BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD INFORMAL MEETING TUESDAY, 21 SEPTEMBER 2021

MINUTES OF AN INFORMAL MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 21 SEPTEMBER 2021 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
Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Professor Graeme Betts, Director of Adult Social Care
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
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Dr William Taylor, NHS Birmingham and Solihull CCG and Vice Chair for Birmingham Health and Wellbeing Board
Richard Kirby, Birmingham Community Healthcare NHS Foundation Trust
Peter Richmond, Birmingham Social Housing Partnership

ALSO PRESENT:-

Dr Dyna Arhin-Tenkorang, Consultant in Public Health
Ricky Bhandal, Service Lead - Communities
Dr Andrew Dalton, Screening and Immunisation Lead, NHS England and Improvement
Stacey Gunther, Service Lead – Governance, Public Health
Luke Heslop, Service Lead – Evidence, Public Health
Dr Mary Orhewere, Assistant Director, Environmental Public Health
Avneet Matharu, Programme Officer, Partnership Insight and Prevention, Birmingham City Council
Patrick Nyarumbu, NHS
Aidan Hall, Senior Programme Officer, Governance, Public Health Division
Errol Wilson, Committee Services

****

NOTICE OF RECORDING/WEBCAST

26 The Chair welcomed attendees and advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

DECLARATIONS OF INTERESTS

27 The Chair reminded Members that they must declare all relevant pecuniary and non-pecuniary interests arising from any business to be discussed at this meeting. If a disclosable pecuniary interest is declared a Member must not speak or take part in that agenda item. Any declarations will be recorded in the minutes of the meeting.

APOLOGIES

28 Apologies for absence were submitted on behalf of Andy Couldrick, Kevin Crompton, Professor Robin Miller, Dr Justin Varney (but Dr Mary Orhewere as substitute), Waheed Saleem and Douglas Simkiss.

FAREWELL TO PAUL JENNINGS

29 The Chair stated that she had known Mr Jennings for approximately 30 years and that he has been one of the nicest people she had ever met throughout her career. The Chair added that Mr Jennings had always been there for her personally. Mr Jennings had always been there to give advice and had been a brilliant member of the Birmingham Health and Wellbeing Board and was always there to support and steady the system. In the last four years she did not know what the Birmingham and Solihull CCG would have done without him. Mr Jennings came into the system and brought his brilliant personality with him and was able to steady and calm a lot of the water. Mr Jennings had been a brilliant leader.

On behalf of the Birmingham Health and Wellbeing Board the Chair formally expressed thanks to Mr Jennings for everything he had done not just in his time as the CCG Chief Executive or the STP Chief Executive, but for all the work he did in the NHS over 40 years. The Chair stated that it was an absolute pleasure to have worked with Mr Jennings and that she will personally missed him as he was always there to give that encouraging word. The Chair added that she knew as a system we were going to miss him, but the HWB would truly miss hm as he had never stated that he would do something, and t had not been done. Mr Jennings did not just talk the talk, but he had walked the walk. The Chair further expressed thanks to Mr Jennings and wished him all the best on behalf of herself and all the Board members.

Mr Jennings expressed his thanks and stated that the Chair's comments were generous and kind and that he had loved every minute of being back in Birmingham. Although not as Chief Executive of the CCG he would be here for Birmingham and the HWB.

DATES OF MEETINGS

30 The Board noted the following meeting dates for the rest of the Municipal Year 2021/22:

2021	**2022**
Tuesday 30 November**	Tuesday 18 January**
	Tuesday 22 March**

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

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

The Chair advised that we may need to add another meeting to this list.

MINUTES AND MATTERS ARISING

31 **RESOLVED: -**

The Notes of the informal meeting held on 27 July 2021, having been previously circulated, were noted and agreed as a true record.

ACTION LOG

The following Action Log was submitted:-

Stacey Gunther introduced the item and advised that there were no outstanding actions on the Action Log.

32 **RESOLVED: -**

The Board noted the information.

---

33 **CHAIR'S UPDATE**

Hope everyone has managed to get a break over the summer
Recharged their batteries – ready for the challenges of the oncoming winter pressures

On Friday last week I sent a letter to the Right Honourable Sajid Javid MP in his new role as Secretary of State for Health and Social Care outlining our concerns in Birmingham with the need for all our care staff in our care homes to be double vaccinated by 11th November.

