

BIRMINGHAM CITY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 16 JUNE 2020 AT 14:00 HOURS
IN ON-LINE MEETING, [VENUE ADDRESS]

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chairman to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 DECLARATIONS OF INTERESTS

Members are reminded 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.

3 APOLOGIES

To receive any apologies.

3 - 10

4 ACTION NOTES/MATTERS ARISING

To confirm the action notes of the meeting held on 19 May 2020.

11 - 34

5 COVID-19 UPDATE

- a) Cabinet Member for Health and Social Care
- b) Implementation of Test and Trace in Birmingham
- c) West Midlands Care Association
- d) Healthwatch Birmingham

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

To consider any request for call in/councillor call for action/petitions (if received).

7 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chairman are matters of urgency.

8 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

9 **AUTHORITY TO CHAIRMAN AND OFFICERS**

Chairman to move:-

'In an urgent situation between meetings, the Chairman jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

BIRMINGHAM CITY COUNCIL**HEALTH AND SOCIAL CARE O&S COMMITTEE****1400 hours on 19th May 2020, via Microsoft Teams – Actions****Present:**

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

Also Present:

Andy Cave, Chief Executive Officer, Healthwatch Birmingham.

Louise Collett, Acting Director of Adult Social Care.

Mark Croxford, Head of Environmental Health.

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

Rose Kiely, Overview & Scrutiny Manager, Scrutiny Office.

Catherine Parkinson, Interim City Solicitor and Monitoring Officer.

Gail Sadler, Scrutiny Officer.

Dr Justin Varney, Director of Public Health.

1. NOTICE OF RECORDING

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

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

2. DECLARATIONS OF INTEREST

None.

3. APOLOGIES

None.

4. ACTION NOTES/ISSUES ARISING

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

11th February meeting – Outstanding Actions

Review of In-House Enablement Service

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

18th February meeting – Outstanding Actions

Sexual Health: Testing and Treatment Service in Birmingham – Umbrella

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

Adult Social Care Performance Monitoring – Month 8

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

17th March meeting – Outstanding Actions

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

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

Scoping of the Infant Mortality Review

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

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

5. COVID-19 UPDATE

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

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

1. Clinical shielding and the voluntary sector

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

2. Personal Protective Equipment (PPE)

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

3. Care Homes

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

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

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

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

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

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

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

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

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

c) Testing and Tracing Process

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

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

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

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

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

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

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

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

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

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

e) Care Act Easements

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

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

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

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

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

RESOLVED:

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

f) Update from Healthwatch Birmingham

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

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

Information and signposting:-

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

Survey:-

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

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

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

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

RESOLVED:

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

6. INFANT MORTALITY REVIEW – TERMS OF REFERENCE

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

RESOLVED:

The Terms of Reference were formally approved by the committee.

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

The report and Executive Commentary were noted for information.

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

None.

9. OTHER URGENT BUSINESS

None.

10. AUTHORITY TO CHAIRMAN AND OFFICERS

RESOLVED: -

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

11. DATE AND TIME OF NEXT MEETING

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

The meeting ended at 1606 hours.

