

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE O&S COMMITTEE

PUBLIC MEETING

Tuesday 21 February 2023. Committee Rooms 3 & 4, Council House, Victoria Square

Action Notes

Present

Councillor Mick Brown (Chair)

Councillors: Kath Hartley, Gareth Moore, Rob Pocock, Julian Pritchard and Paul Tilsley.

Also Present:

Karl Beese, Commissioning Manager – Adults Public Health

Helen Bissett, Programme Senior Officer, Health Protection & Environmental Public Health

Maureen Black, General Manager, Umbrella

Meg Boothby, Clinical Service Lead, Umbrella and Consultant Sexual Health and HIV Medicine.

Fiona Bottrill, Senior Overview and Scrutiny Manager

Juliet Grainger, Public Health Service Lead (Adults)

Leon Mallett, Head of Immunisations and Vaccinations, NHS Birmingham and Solihull

Mary Orhewere, Assistant Director, Public Health

Becky Pollard, Interim Assistant Director Public Health (Adults and Older People)

Gail Sadler, Scrutiny Officer

Paul Sherriff, Chief Officer for Partnerships and Integration, Integrated Care Board (joined the meeting online)

1. NOTICE OF RECORDING/WEBCAST

The Chair advised that the meeting would be recorded and subsequently broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public could record and take photographs except where there were confidential or exempt items.

2. APOLOGIES

Councillor Jane Jones

3. DECLARATIONS OF INTEREST

Councillor Gareth Moore declared he is a Trustee of Birmingham LGBT and Birmingham Citizens Advice.

4. ACTION NOTES/MATTERS ARISING

Substance Use: Birmingham's Adult Treatment Services

- To provide information on the association between people living in Houses of Multiple Occupation (HMOs) and exempt accommodation and in treatment for drug and alcohol abuse by Wards.
- CGL to provide information regarding the training that has been given to housing providers.

This information was circulated by email on 31st January 2023.

Actions from 24th January meeting:

Approved Mental Health Professional

- To provide information on how many occasions people have been refused admission to hospital from a private provider.
The Chair read out the following statement:

I am unable to provide an accurate figure just anecdotal as this data is not retained as there could be many reasons why someone is declined admission once the application has been made, I am aware of 2 occasions within the last 12 months and these were for children so under 17s based on presentation with the admitting hospital stating they were unable to accommodate them due to complexity of need/presentation on arrival.
- A copy of the latest AMHP annual report was circulated by email on 31st January 2023.

5. BIRMINGHAM SEXUAL HEALTH SERVICES – UMBRELLA (UHB)

The committee received a presentation from Karl Beese (Commissioning Manager, Adult Public Health Services); Juliet Grainger (Public Health Service Lead (Adults)); Maureen Black (General Manager, Umbrella) and Meg Boothby (Clinical Service Lead, Umbrella) which provided an overview on the performance of Birmingham Sexual Health Treatment and Prevention Services commissioned by Public Health and delivered by Umbrella (University Hospitals Birmingham). The following key points were highlighted:-

- An overview of the service including the length and value of the current contract.
- Spend per head of population benchmarked against the core cities.
- Mandated services that have been commissioned.

- Key Public Health Outcomes Framework and locally agreed outcomes.
- Comparison of performance against core cities.
- Updates and Future Plans:-
 - An update on the Fast Track Cities+ initiative.
 - Contract Procurement (post March 2024).
 - Safeguarding Pathways for Under 13s.
 - Pathway Improvement Programme on three workstreams:
 - Prescribing Long-Acting Reversible Contraception (LARC).
 - Pre-Exposure Prophylaxis (PrEP).
 - Business Continuity.
 - MPox Global Outbreak.
- The Umbrella Pledge in 2015 and the new focus for Umbrella in 2021/22.
- 1 August 2021 – 31 July 2022 there was an increase in:
 - Clinic attendances
 - Self-testing kits
 - Under 18 years contraceptives
 - LARC fittings
 - Chlamydia screens age 15-24 years
 - HIV tests
 - New PrEP patients
 - Umbrella campaigns
 - Patients accessing ChatHealth since the launch in November 2022
 - Hits on the Umbrella website.
- July 2022 – December 2022 – Umbrella provided support for Monkeypox (Mpox).
- The number of interventions/attendees/contacts delivered by partners.
- The vision for 2023.

