime, mean the sector is facing one of the most challenging periods in decades. The fact that this is taking place against a background of political instability and sharply increasing demands and expectations, means the health and care sector is anticipating an exceptionally tough winter and to be operating in 'crisis mode' for much of this time.

1.1 Cost of Living Crisis

People needing or working in care and support are already significantly affected by the impacts of austerity and the pandemic; and have now been further hit by the cost-of-living crisis. The rising costs of fuel, food and other essentials places many citizens supported by Adult Social Care, at great risk of both immediate hardship and reduced opportunity and wellbeing. The spiralling costs of inflation is impacting social care through multiple routes:

- **For citizens** the rapid increases in the cost-of-living impacts people's ability to sustain healthy behaviours and lifestyles. Maintaining a warm house and a balanced diet is increasingly financially difficult particularly for people with disabilities or older adults who spend most of their time in their homes. Many service users and their carers live in low-income households who spend a larger share of their income on energy and food. Citizens who are afraid to heat their home, risks deterioration in their health which ultimately adds further pressures on social care. Anxieties about inflation and the rising costs of living also has a serious impact on mental health and citizens ability to cope on a day-to-day basis.
- **For the Social Care Workforce:** In Birmingham in 2021 there were an estimated 37,000 jobs in adult social care. Over a third of the workforce are on zero-hour contracts and inflation further impacts the wellbeing and morale of the workforce which impacts retention. The cost of rising fuel makes community-based jobs providing care to individuals in their own homes less attractive than other roles due to the increasing costs to employees. This puts further pressure on the ability of care services to meet the exceptionally high demands being experienced across the system.
- **For Public Service and Care Market Providers:** The cost of providing Services is also rising. For the market it is expected that Social Care pay pressures will be significant this year, in what is already a tight, competitive labour market. Wage offers in competing occupations, such as retail, are already more attractive than care work. There is a serious risk that Care providers will not have scope to fully absorb higher costs themselves, particularly at current fee rates. This heightens service continuity concerns and increases the risk of providers handing back care packages to Council as they are unable to deliver support. Care providers have previously increased fees for self-funded users in response to cost pressures (private fees are already 40% higher than for LA funded users within the same

care home), however the 'fair cost of care' and Adult Social Care funding reforms mean that this approach may not be sustainable. As businesses are under increasing pressures, there are greater risks to the level of activity, performance and quality of care.

1.2 Covid Recovery and Rising Demand

The Covid pandemic required an unprecedented response from Adult Social Care to rise to the crisis which engulfed the Country. The coronavirus (COVID-19) pandemic has had a profound impact on people receiving social care. Service Users experience higher death rates and increased restrictions due to the numbers of individuals who were identified as Clinically Extremely Vulnerable and were required to shield. In order to protect service users many community services stopped and some of those such as Day Care, are still operating at reduced capacity due to the ongoing impacts of Covid.

The increased adverse impact of Covid on some of the most vulnerable citizens, combined with delays in health care treatment across the population is driving peak levels of demands on health and social care providers. At a time of year when services are usually more stable, and better able to meet needs; the system finds itself constantly operating in a crisis response mode which is usually only seen during the depths of winter. High levels of vacancies, exhausted staff and unprecedented numbers of people on waiting lists or presenting for support continue to drive high levels of demand. It is likely the situation will deteriorate further this winter and so the BSOI System, like all areas is preparing as best it can for an extremely difficult period ahead.

1.3 Reform & Political Change

The Government has set out several planned changes to the way that Adult Social Care is funded, paid for by individuals, works with the NHS, how its workforce is developed, how mental health and Liberty Protection works and pilots for different models of care. These plans for 'reform' are starting, or are planned to start, over the next two years. They are taking place in a backdrop of extremely challenging circumstances in relation to increased needs, more people waiting and reducing staff.

The Directorate has considerable staff time and resources invested in preparing for this program of major reform but imminent change in political leadership means there is uncertainty as to whether they will continue. If 'Reforms' do continue there are serious questions about the extent to which the changes will be funded and the increasing pressure this could add to the Council and its workforce.