As you are all we aware, we have been clear on our messaging and promoting that vaccinations are crucial in infection control and disease prevention, and I am supportive that all care and
frontline staff should be vaccinated to help protect themselves and those that they care for in the wider community.

We have been working very closely with all Birmingham care homes throughout the pandemic and supporting them as best we can through the challenges they have faced. Our health colleagues with us have been leading on vaccinations and are now busy with the rollout of the Covid and flu booster vaccinations. Through our health colleagues' best efforts in rolling out and promoting vaccination take up and responding to concerns with the Covid-19 vaccination, we have improved the numbers vaccinated.

However, more time is needed to ensure we have enough care staff vaccinated, to avoid an impact on essential care and support. Our current local data shows that up to 2690 workers could be prevented from working in care homes on 11th November unless they become fully vaccinated.

Although I recognise recent announcements regarding self-certified temporary medical exemptions, which will inevitably assist in the short term this does lead to conflicting messages – yet again.

My ask to the Minister was for his urgent intervention in:

a. delaying the implementation until March 2022 to avoid the winter period and so it can be coordinated with any future approach to the wider health and social care workforce.
b. proposing in the interim that instead of mandating all care staff to be fully vaccinated by 11 November for this to be 80% of care staff within any given care setting to being fully vaccinated by 11 November.

As without this intervention 16% of care homes are expecting either significant disruption or will not be able to keep the service safe based on anticipated staffing levels. As winter pressures emerge, along with the anticipated bad flu season, we are expecting we could be in a situation of mass unavailability of care home beds.

Once I have received a response from the Minister, I will share this with you all.

Could I formally welcome Cllr Sharon Thompson – Cabinet Member for Vulnerable Children and Families who is joining the Board to replace Cllr Kate Booth the former CM for Children's Wellbeing.

PUBLIC QUESTIONS

The Chair advised that we have received a public question for this meeting the details of which could be found in the report along with the response to the question at paragraph 4.3 in the report.

RESOLVED: -

34 The Board noted the question and the response as set out in paragraph 4.3 of the report.

CORONAVIRUS-19 POSITION STATEMENT

35 Dr Mary Orhewere, Assistant Director, Environmental Public Health introduced the item and provided a verbal update highlighting the key points as follows:

- The case rates in Birmingham were falling. The data up to the 6th September 2021 was just of 2600 cases with 2 new deaths in the 60-day trend.
- We were still getting a lot of infection, but fortunately although this had transformed into pressure on the health service and the health system this had not transformed into deaths the way it did a year ago.
- The total number of cases were up but the rate at which we were getting those cases was falling and continue to fall.
- We were keeping an eye on the proportion of those cases in the over 60s and that had not risen as high on this occasion.
- The testing rate was falling, and the lateral flow test were available to the general public and we encouraged to use them at least twice per week and there was guidance to when they were required to do a PCR test.
- Compared with other parts of the country, Birmingham was not where we would lie it to be and we were looking to see what this meant in Birmingham.
- What we were seeing was that there were a few areas, but it was not whole Wards and we were getting details as to where the pressure was in terms of positive cases. We were continuing our engagement work there.
- A big part of this work is through our Covid Champions but was also through all the other people that had contact with the general public and having conversations about taking test when they needed to and isolating when they needed to.
- The dominant variant was the Delta variant, but other variants were identified and colleagues in Public Health England were keeping a close eye on this.
- The good news was that the prevention measures that we had used for all the variants to date remained the prevention measures that we need to use for what we knew now.
- We were still asking people to maintain an appropriate distance, wash their hands, wear a mask or face coverings where that was felt appropriate and when required and to take up the vaccine.
- The implementation of the vaccine was led by our colleagues in the NHS who had done an excellent job.
- We were now looking at vaccinating the younger people. The vaccination was extended to the 12 – 15 years old which will commence

later this month. The 16 – 17-year olds had their vaccine which we were trying to get them to take up.
- We had the highest take up amongst the older population particularly the over 60s and 80s.
- We were looking to get the rest of the population to take up the vaccine to the same extent. The goal was to get to 75% and at the moment 20% of our Wards have achieved that but there was more work to do which was continuing.