Implementation of Test & Trace in Birmingham

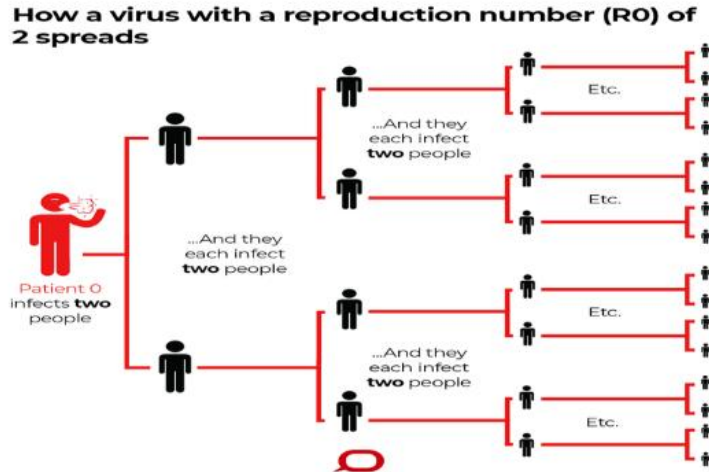
04/06/2020

Dr Justin Varney
Director of Public Health
Birmingham City Council



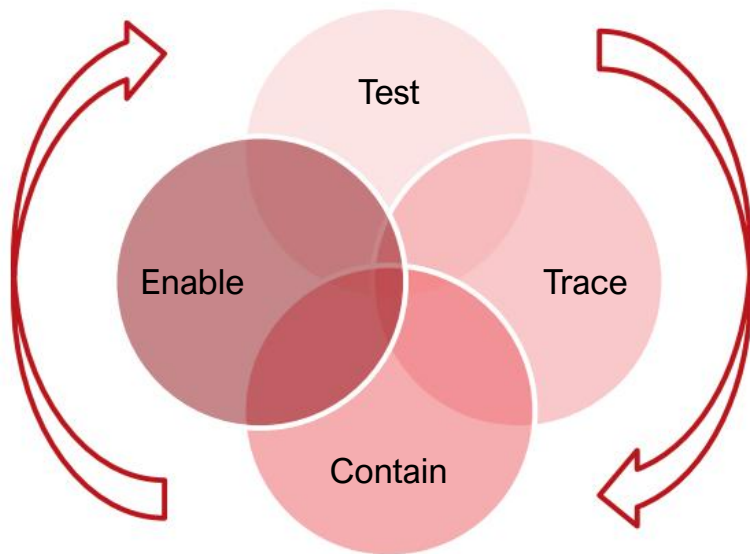
Phase 2: Test, Trace, Contain, Enable

Test and trace relies on strong communication and engagement with the general public, organisations and partners. The aim is to drive down the reproduction rate and spread of the virus.



National surveillance survey suggests that currently between 0.1% and 20% of the population have been infected by Covid-19 however there is little evidence yet on whether infection generates immunity and if immunity lasts for any duration or impacts on transmission of the virus.