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

- The funding for the service is from a public health ringfenced grant. There was also some funding for the Fast Track Cities+ initiative.
- Clarification was sought about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table.
- Birmingham was particularly hard hit by the Covid pandemic and University Hospitals Birmingham NHS Foundation Trust was the hardest hit in the country. Umbrella, being part of UHB, were brought in to support the Covid activity which was not the case in other Sexual Health Services around the country because they sit outside of the acute Trusts.
- Pre-Covid Umbrella had been highly successful with their online offer of online testing services. The rest of the country caught up during Covid, when they had to deliver their services online, whereas Umbrella were already at capacity with what they were offering.

- It was acknowledged that there had been a technical issue with text messaging and mitigations were put in place immediately which are being robustly managed. Also, reported it to the Trust as a Clinical Incident and reported to the Executive Team and a Serious Incident Review is being undertaken.
- Umbrella were early adopters of the online testing kits, and the IT is not as advanced as other providers. Therefore, looking to improve the digital platform which would allow service users to set up an account and track their tests.
- When ordering an online testing kit, the reason why people are directed to a clinic is because the people who answer those questions should be advised that other services can be accessed which are not available online. The Clinical Lead was not aware that the online offer to go to a clinic only applied to men who had sex with men (MSM) not heterosexual men but made assurances that this would be looked at.
- Waiting time from requesting to getting an appointment for Long-Acting Reversible Contraception (LARC) is approximately 4 weeks. The service user would be told when the next appointment at Umbrella is available but also information regarding GPs who provide the service, some to unregistered patients, to see if they have an earlier appointment.
- Out of area uptake of the service is monitored. 80% of the service users are from Birmingham, 10% Solihull and 10% out of area. It is an open access service, regardless of where you live, and BCC will recharge back to local authorities for that service and vice versa if a Birmingham resident is accessing sexual health services in another part of the country.
- Within the sexual health service screen for anyone who may have experienced sexual violence/abuse to let them know about support services within the clinic and links to other services. People can also use the online service to directly book into the Abuse and Violence Clinic.
- The police are aware of the services available. Umbrella has a Safe Project that works with sex workers and have worked jointly with the police around sex trafficking. There is also the Sexual Assault Referral Centre that has a direct link to the Umbrella Clinic.
- Also link in with the Children's Trust and Adult Social Care who are aware of the referral pathways.
- There are clear guidelines around communication with patients who have suffered sexual or domestic violence. They are asked how they want to be safely contacted and supported.

RESOLVED:

- Provide further clarification about why the contract spend per head of population was above the mean average compared to other core cities, but Birmingham was ranked in the lower part of the performance table.

- Review online testing kit process for heterosexual men in relation to not being offered a clinical appointment at Umbrella based on their responses.

6. STRATEGIC OVERVIEW OF IMMUNISATIONS IN BIRMINGHAM

Mary Orhewere (Assistant Director, Public Health); Paul Sherriff (Chief Officer for Partnerships and Integration, Integrated Care Board) and Leon Mallett (Head of Immunisations, NHS Birmingham and Solihull) introduced the report which provided information about what immunisation uptake looks like in Birmingham, local immunisation system roles and an indication of local challenges faced when working to improve immunisation uptake across the city.