CORONAVIRUS -19 VACCINE UPDATE TO INCLUDE FLU/COVID VACCINATION ROLLOUT

36 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG introduced the item and provided a verbal update. Key points as follows:

- We were still pressing as we could to get people to take up the vaccine for the first time which was an incredible hard work in trying to get people in social care to come forwards for the vaccine.
- We now had work in place for the 12 – 15-year olds, the booster programme and 1m text had gone out in the first tranche for the booster programme.
- In terms of flu there was a bit of a bump in the road around supply at the moment and we were hoping that this would improve as we had to cancel some of the sessions that were booked as the supply had not come through.
- We were now trying to move to a more business as usual approach to vaccine.
- We had a fantastic campaign and we had delivered over 1.5m Covid immunisation over this last 9 months, but we needed to get to a more business as usual approach to this.
- We needed to deal with the business of vaccine resistance as very often people who were resistant to Covid vaccine resist other vaccines.
- Sarah Jayne Marsh will be picking this up as she takes on the lead role with my departure.
- We will keep pushing at vaccine as anybody will tell you in public health, vaccination was one of the few things that we do that we really know worked.

Dr Aslam provided the following information:

- We were working ourselves up for the flu campaign and we have had some challenges around the delivery of that.
- A lot more practices had signed up to deliver the Covid booster vaccine as well.
- We felt confident that we were in a position to offer all those people who wanted to have a vaccine could have a vaccine.
- We knew that there were some vaccines being currently delivered into pharmacies.
- If you had the opportunity to get to a pharmacy and get your flu vaccine, please go and have your flu vaccine.
- We were taking the opportunity that whilst there were delays in the distribution of the flu vaccine to encourage people to get their flu vaccine as soon as they could.

- We had some challenges ahead, but we were in a reasonable position to meet those challenges head on.
- We stood up our hospital site at City Hospital and that would deliver some of the younger cohorts some of the Covid vaccination as well as those people who currently had no vaccination they would be encouraged to go.
- We had a walk-in service there that enabled that to happen.
- We will keep a watchful eye on the current scenario in terms of where we got to in the next couple of months just to think about the flexibility that we need to show for those people that needed to have a more flexible approach to vaccination.
- We had a lot to do alongside the vaccination campaign in terms of recovery in general practice and recovery within the wider NHS system.
- There was plenty to do so we were focussed on the vaccination but as Mr Jennings stated it needed to become business as usual.
- It needs to be part of the programme that we deliver on a regular basis alongside all of the other work as well as abandoning one just leads to a build-up in other areas and we could not afford to do that any longer.

The Chair posed the following questions:

Regarding the 12 -15-year olds has that programme started in Birmingham and across Solihull?
Response: Mr Jennings confirmed that the programme had started and that he had a bar chart and a presentation he was given earlier today that showed a small number that had been done so far. It was early days, but it had started.

I had the AstraZeneca vaccine, if I am invited back for a booster will I be getting the AstraZeneca again or will I be getting Pfizer vaccine? The news bulletins had stated that people who had the AstraZeneca vaccine may not be allowed into America.
Response: Dr Aslam stated that it was a medical and political question. The advice that was given was that the booster was going to be one of either Pfizer or Moderna, one of the MNAR vaccines.

With regards to being let into America, the news came a little bit on the hoof. They had not really thought about the detail in terms of how their own CDC would be able to validate the vaccines that had been approved by the heath authorities around the world. They had not thought this one through.

Clearly the AstraZeneca vaccine poses a particular problem for Americans as they had not used AstraZeneca at all. There was a challenge there for them to work through. Dr Aslam stated that his understanding was that the EU was lobbying strongly to ensure that the AstraZeneca vaccine was approved for travellers from Europe.

This was an effective vaccine against Covid – yes you could pick up Covid and the new variants having had a vaccination or any vaccination, but you symptoms would be mild and would be less likely to require hospitalisation. They have not thought through the different vaccine implications around the world.

COMMONWEALTH GAMES UPDATES UPDATE

37 Dr Mary Orhewere, Assistant Director, Environmental Public Health gave the following verbal presentation:

a. Most person will be aware that we have passed the key milestone of one year to go.
b. There had been a huge amount of work in terms of preparation and that had been changed and modified to accommodate the fact that we were also going through a pandemic in recent times.
c. There were several strands to the work of the Commonwealth Games (CWG) preparations.
d. Firstly, all the work around having a successful safe Games that is, successful for the athletes and their families including the officials and also for our residents and our visitors who will be attending the Games.
e. Secondly, the Legacy – a huge amount of work in terms of how we could embed that legacy by getting much of it in place before the Games going on through and beyond the Games.
f. This was a multi-agency approach and was not about Birmingham City Council alone or the Organising Committee alone.
g. It involved working with a number of agencies from Public Health England, liaising with the NHS in terms of preparedness checking that the emergency resilience were in place for any surprises we may have to deal with right the way through to how we procure supplies for the Games infrastructure and the consumables that we required. Some of this work involved looking to ensure that this Games did well for Birmingham and the wider region around Birmingham.
h. Getting our procurements to consider how we could develop opportunities for local businesses to meet the necessary standards and to participate in the progress towards a successful Games.