2. Charging Reform & Fair Cost of Care

2.1 Charging Reform

In September 2021 Government published Build Back Better: Our Plan for Health and Social Care which set out its plan for Adult Social Care reform in England. This included a lifetime cap on the amount anyone in England will need to spend on their care of £86k, alongside a more generous means-test for Council financial support. Further clarity and guidance will be provided by the Department of Health and Social Care in the near future, the first stage the Council has focused on is working with providers to scope the fair cost of care modelling.

2.2 Fair Cost of Care

In December 2021 the government announced the Market Sustainability and Fair Cost of care Fund, which is part of a wider suite of social care reforms, which include plans for older people to get the best possible care, without fear of catastrophic social care costs. The primary purpose of the fund is to help Local Authorities help prepare their care markets for the wider social care reforms and support Local Authorities to move towards paying a 'fair cost of care'. Birmingham has been allocated £3.78m in 2022/23, and the government is set to announce further increased amounts in 2023/24 and 2024/25. The DHSC have set out that they expect Council's to move towards paying a fair cost of care over a number of years, and that the funding is to be used to genuinely increase care fees.

The scope of the grant funding is limited and includes older adult (65yrs+) residential and nursing care and home care and extra care for 18yrs+ adults. Not in scope of the funding but potentially affected and impacted is young adult care homes and supported living provision.

Requirements

In order to receive the funding, the Council is required to do the following by 14 October 2022:

- Carry out cost of care exercises with 18yrs+ home care providers and 65yrs+ care homes and determine a 'fair cost of care' (defined by the DHSC as the median of costs submitted by care providers).
- Develop and submit a cost of care report.
- Develop and submit a draft Market Sustainability Plan – assessing sufficiency of supply, diversity and quality of provision, its ability to attract and maintain a high-quality workforce and to determine the key impacts of the social care reforms on the market and identify the biggest risks to provision in the next 3 years.
- Develop and submit a spend report determining how the grant funding will be spent.
- Finalise the Market Sustainability plan by February 2023.

Progress

- External support has been engaged to carry out the analysis and develop the reports.
- The cost of care exercise was completed on 3 August. 62 care home returns, 43 home care returns, and 10 extra care returns are currently being analysed.
- Market Sustainability plan analysis underway.
- 2 care provider groups have been set up to engage with provider representatives, share findings and gain input into final report and the Council's plans.

Impacts

- Initial analysis both regionally and nationally suggests that proposed government funding will not be sufficient to bridge the gap between current care fees and a 'fair cost of care'.
- The fair cost of care is a local authority decision, which does not need to be based on the open book exercise, but the methodology of setting it will need to be justified.
- The timescale of meeting the cost of care can be flexed, this decision needs to be made in line with funding decisions from government, if the timing of announcements allows this.

3. Care Quality Commission Assurance

As part of the suite of reforms, the government launched proposals to include a new duty for the Care Quality Commission (CQC) to assess councils' delivery of their adult social care duties under the Care Act (2014). Under the Care Act (2014), local authorities have duties to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Have a range of high quality, appropriate services to choose from.

The intention was also to include powers for the Secretary of State (SoS) to intervene where, following assessment under the new CQC duty, it is considered that a council is failing to meet their duties. These high-level proposals were formalised earlier this year in the Health and Care Act 2022. As part of the CQC assurance process it is expected that councils will receive a judgement on their performance.

As part of the development of their approach, CQC has consulted nationally on how they intend to assess Adult Social Care provision as well as a separate duty and process to also assess the newly established Integrated Care Systems. BCC has played a full and active role in this consultation process though as yet there is no published final position on the approach. At present it appears the assessment process will be a combination of regular submissions of data

to CQC as well as traditional assessments which includes assessment of evidence gathered from Directorate performance data; citizens feedback on their experience of our services and how effectively we work with them to co-produce these; feedback from staff and leaders (including relevant Cabinet Members); feedback from partners; direct observation and reviews of our processes and outcomes.