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

- Use social media to send out positive messages about immunisation programmes to reassure the public. Also, the use of parents' evenings in schools or school assemblies to encourage parents, who would not have done otherwise, to have their children immunised.
- Part of the strategic challenge is how to re-educate those parents who do not see immunisation as a priority or are not willing to engage. Work needs to be done in early years settings in readiness for school.
- A third of the population of Birmingham have not completed or had no vaccination for Covid. The full course is two vaccinations. There is also a seasonal booster. Children aged 5+ are eligible for Covid vaccinations.
- In terms of promoting immunisation, a Vaccine Confidence Programme was run last summer which was led by the Public Health Team. The Integrated Care Board have Integration Leads within the Vaccination Programme Team. There are lots of ongoing strands of campaigning but moving forward delivery is a partnership approach. The NHS staff are currently employed by University Hospitals Birmingham NHS Foundation Trust but are accountable to the Integrated Care Board.
- There are some challenges around roles and responsibilities. There a number of organisations committed to working together. City Council and NHS partners are working well together. There are forthcoming changes to the way the NHS is structured. Will have to be focussed and ensure that does not impact on the recovery of uptake of vaccinations.
- The Evergreen Offer is if you were eligible for a primary dose and 12 weeks later a second dose the course is complete. This is then 'topped up' with a seasonal booster. A third primary dose is required for some people with underlying conditions. Unvaccinated are people who have not received a second dose.
- Regarding uptake of the MMR vaccination, the recovery rates in Birmingham were not where they need to be pre-Covid. The vaccines continued to be on offer during the pandemic and some children did receive vaccinations during

that time. The supply of the vaccine is available but need to find a way to create demand in communities.

- Concern was expressed about the immunisation figures. To detect an outbreak of measles the optimum protection level is 95% compared to 78.7% for Birmingham.
- There is a degree of complacency in society that outbreaks e.g., measles happens elsewhere but not in Birmingham. If it did happen in Birmingham, it would affect certain parts of the city rather than others because the uptake of vaccinations is varied across the city which is evidenced in GP data e.g., some areas are at 95% others below 78.7%.
- There is a National Strategy due to be published imminently and will have to look at the local implementation of that Strategy.
- There is a need to make the public aware of what the offer is and the options that are currently available.

RESOLVED:

- More data regarding evidence of decline in uptake of various immunisation programmes because of Covid vaccination hesitancy and can this be clearly linked to the type of vaccine i.e., is there less hesitancy with established vaccinations.
- Geographical data across the city by Ward and demographics to assist Members with identifying where and which communities need enhanced communication to be provided in advance of the 18th April meeting. To include:-
 - Roles and responsibilities.
 - How to make every contact count across all agencies.
 - How to use Councillors support and city networks to communicate key messages.
 - Resources Plan and risk mitigations
- A Chairs pre-meeting is arranged before the 18th April meeting Paul Sherriff, Mary Orhewere and Leon Mallett.
- Mary Orhewere to request that a representative from NHS England is also present at the 18th April meeting.

7. WORK PROGRAMME – FEBRUARY 2023

The Senior Overview and Scrutiny Officer set out the agenda items for the next two meetings:-

14th March

- The Cabinet Member for Health and Social Care will present a report on progress against portfolio priorities.

- Adult Social Care Officers and representatives from the Empowering Peoples Team will present the findings from the Day Opportunities Co-Production Review.
- Maria Gavin will present the Q3 Adult Social Care Performance Monitoring report.

18th April

- An update on the Integrated Care Board.
- Further reports from Public Health and Birmingham and Solihull ICB on Immunisation in Birmingham.

A Task and Finish Group meeting for the Children and Young People's Mental Health Inquiry are scheduled for 21st and 28th March. The report to City Council has been extended from June to July to ensure that there is sufficient time to engage young people in the process.

On 13th March there is a Birmingham/Solihull JHOSC. Agenda items will include:-

- An update on the findings of the first review being undertaken at University Hospitals Birmingham NHS Foundation Trust.
- An update from the West Midlands Ambulance Service.
- BSol ICS update on performance against finance and recovery plans.

RESOLVED:

That the work programme be noted.

8. DATE AND TIME OF NEXT MEETING

The date of the next meeting is scheduled to take place on Tuesday 14th March 2023 at 10.00am.

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

None

10. OTHER URGENT BUSINESS

None.

11. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

That in an urgent situation between meetings the Chair, jointly with the relevant Chief Officer, has authority to act on behalf of the Committee.

The meeting ended at 1211 hours.