Test & Trace Emerging National Model



Test

Rapid testing, at scale, to control the virus and identify its spread

Trace

Integrated tracing to identify, alert and support those who need to self isolate

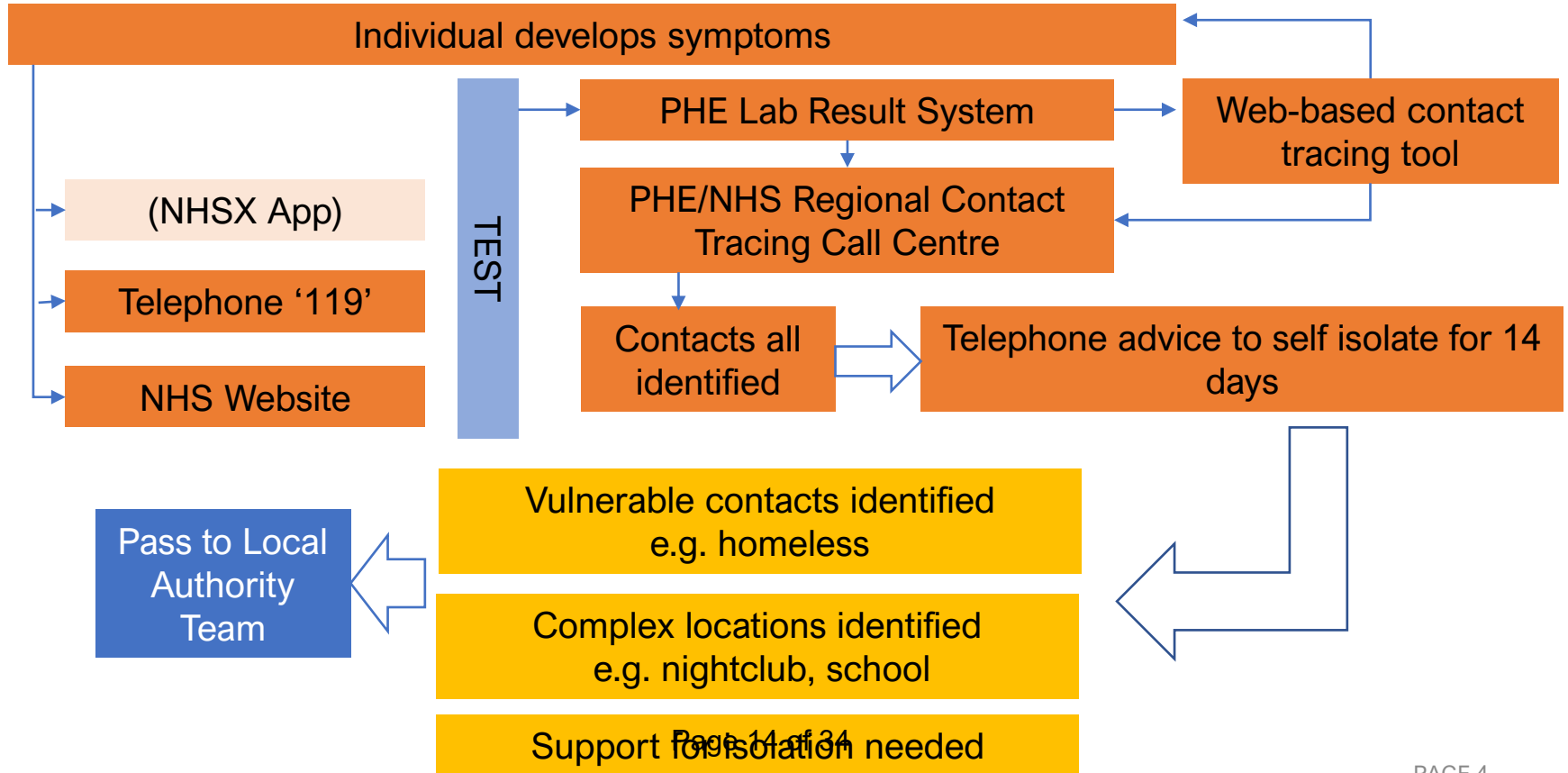
Contain

Using data to target approaches to flare ups, at a local and national level

Enable

Improving knowledge of the virus to inform decisions on social and economic restrictions

Simplified model



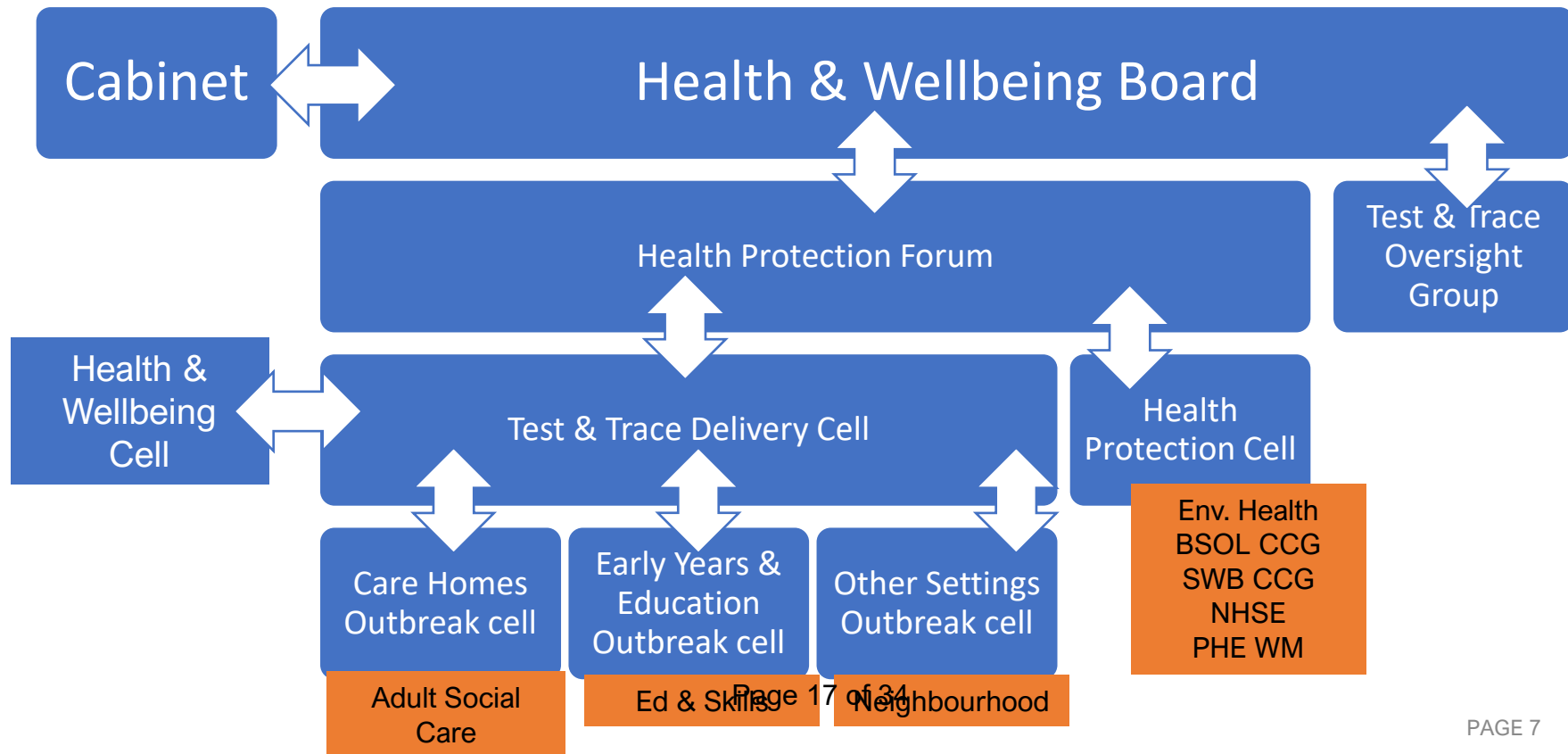
Local Outbreak Control Plans will have 7 themes