The emerging scope from CQC suggests that their assessment of Adult Social Care Services will focus on four areas:

- Working with people - assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice.
- Providing support - markets (including commissioning), workforce equality, integration and partnership working.
- Ensuring safety - safeguarding, safe systems and continuity of care.
- Leadership and workforce - capable and compassionate leaders, learning, improvement, innovation.

To prepare for this large-scale assessment of services, the Directorate has established a project group to:

- articulate our journey of improvement to date
- assess how well the Council is currently performing against each of these areas
- to develop plans to improve performance against each of these key lines of enquiry.

A small but dedicated team of staff is being recruited to support the Directorate to prepare for Inspection and to evidence the strong work to date in developing the City's Adult Social Care Services.

4. Integrated Care Systems & Place Committee

4.1 Birmingham & Solihull Integrated Care System (BSOL ICS)

Birmingham and Solihull Integrated Care System is one of 42 Integrated Care Systems (ICS) across the country that launched on 1 July 2022. The vision of the ICS is to make Birmingham and Solihull the healthiest place to live and work, driving equity in life chances and health outcomes for everyone. It is recognised as the biggest opportunity in a generation for the most radical overhaul in the way health and social care services in Birmingham and Solihull are designed and delivered.

The Council is a key stakeholder in the ICS and is working alongside local partners from the NHS, voluntary, community and faith sectors to achieve better outcomes for citizens across the area. All ICS partner organisations will work in collaboration, building on what has been achieved through integrated working so far. Integrated working has long been an ambition for

the health and care system, with the COVID-19 pandemic accelerating how partners work together to meet the needs of the local population.

The objectives of the ICS are to:

- Improve health of our population.
- Tackle unequal outcomes and access.
- Enhance productivity and value.
- Support the broader social and economic development of Birmingham and Solihull.

A number of priorities for action have been identified to make progress against the objectives. These priorities include:

- Investing in workforce.
- Responding to COVID-19.
- Reducing long waits and improving performance.
- Improving the responsiveness of urgent and emergency care and building community care capacity.
- Making primary care more accessible.
- Enhancing mental health services and services for people with a learning disability and/or autism.
- Addressing stark health inequalities.

The governance arrangements for BSol ICS comprise the following key elements:

- Integrated Care Partnership.
- Integrated Care Board.
- Place Committee.

4.2 Integrated Care Partnership

The Integrated Care Partnership is a statutory committee jointly formed between the NHS Integrated Care Board and the two local authorities that fall within the Integrated Care System (ICS) area. The Cabinet Member is the lead representative for the Council on this partnership. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area. Birmingham's Director of Public Health is leading on the preparation of this strategy.

As part of the Birmingham and Solihull ICS Transition Plan, there has been extensive local engagement with key stakeholders and partners about the role, function and representation of the ICP. The ICP will:

- Agree the strategic intent for the health and social care system including the development of the Integrated Care Strategy, while encouraging places and localities to set their own strategy and decision making within this framework.

- Work together to unblock obstacles to success that emerge in local place alliances and to hear the voices of citizens and frontline staff to inform strategic thinking and planning.
- Act in the best interest of people, patients, and the system as a whole rather than representing individual interests of any one constituent partner.
- Encourage innovation and signpost ways to develop and spread that innovation.
- Harness the capability and innovation of the whole system.
- Support and encourage decision making at locality and place level and create the environment across the ICS for collaboration locally and, where appropriate, at system level.
- Actively role model and promote the values and leadership standards of the ICS.

4.3 Integrated Care Board

The Integrated Care Board (NHS Birmingham and Solihull) is the statutory NHS body that leads the health element of the ICS. As such it is accountable for the use and allocation of NHS resources.

Dame Yve Buckland is Chair of NHS Birmingham, and a core Executive Team has been appointed for the ICB which will provide leadership for the organisation, working with leaders in partner organisations to create the conditions for further integration.

The ICB takes on all of the functions of the former Clinical Commissioning Group, which has now ceased exist. BSol ICB also now has a responsibility for the parts of West Birmingham that were previously aligned to Sandwell and West Birmingham CCG, ensuring that there are now co-terminus ICB and LA boundaries.

4.4 Birmingham Place Committee

Place-based working and the principle of subsidiarity; taking decisions as locally as possible; is one of the principles for the ICS.