Dr Aslam commented that this was a great opportunity for children in this city to have an opportunity to look at elite sports. They watched the Olympics many times, but the CWG was a real opportunity to engage young people in sporting activity. We knew that we had an obesity crisis within our young people (and within our older people as well). What had the engagement been with schools and the wider young people's communities to engage them in sports so they could make best use of this opportunity. Part of the legacy was the excitement of leading up to this, but then what it leaves with us behind.

Response: Dr Orhewere stated that there were lots of opportunities for young people one of which was around physical activity, but we were taking an all age approach to it as we recognised that young people were a part of, he family. There will be something for young people, but there will be something for all ages. This was built into how we were organising access for example to the facilities and building in travel as much as we were able to but also as part of our legacy. Dr Orhewere undertook to come back to the Board around the issue of schools and what they were doing. We were doing things in our communities and accessing young people to increase activities as part of life not just structured physical activity.

Professor Betts commented that it was important and that there were so many dimensions to that. Professor Betts referred to Dr Aslam's statement and stated that this was absolutely right, and it had to be one of them with such an opportunity. He added that he also thinks that when we were thinking about the legacy we should also be thinking about the infrastructure. It was important that we think about site etc which were the underpinning things. As the Board may be aware, we were in the process of appointing a new director of Children's Services and he was involved in setting the framework for that new role and part of it was absolutely what we were about with the opportunity and the CWG for children and young people in this city and was a good point.

The Chair commented that the CWG was a once in a lifetime event, we will never see it again in Birmingham. It was a brilliant opportunity for us not just about the 10 or 15 days about the event but was really about the legacy that would come before and would be created for after the Games. The Chair encouraged the Board to be part of the Games. The local community had to take ownership of the Games. Over 25,000 people had applied to become volunteers for the Games. As part of the Board we were putting this on as a standard item as we wanted to see across the areas that the Board influenced what were we doing to be part of that legacy going forward.

Dr Aslam commented that the Chair made an excellent point about engagement and that the first time he heard about the CWG was in this forum. He added that we did not had the communication out to Primary Care in a way that was meaningful, and they could get a lot of engagement not just with young people but across the spectrum, to be volunteers to be creative about how they support the programme as well. If there was some way, we could help we would be happy to do that.

Professor Betts undertook to speak with Craig Cooper about how we ensured that colleagues in Primary Care wee more engaged.

ICS UPDATE

38 Richard Kirby, Birmingham Community Healthcare NHS Foundation Trust gave the following verbal presentation:

- We were at a point as Mr Jennings handed over the baton for a new Integrated Care System (ICS) Chief Executive to be appointed in the next month or so of getting all of the things – the system and the processes etc.
- We will need to make the ICS work effectively and in particular for the Health and Wellbeing Board (HWB) that includes some hard thinking about how we wanted to work through the two places that were the City of Birmingham and the Borough of Solihull and how within Birmingham we wanted to make the operational partnerships a reality at the five localities as well.
- Professor Betts with other colleagues was leading some of that work and he suspected that that will be shared at the HWB at the right point.

- If we stepped back a bit from all the work that was going on to manage the transition and get the ICS set up as a statutory body, there were two things to say around two big pieces of work that were on the agenda.
- In the here and now, the partners in the ICS were working hard at that how we get the health and care systems safely through the winter and into the start of next year.
- We had some big elective backlogs that were some real Covid-19 pressures in the system. There was pressure from the emergency work that did not came through during lockdown that was coming through.
- We knew we had to respond to all of that as we cannot do just one bit of it and not the rest of it.
- There was some work going on that should be completed around the end of November to pull all of the strand of that together into a coherent short-term plan for our health and care system.
- The second big piece of work was to look to the long-term and it linked to the conversation we were just having about the CWG.
- It was about building a sustainable system that picked up some of the things we will be coming to later on in the agenda around the role of the ICS in tackling inequalities and improving life chances.
- The role of the ICS in building a proper population health management way of working, that started to tackle some of the deep seated causes of ill health and inequality in health outcome and enabled us, having gotten through the current period to look forward to a more sustainable future, for our health and care services in the city, which was based on what Doug Simkiss call tackling the causes of the causes.
- Trying to work across the whole system on those things that enabled us to help people to stay active. That should take the form of the kind of ICS 5-year strategy early in the new financial year. There was a lot going on with quite a bit in the background.
- A number of people in this meeting were important parts of that work and would speak to their particular part of it if we needed them to.

The Chair commented that she had been part of that work and that social care and the local council had not been let out of any part of this. It was important as the months goes by that the HWB was clear and where it sees itself and where it wanted to position itself because we were a valuable part of what was happening within the health and care system. It was important that through the HWB the message was sent back to the ICS so that they know.

Stephen Raybould, Programmes Director, Ageing Better, BVSC commented that they were involved in planning the voluntary sector involvement in the ICS which had gone reasonably well. It was about to be stood up with the rest of the activity. Two things that would be useful was a system map so that we could see the governance route that incorporates all the things that were currently related to it so that they were met with something within the ICS. Just getting the timing of that right. A maturity update on the ICS so that we know when to stand up different structures within the voluntary sector so that they were met with something within the ICS. Just getting the timing of that right would be important and productive.

Mr Kirby commented that Mr Raybould made two important points and the wider work we were trying to do will not work if we did not engage Mr Raybould and his colleagues. We were still designing that system map ourselves, but there was something called the ICS Target Operating Model which was meant how we wanted to try to make the system work. If this would help, he would organise the right group of people to share that in a bit more detail at a future HWB meeting.

The Chair stated that if this was something that would involve going into more detail it would require a separate meeting as nothing about ICS was easy to grasp. Nothing was simple but what we were able to do with Birmingham and Solihull was to have the difficult discussions. We were having them early and were starting to put together a structure. We may need an Awayday/Development Day of the HWB for that to work.

POPULATION HEALTH MANAGEMENT

Dr Dyna Arhin-Tenkorang, Consultant in Public Health introduce the item and drew the attention of the Board to the information contained in the report.

The Chair commented that Dr Arhin-Tenkorang skipped over a really important piece of work relating to the first 1001 days in paragraph 4.3.4 of the report which for her was one of the most important pieces of work in the document. The Chair requested that Dr Arhin-Tenkorang tell the Board a bit more on progress with the Population Health Management (PHM) as this work had been driven through and there was a lot of good things being done in that specific area.

Dr William Taylor, NHS Birmingham and Solihull CCG and Vice Chair for Birmingham Health and Wellbeing Board commented that this was a great piece of work and that it came at the right point on the agenda as it came after we spoke of the health inequality issue we have seen across the city. We talked a little bit about place and how we can use place to tackle those health inequalities and having the PHM data to support that work in place was going to be vital. We have talked a little bit about how the ICS was developing and that collaboration between health and social care and the wider determinants of social care around the CWG.

Dr Taylor stated that there were a couple of things he was interested in knowing: the issue of combining datasets which was vital especially across health and social care. There was a bit about fuzzy data which he did not fully understand. How was this going? As a result of Covid we had not done as much as we could as this came across earlier about the benefits of the CWG. Was there an opportunity here to use the CWG and the data we have around the improvement of physical activities will have on health and the inequalities in that as a launch pad as one of the early projects as some of our PHM data?

Response: Dr Arhin-Tenkorang stated that the data in the update was a major issue. There were major information gathering issues around getting agreements to sharing the data. The of course there were some issues around the fuzzy data which was more surmountable. The issues around getting

agreement from the various partners to share the data was a bigger hurdle that we have to overcome. Given what had happened nationally concerning the upload of Primary Care data, that had produced a huge problem for the work. These were problems for which nationally would be overcome eventually, and we were working had to be in the position when the time comes to be in a position to make use of all the available data.

The suggestion around using the CWG as a launch pad was a brilliant one and this was something we would like to explore with the Board and others. The two pilot projects around infant mortality and obesity and weight management hat you have just suggested was something we should definitely looked into as it would be hugely beneficial.