The Place Committee is a sub-committee of the ICB with responsibility for driving collaboration and integrated delivery at the Birmingham Place level. The Place Committee has been established to drive forward the partners shared ambitions for neighbourhood working, earlier intervention and prevention and for joined-up commissioning strategies to help us achieve better outcomes for citizens. The first meeting of the Place Committee took place on 29th July; with a focus on agreeing the scope and purpose of the committee. This has put in place the essential foundations to unlock exciting collaboration opportunities between the local authority, NHS providers and commissioners and the voluntary and community sector.

5. Recruitment & Retention of Registered Social Workers & Occupational Therapists, Approved Mental Health Professionals

The Directorate currently has starting salaries for their Social Work staff that are well below the current market position which is affecting the recruitment and retention of these staff and is therefore impacting on services provided to our most vulnerable citizens.

Work has been underway for some time within Adult Social Care to seek to address these issues for our registered Social Work and Occupational Therapy staff who carry out statutory and regulated services for our most vulnerable citizens.

As part of this work, the data collected showed that BCC starting Social Work salaries are significantly lower than other Local Authority employers across the majority of Social Work roles, considering additional allowances paid by other Local Authorities. Evidence gathered showed that some of our neighbouring Local Authorities are also paying on-going retention payments upon appointment. This continues to make BCC ASC unattractive and has led to retention issues, whereby our Social Work staff opt to move to other neighbouring authorities, and this needed to be addressed urgently.

A business case was produced which recommended monetary incentives be implemented in the form of a 'Golden Hello' payment and a Recruitment & Retention payment to staff in qualified Social Work and Occupational Therapy roles. To support this, the following work has been carried out; research to obtain comparative salary levels of our local competitors/other Local Authorities, review of staff turnover, vacancy levels, information obtained from exit interviews on reason for leaving and information on caseloads and backlogs of work. We worked closely with our corporate colleagues and with Legal Services to consider all possible options to resolve these issues so that we can ensure that we retain our talent and also provide the best service possible to our citizens.

The Adult Social Care business case was presented to the Employment Governance Steering Board chaired by Rebecca Hellard with support from HR and Legal Services who considered this carefully, taking full account of all of the evidence presented and considering any legal and business risks.

All options were considered, and approval was provided to pay the following allowance with effect from 1st June 2022:

- Golden Hello payment - £1k (upon appointment)
- Recruitment & Retention Payment - £5k (paid monthly over a 12month period, pro rata for part time staff)

HR and Adult Social Care have engaged a recruitment specialist to support the process of recruiting staff to Adult Social Care, including social media, video chats with staff and targeted advertisement of roles, with a simplified application process that commenced in June 2022. By the end of August 2022 over 200 individuals had applied to join Adult Social care in Birmingham and more than 100 of those have progressed to the next steps of recruitment. So far 55 staff having been hired subject to the necessary checks and 18 further interviews are planned which highlights the success of this innovative and essential recruitment drive for the Directorate.

6. Recommissioning of Birmingham Carers Hub Service

Birmingham Carers Hub (Hub) Service provided by Forward Carers is jointly commissioned by Birmingham City Council Adult Social Care and Birmingham and Solihull Integrated Care Board and funded by Adult Social Care budget and Better Care Fund. The service follows a pathway approach linking to young carer and mental health carers services and their commissioners building on the collaborative approach as an integrated care system. In addition, the service will work in partnership with other organisations bringing additionality and added value throughout the service delivered.

The Hub delivers a range of services to enable carers to continue in their role, feel supported and manage and prevent the likelihood of crisis with early interventions which include; statutory assessments as required by the Care Act, wellbeing assessments and payments, an emergency service, a health liaison project, Partners in Care cards issued in hospitals so that the carer is recognised and actively involved in the person they care for plans and discharge process, group sessions and one to one support. There are over 17,500 carers registered with the service. The Hub will be expected to take a place-based approach having locations across the city to deliver support on a locality basis and link and work with Neighbourhood Networks Services.