Dr Aslam commented that as a data geek he was interested in the data as it should drive our decision making and enabled us to understand whether we were achieving some of the things we wanted to achieve. We have the biggest local authority in Europe in Birmingham City Council, and we have struggled to separate the data for West Birmingham so that we could start adopting a data management driven approach in West Birmingham. How could we have unpicked that? Do you recognised that there was an issue and how we could unpick it so that we could get on with the population health approach?

Dr Arhin-Tenkorang stated that it was recognised that this was a problem, but it was not a problem just to West Birmingham. The ICS approach was very much place based and therefore within Birmingham each of the localities would have to grapple with the same issue. She was not a data expert she was more in public health and health economics. These were some of the reasons we were trying to get in place those who had that capability to help us with that technical issue. Although I am unable to give you the answer, this was something that we recognised and was one of the reasons we were going through this work stream and trying to put certain capabilities in place.

Dr Aslam highlighted that this was a problem in West Birmingham as we cannot separate the West Birmingham data into its own dataset which meant that some of the interventions that were made, we cannot track. We would like to do that to help to unpicked some of the challenges we could help to do that.

Mr Kirby advised that when West Birmingham moved ICS it was thought that the splitting of the NHS data issues would be easier. This may be a bit of a time limited problem in many areas, but there was also some work that we had to conclude particularly with Primary Care and data sharing. I was having some conversation about this this morning in trying to get some of the difficulties that people were talking about straightening it out as quickly as we could though there were some complex things behind it. We were on the case.

Professor Betts stated that there was more work to be done but what was good was that it was flagged up now and we could begin to get a handle on it. Its positive that we could move forward on that.

If you cannot get the figures for your areas how would you know that you were dealing with issues in each part of the system.

Mr Raybould commented that West Birmingham offered a good opportunity to start somewhere if you were thinking about a locality within Birmingham because of the ICP governance there it was a good opportunity to test. My request was that PHM was one of the things the voluntary sector could contribute to, but its difficult if the presentation and challenges were particularly technical. One of the things that would be useful was a request of what was needed, and the voluntary sector has thought there was a specific…

Dr Arhin-Tenkorang stated that the qualitative data in particular from the users in the community were part of the data PHM had to use. It was appropriate that we strive to ensure that the population and citizens were aware of what PHM could do and offer so that they could participate, and this was one of the things that part of the work stream we were undertaking.

In terms of the 1001 days we were all aware of the challenges about our rate of infant mortality. The work we have been doing in PHM was looking at the data in order to support the infant mortality work that was currently being undertaken in the Council. We have a workshop activity that was in operation now which brought together many of the experienced people in that field - the geneticist, clinicians the community providers that were working on Child Death Overview Panel (CDOP). All of those individuals were currently trying to get together a strategy that would allow us to tackle that. The PHM would be providing data to support some of the work they were doing.

The Chair advised that BCC had an independent chair for that piece of work and that chair will be helping to drive that work forward. Whatever we got as a final outcome we will be ensuring that what we get would be implemented within the system. It was important to understand that for Birmingham City Council and the partners this was a key piece of work.

39 **Recommendation** –
The Chair invited colleagues to accept the report and recommendations at 3.1.

All those present agreed the recommendation.

SCREENING AND IMMUNISATIONS

Dr Andrew Dalton, Screening and Immunisation Lead, NHS England and Improvement introduced the item and drew the Boards attention to the information contained in the report.

Dr Taylor commented that both screening and vaccinations were sometimes the less glamorous part of the NHS and what we do and yet undoubtedly saves more lives than almost anything else that we do across health which was really interesting. All credit to you for the work that you do in trying to get this back on track after the difficult time during Covid. There were great bits of work in the paper you shared and the bits about learning from the Covid vaccination. This could revolutionise how we deliver vaccination programmes if we were quick enough to learn the lessons, we learnt from it. My only point was the paper you shared there were some big gaps in terms of data as there were quite a few sentences showing that there was no published data indicating screening up

take following the Covid pause. When were we likely to know more about what the backlog was and when that data would come online so that we could see the implications of the actions taken and to try and improve things post-Covid?

Response: Dr Dalton stated that anyone that worked in screening knows that these national data were delayed and that any modelling anyone could do on these would be welcomed. It varied between programmes so to get validated data in breast screening it tended to be about six quarters which was quite a delay. This was a problem for which he could only apologise but it was difficult.

Dr Taylor exclaimed that six quarters was quite amazing and that it was such a long delay. Dr Dalton advised that it was about the validation and the way it was extracted from the national databases. There had been a lot of criticism about the national database screening and the independent review screening nationally also had problems. There had been a national change and it was hoped that this would improve things. Dr Taylor commented that this make planning a strategy a bit more difficult.