The current contract for the Hub ends on 31st March 2023 and recommissioning is currently taking place. Additional funding has been secured to develop a wellbeing break/sitting service for carers to provide much needed breaks to support their mental and physical wellbeing and to expand the health liaison project to support the carer when the person cared for returns home following discharge from hospital.

Co-production will commence on the refresh and review of Birmingham Carers Strategy with the consultation opened at a launch event for the new contract in May 2023. The strategy will seek Cabinet approval and be launched in 2024 allowing time for full consultation and co-production with carers, providers, partners and key stakeholders.

Part B - Public Health

1. Updates

1.1 Covid-19

The Public Health division is now transitioning the dedicated Covid public health specialist capacity into the 'business as usual' health protection specialist response. Additional capacity has been maintained within the Public Health division Health Protection team until the end of the financial year, funded from the Covid Outbreak Management Fund (COMF) reserves, to give support for winter pressures of flu outbreaks and an expected further wave of Covid-19. Of the 60 staff, 16 fixed term contract staff currently have not secured employment for the end of their contract in September.

There has been intensive career support and learning and development for the Covid staff in addition to the normal support for priority movers.

The regular councillors and MP briefing on Covid data has been stood down and officers are working to create a monthly Health Protection update for Members and MPs building on the learning from this briefing.

The Covid Comms and Engagement function has supported the NHS Covid Vaccine programme, and this has included hyper-local vaccine campaign and vaccine delivery programmes, the vaccine-immune community engagement programme, updated vaccine toolkit and community immunology training, and a smoking cessation campaign. This work will be completed by the end of September 2022 and residual resources transferred to the NHS.

The Covid Champions are being migrated into the new Bolder Healthier Champion programme which will re-launch in September.

DHSC have said that there will be an audit of spend of the Covid funding in 2022/23 and the team has prepared for this scrutiny.

1.2 Commonwealth Games

The Public Health division maintained an on-call response function for the duration of the Commonwealth Games (CWG), building on six months of work with the UK Health Security Agency (UKHSA) and the CWG Medical Officer team to agree health protection protocols. The team managed a series of incidents and outbreaks during the CWG period successfully including complex TB cases, care home outbreaks and a regional lead poisoning incident. These were all managed well and efficiently.

Public Health projects linked to the CWG include:

- Cook the Commonwealth campaign promoting over 200 recipes on the WHISK platform, reflecting heritage and culture from different Commonwealth countries. This was amplified through ten community cooking demonstrations at events across the city. The WHISK app had over 20K visits in the initial week of launch and there were several recipes donated by local restaurants and chefs which has also promoted local business.

- Seven Commonwealth Country Community Health Profiles were published ahead of the Games to increase understanding of communities of Commonwealth heritage in Birmingham. These will be further amplified through a series of community webinars in late September.
- A suite of Sport and Health posters, identifying the evidence base for health impact of different Commonwealth sports were published and launched at a breakfast event hosted by Public Health during the Games. The posters were drawn from a rapid evidence review which is now being written up for publication and the posters have been disseminated locally and nationally to sport and leisure organisations.
- Public Health co-hosted the Commonwealth Food Futures summit held on 28 - 29 September as part of the UK House Business Hub event around the CWG. The event was attended by over 150 delegates from around the world including representatives from India, South Africa, Namibia and Malawi as well as several significant national and international policy leads. The Council re-launched the Global Cities Pledge on Food Justice at a reception as part of the event and over 30 organisations and partners signed the pledge, including the Mayor of Johannesburg.
- Due to delivery partner issues, the programme of work on Health Literacy training was not ready in time for the CWG volunteer programmes and so is being reworked to align into the Bolder Healthier Champion training.
- Public Health has been developing the Project 2022 Intergenerational Cohort Study and engaging potential funders. This is likely to launch in 2023 as part of the year of the child.

1.3 Public Consultations

Recent consultations include one on Creating a Healthier Food City Strategy which will close in mid-September.

The consultations on the Triple Zero Strategy and Sexual and Reproductive Health Strategies have closed and will be presented to Cabinet and the Health and Wellbeing Board alongside the final strategy documents for ratification.

2. Sub-Divisional Updates

2.1 Wider Determinants Teams

2.1.1 Food Team

The consultation on the food strategy continues and there have been several targeted engagement events, including three school events, a community event with over 70 attendees and engagement at each of the ten community Cook the Commonwealth activities. Work on the culturally relevant Healthy Eating guides is on track for publication in January 2023.

The team will present at the national Sustainable Food Places conference in late September on the work in the city on food and our work to tackle food poverty.

Birmingham has also submitted three projects for the Milan Urban Food Policy Pact Awards, with the winners announced in November 2022 in Rio at the global summit. Birmingham holds one of two European secretariat seats for MUFPP and leads on food justice and food cultural diversity for the Pact network.

2.1.2 Inequalities Team

The BLACHIR (Birmingham and Lewisham African Caribbean Health Inequalities) report was published in June 2022 and there is now significant work going into the implementation phase. The implementation board is being established to launch in October 2022. Engagement partners have been commissioned through an open tender process to support community engagement during the implementation phase for African, Caribbean communities and for young men and women from the community, these are now into the contract agreement phase. The NHS ICS has established a specific working group to focus on the opportunities for action relating specifically to NHS provision and there is a GP lead, working to the Director of Public Health on moving this forward. A parliamentary event co-hosted between MPs for Birmingham and Lewisham is planned in October 2022 as part of the continued work to highlight the review and its recommendations, and the NHSEI National Director of Inequalities has committed to using BLACHIR to challenge every NHS regional inequalities board to respond to the report and its findings over this year. A fixed term dedicated team is being recruited currently to support implementation.

The Poverty Truth Commission was launched on the 19 May 2022 and ten community commissioners, and eight civic commissioners have been recruited and have started meeting. The commissioners have agreed three priority areas of focus: housing, food and health. The community commissioners also contributed to the food poverty work of the food team.

The team are working on a response to the national 10-year Women's Health Strategy which was recently published and a fixed term post to develop work on gender inequality has been appointed to.

2.1.3 Communities Team

The content of the faith toolkits for the 6 dominant faiths in Birmingham is now agreed and published. The contracting for partners to facilitate the next phase of engagement with faith organisations to further develop the toolkits is underway with preferred parties now identified. Muslim, Christian, Sikh and Hindu engagement partners have been confirmed.

The latest community health profiles, focusing on Commonwealth countries with links to Birmingham have been published. The next phase is to publicise the profiles with a series of webinars scheduled for late September, as mentioned above. Sight loss, lesbian, trans, Muslim and Somali Community Health Profiles are due for publication in the next few weeks and the next set of profiles are currently in the planning stages. Initial feedback has been very positive about the utility of these resources. Community engagement partners are being commissioned to disseminate the report amongst communities and allocate funding to tackle the main health inequalities identified within the profiles through community co-produced solutions.

The programme of work on Arts and Health continues to evolve with the creation of a joint post with Birmingham Museum and Art Trust. The Jamaican Arts and Health project has

delivered workshops and events within the topics: musculoskeletal disease, cardiovascular disease, diabetes, mental health and pregnancy. These events have been tied to the Jamaican 60th Year of Independence programme. Final evaluation reports are due at the end of October.

An arts and dying well project has been advertised for arts organisations; delivery of workshops to remove taboos and stereotypes and improve conversations around ageing and dying well. This fulfils a requirement for Birmingham to become a Compassionate City and is being supported by the Older People's Team.

2.1.4 People Team

The Suicide Prevention Partnership continues to oversee the suicide prevention plan. We are currently exploring a pilot of the Orange Button Scheme. The scheme gives those trained in the appropriate suicide prevention awareness training a signifier of an orange button to show they are trained and are comfortable having conversations around suicide. It has been successfully implemented in several other local authorities.

The People Team is in the process of appointing a joint Community Engagement Officer with a community partner to support Central and Eastern European Communities around mental health and wellbeing. This group has poorer mental health than their peers and access fewer services overall and later in the progress of their illness than others despite increased availability of interpreters. This post will facilitate engagement to assist in the design of acceptable and effective approaches to aid access to services when they are needed.