The Chair enquired whether there were any plans to publish partial data as they were received as the gaps were quite large concerning data. As there was so many gaps, at some point somebody will need to take ownership of this and at least try to delve into it.

Dr Dalton stated that some of the immunisation data was getting timelier and there was progress on that, and this was something that we had a bit more up to date. In terms of the screening I could look into what we could and could not share. We absolutely wanted to and in cervical screening we hopefully got some agreement where we could get some data at a general practice level to get a much more within the last quarter of what the coverage was. Colleagues in general practice could then decide if they really need to promote it in that area. It was improving programme by programme but not systematically.

The Chair enquired whether people who had been missed would be called back.
Dr Dalton: Absolutely, that was why recovery had been so hard not just getting recovery to be 100%. To recover you need to work at 150% of the year to catch and that was what the programme was doing. Cervical screening for example everybody who were missed had been invited. Breast screening providers had to have done that by 31 March 2022 and that was really what restoration was. No one would miss it they would just have their interval ultra-scan in between screens due to Covid stoppage.

Dr Aslam commented that it was fair to say that we knew a lot more about vaccination and people's challenges around vaccinations now than we did before. In terms of the children's immunisation particularly the MMR, we have always been challenged, but it did not look like a data problem it just looked like a lack of MMR in kids arms at the moment. Were we going to learn the lessons quick enough to get these vaccination rates up or what do you think a recovery looked like? If we look at the national data for England and then the West Midlands, we were at a significant outlay. Dr Aslam voiced concerns that the vaccination programme would just highlight vaccination as an area that people did not want and then that would spread into children's services as well.

Dr Orhewere commented that we were aware that our child immunisation uptake rates were not where we would like them to be. There was apiece of work done shortly after the first tranche of Covid vaccine to see what we had learnt during the Covid vaccines and how we might use that for immunisations more broadly. My ask was for colleagues in the NHS system who showed real enthusiasm shortly after that as they could see the difference it had made to Covid vaccines to really *bite the bullet* and say shall we do this for MMR.

Dr Orhewere added that in conversations there had been lots of interest and it was how could we learn the lessons and how could we apply that to on-going Covid vaccine and flu vaccine. My ask was that we extend that to MMR and other immunisations. We could see the immediate short-term benefit to the NHS system of getting the flu jab and the Covid vaccines. When we got to the other part of the immunisation it was not an immediate pay off, but we had to tap into that passion and all of that knowledge. There was a piece of work that we will be doing in Birmingham working with our Covid Champions to see how we could use them to develop the messaging to reach bits of our community that we had not previously reached. The offer was there and what we want was a queue of young people with arms to be jabbed.

The Chair commented that she was worried when she saw our screening levels and that she echoed Dr Taylors comments. If we were not screening enough people at the moment in communities like hers, she did not know what was being done out there. Across all communities like mine I was seeing more and more people dying because they were not screened early enough. More and more women with cervical and other issues, because they had not been screened early enough, at the moment it had been masked by Covid, but it was uncertain how long this could be the mask due to the amount of people we had seen passed on. It would be interesting to see in the death data if there had been a significant increase over the last 18 months. Screening was vital if we were going to have a community that remained healthy.

Recommendation –

40 The Chair invited colleagues to accept the report and recommendation at 3.1.

All those present agreed the recommendation.

JSNA DEEP DIVES (VETERANS)

Luke Heslop, Service Lead for Evidence, Public Health Division introduced the report and highlighted that he would like to present 3 elements of the Deep Dives programme. Mr Heslop then drew the Board's attention to the information contained in the report.

(See document)

The Chair enquired whether there were any specific members that would fit into certain areas as JSNA Deep Dives Champion that Mr Heslop would approach first. Mr Heslop stated that they were just looking for members with time and an

interest within the areas mentioned in paragraph 4.1.3 of the report. The Chair enquired whether it would be April 2022 that the work would commence. Mr Heslop advised that half of them had started already so that would be pressing – learning disabilities; mental health and substance misuse; mobility impairment and domestic abuse. The others will commence in spring 2022.

Dr Orhewere stated that the champions were needed now. Knowledge was great but enthusiasm was even better as we needed the Board's eye looking at this, but also help us open doors and make connections where we needed to.