Those working in the construction industry have elevated risks and are overrepresented in poor mental health and suicide statistics. The Kier Group has expressed an interest in prototyping a series of workshops to see if this approach assists their workers with managing mental health and wellbeing. A structured evaluation and case study will capture the project outcomes and learning. Work is currently underway to appoint the providers of the workshops.

We continue to support development of real time surveillance for attempted and completed suicide in collaboration with Solihull. This approach has been successful in adapting and targeting suicide prevention interventions in other areas.

Seven Better Mental Health Fund projects have now been completed and the remaining projects are ongoing at this point to ensure maximum impact from the use of funds. Three projects have been highlighted in the national OHID video on impact of funding and two projects were given presentation space at the national conference on the Fund impacts.

2.2 Populations Sub-Division

2.2.1 Children and Families Team

Work continues on infant mortality, where some of the key highlights include work on developing cultural compassion practice in Birmingham maternity workforce led by the Midwifery EDI. The economic cost of genetic conditions report has been completed by University of East Anglia and is being taken forward through NHSEI as part of a funded programme to support culturally competent genetic services for underserved groups in Birmingham through the Local Maternity Network. The community researcher element of the

work is continuing to evolve in partnership with the University of Birmingham and the Community sector partners and a UKRI funding bid has been submitted which we should hear back from in mid-autumn to further accelerate this.

Work continues on the option appraisal for the recommissioning of the Healthy Child Programme and a paper will come to Cabinet later in the autumn. There are clear signs that the quality improvement activity with the provider partnership is delivering results and there has been significant quarterly improvement in key performance indicators.

The team have been collaborating with the NHS ICS on a programme of work in West Birmingham Schools focusing on reducing childhood asthma admissions. The approach works with schools to develop an asthma policy and register alongside training for teachers, children and families. This sits alongside the wider programme of work with Faith Action working with faith settings to deliver a health literacy programme in the ten wards of the city with the highest levels of childhood asthma and low levels of English in households.

2.2.2 Adults Team

The NHS health check (HC) programme is a mandated programme for people between the ages of 40 to 74 to prevent or detect early chronic diseases. Currently, all 168 of Birmingham's GP practices are commissioned to deliver HC and they provide these to eligible patients every 5 years. Current contracts with GPs for NHS Health Checks services expire in May 2023. In July 2022, Cabinet approved the planned procurement request that recommended a dynamic purchasing system (DPS) be used to issue new contracts for May 2023 - April 2027.

The proposal is to set up the system to enable continuation of the current service model for 4 years with payment by results. Consultation with various local public health services has identified several possible modes for NHS HC delivery that could improve quality and access in Birmingham, and the Adults team will be engaging with GP practices, through meetings and an online survey, to gain their feedback on recommissioning the services to include some of these modes. A business case for developing a GP/Pharmacy automated activity and payments portal, which will increase the efficiency of contract management has been approved by the IT Governance Board.

The majority of Smoking Cessation services are delivered by 113 GPs Practices and 119 pharmacies and is supplemented by a digital App (Quit with Bella App). The contracts for all these services will expire in May 2023. Cabinet approval has been obtained for the planned procurement of new services to use a dynamic purchasing system (DPS), and contracts will be issued for the period May 2023 - April 2027. As above, the Adults team will be engaging with GP practices and pharmacies, through meetings and an online survey, to gain their feedback on a proposed new model for service delivery. The team has also continued to support:

- Local Maternity Service BUMP- nicotine replacement therapy (NRT) vouchers
- BSol CCG inpatient tobacco programme
- Lung Health Steering Group (BSol CCG)

The Council received ring-fenced non-recurrent funding for Adult Weight Management (AWM) services through a OHID grant which finished in June 2022. Through this funding 11 contracts were commissioned. Two providers (Beezee Bodies and Momenta Health) had their contracts

extended to March 2023 funded by public health grant funds that were carried forward from 21/22 financial year to 22/23 and supplemented by 22/23 FY funds.

Beezee Bodies provides AWM services for those with physical and learning difficulties, visual impairment, hearing impairment and Momenta Health caters for clients aged 55+. Both had achieved delivery and were demonstrating outcomes. Other providers who had yet to deliver their agreed volume of clients had their contracts extended without additional funding to enable them to meet their delivery targets within the financial year.

The generic weight management App “Shape up 4 Life” has also been continued as it has demonstrated a successful reach to all the diverse communities which constitute Birmingham with positive results. A full evaluation of the outcomes of all the AWM services is ongoing in order to inform any future commissioning.

Currently, Birmingham’s Sexual Health Service is delivered by University Hospitals Birmingham NHS Foundation Trust (UHB) under a joint contract with Solihull, which commenced on 1st March 2015 and expires on 31 March 2023. Consequently, work has progressed to extend the contract, gain stakeholders’ approval (through a consultation process) of a Sexual Health Strategy for 2023-2030, and commence implementation of a procurement plan for a new service. The proposal to extend the contract will shortly go to Cabinet alongside the findings from the consultation on the Strategy which is now ready for ratification.

Fast Tract Cities (FTC+) is a global network of cities and municipalities that are committed to achieving Sustainable Development Goal 3.3, ending the epidemics of HIV and tuberculosis (TB) – and the World Health Organisation (WHO) goal of eliminating Hepatitis B and Hepatitis C by 2030. Birmingham will formally sign the partnership declaration at an event planned for 5th October 2022. Birmingham’s FTC+ is being informed by the findings of an engagement and needs assessment completed in April 2022. Working with stakeholders in the steering group, work has continued to finalise an action plan for the initiative and explore data monitoring methods.

2.2.3 Older Adults Team

The Older Adults team have supported the NHS consultation on the Birmingham and Solihull Dementia Strategy and continued to progress the engagement work to shape a Healthy Ageing Strategy. The team has faced some significant health-related absence which has limited capacity.

2.2.4 Knowledge, Evidence and Governance Sub-Division

Knowledge

The Knowledge team is working towards the publication of the JSNA in the early autumn. Publication will be the three life course segments starting with children and young people and will be the first step towards a digitized joint strategic needs assessment.

Evidence

The Evidence team is continuing to work on the deep dive report programme. In train currently are reports into learning disabilities, dual diagnosis, domestic abuse and mobility impairment. These will be published over Q3 and Q4 through the Health and Wellbeing Board.

Governance

The Governance team has been developing the dashboard of indicators to track impact of the Creating a Bolder Healthier City Strategy. This should be published in the autumn and will allow the public and Board members to see progress against the key indicators and benchmarks against regional and national comparators.

Population Health Management

The PHM team continues to work with the wider KEG team and NHS informatics teams to develop the approach to PHM. The team has undertaken specific work on NHS health checks variation in uptake analysis that is now informing a quality improvement initiative and completed the work on multiple risk factor analysis for infant mortality and low birth weight babies which is feeding into the infant mortality task force and Local Maternity and Neonatal System (LMNS).

2.2.5 Health Protection and Environmental Public Health Sub-Division

The Health Protection team has continued to provide specialist support and advice in relation to outbreaks of infectious disease and non-infectious public health hazards. This has included responding to complex TB cases as part of the multi-disciplinary team and collaborating with teams across the West Midlands around a lead poisoning incident.

The Birmingham and Solihull Tobacco Control Alliance has had its first meeting and is developing a joint delivery plan.

Work continues towards the recommissioning of the drug and alcohol misuse treatment services and working to mobilise the additional funding from DHSC. The Council has agreed an MOU with Staffordshire County Council to implement the additional funding from OHID for residential treatment and support, this is part of a WM regional collaboration to maximise the benefit through joint commissioning and reporting whilst retaining the pro-rata access allocated for Birmingham.

The Place team is evolving, and additional capacity is being created to cover extended sickness absence in the team to help accelerate the work on physical activity. The work on culturally competent approaches to promote physical activity in ethnic communities has been commissioned and will shortly be published in four south Asian languages. The team successfully launched the Sport and Health posters during the Commonwealth Games. The Health in All Policies team and Built Environment Team are currently being appointed to as substantive teams.