Carly Jones suggested that Mr Heslop write to each Board member and provide a bit more information including what it will entail, time commitment, the type of network Mr Heslop were looking for people to have. Mr Heslop advised that he relate this back to the earlier deep dive programme. This was the original plan, but it got shelved because of the pandemic.

Richard Kirby stated that the veteran's work had inspired BCHC to put right the fact that were not one of the Trust that was veteran friendly accredited. We will do that on the back of this and will see that through. Mr Kirby stated that he was the Champion for the Public Sector Workforce work that had been stood down. The Trust provides the Adult Learning Disability for the city. If you did not get a better offer for learning disability, he would be happy to be the champion to fill that gap.

Stephen Raybould commented that it would be good to get some more profile around the deep dives. One of the challenges was that some of the work were being undertaken in different parts of the system including the voluntary sector. This meant that some of the activities had to be moved around. He was happy to pick up domestic abuse and that it would be good to have a substitute partner on board as well.

Patrick Nyarumbu, NHS stated that the points made around mental health with this piece of work he would be quite happy to be involved with that work as some of his colleagues were involved, but if they were looking for senior representation there, he would be happy to be involved.

Dr Aslam stated that he was reflecting on the diabetes work stream and if we matched that into the obesity work he would be keen to be involved and just as Richard volunteered himself for another role for the West Birmingham Place setting we would like to do some work around diabetes the whole spectrum of obesity, diabetes and pre-diabetes. He would be happy to contribute to that if the Chair felt that this was appropriate.

The Chair commented that in relation to the diabetes one, we will be using some of those community champions expertise that do a lot of work in this area. The Chair requested that thy did not get left aside as they were key to some of the successes we will have in this area.

41 **Recommendation** –

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

All those present agreed the recommendations.

AGENDA ITEMS 18 - 22

42 The Chair acknowledged Items 18 - 22 on the Agenda were for information and made specific reference to Items 21 – Sikh Community Health Report and 22 – Bangladeshi Community Health Report and stated that these should not be just for information only. The Chair then informed the Board that she had invited Ricky Bhandal to give a five-minute presentation on these reports for the Board to see some of the phenomenal work being done in Public Health.

Mr Bhandal stated that the community health profiles was as a result of a discussion that took place with Dr Justin Varney prior to the Covid-19 pandemic. What we wanted to do for the first time was a health profile on ethnicity, faiths, disabilities and sexual orientation in the city. The aim was to look at the hard questions and some of the gaps in the data. Little did we know that through Covid a few months later that those kinds of predictions we thought where gaps were, and the ethnicity data had started to come through fruition. This piece of work was a pilot and one of only one in the country we were aware of. What we did was to look at the existing evidence based on communities and put it together in one central place.

The Sikh community was chosen first and my background was from that community and I am from the city as I was born and raised in Handsworth. I also had some idea of what the data was already out there. This was a pilot and a test of what we will be doing. Mr Bhandal then gave a slide presentation on *Community Profile* to the Board in relation to the work that was being done.

The Chair stated that if there was anything that Mr Bhandal wanted the Board to assist with to please contact them. The Chair added that she had also read the Bangladeshi report which was a good read and that she would recommend all members of the Board to read the documents. The Chair expressed thanks to Mr Bhandal for attending the meeting at short notice and for presenting the information as it was a valuable piece of work.

OTHER URGENT BUSINESS

43 Stacey Gunther

The Chair commented that Stacey Gunther had worked alongside her and Dr Varney for the last two years and that Ms Gunther had been a star! We would not have been able to do half of what we had done with the HWB, getting the strategy together etc without Ms Gunther. Ms Gunther will be leaving us soon as she was ‘nabbed’ and will be going across to the West Midlands Combined Authority (WMCA) on a secondment basis. The Chair added that she wanted to formally place on record her thanks to Ms Gunther for all her hard work and that she will truly be missed. Ms Gunther has been a brilliant member of staff and she will certainly be missed, and she had been a wonderful support to the Chair as Cabinet Member for Health and Social Care.

DATE AND TIME OF NEXT MEETING

44 To note that the next Birmingham Health and Wellbeing Board meeting will be held on the 30th November 2021 at 1500 hours.

It was agreed that this will be a face to face meeting due to requirements for in-person decisions. The venue will be BMI, Margaret Street (tbc)

The meeting ended at 1654 hours.

……..…….
CHAIRPERSON