1. **Care homes & schools:** planning for local outbreaks in care homes & schools e.g. defining monitoring arrangements, potential scenarios and planning the required response
2. **High risk places, locations and communities:** identifying and planning how to manage high risk places, locations and communities of interests, including preventative measures and outbreak management strategies
3. **Local testing capacity:** identifying methods for local testing to ensure a swift response that is accessible to the entire population e.g. defining how to prioritise and manage deployment which may included NHS, pop-up testing sites
4. **Contract tracing in complex settings:** assessing local and regional contact tracing capability in complex settings e.g. identifying specific local complex communities, developing assumptions to estimate demand and options to scale capacity.
5. **Data integration:** Integrating national and local data and scenarios planning through Joint Biosecurity Centre Playbook e.g. data management planning, including data security, NHS data linkages
6. **Vulnerable People:** Supporting vulnerable local people to get help to self-isolate e.g. facilitating NHS and local support, identifying relevant community groups, etc. and ensuring services meet the needs of diverse communities
7. **Local Boards:** establishing governance structures led by existing Covid-19 Health Protection Boards in conjunction with local NHS and supported by existing Gold Command forums and a new member-led Board to communicate with the general public.

Governance structures

Tier	Structure	Roles
Local	Covid Health Protection Board	Responsible for the development of local outbreak control plans by Directors of Public Health
	Strategic Co-ordinating Group	Gold emergency planning group to support, co-ordinate and partner with broad local groups to support delivery of outbreak plans
	Local Outbreak Engagement Board	Provide political ownership and public-facing engagement and communication for outbreak response
Regional	Local Resilience Forum	Coordinate public and emergency services to response to regional emergencies
	Integrated Care System	Develop and deliver regional health strategy
National	Test & Trace Programme	Develop national test and trace strategy
	Joint Biosecurity Centre	Provide data and analytics relating to management of regional infection rates building on PHE's surveillance systems

Birmingham Outline Governance



Structure Responsibilities

Structure	Leadership	Responsibility
Cabinet	Leader	Political accountability and oversight
Health & Wellbeing Board	Cabinet Member for Adult Health & Social Care	Protecting and improving the health & wellbeing of citizens
Test & Trace Oversight Group	Leader	Political oversight and public engagement to support t&t rollout
Health Protection Forum	Director of Public Health	Develop and implement local outbreak response plan, multi-agency strategic engagement
Test & Trace Cell	AD for Public Health	Coordination of local t&t response Logging of t&t decisions
Health Protection Cell	PH Consultant	7 day a week outbreak specialist PH response function
Outbreak response cells	Relevant Directorate AD + PH Consultant/Registrar	Multi-directorate setting outbreak response team to support surveillance and individual setting response

Local Implementation Issues & Risk

Issue	Risk Level	Mitigation	Residual Risk
Financial allocation unknown currently but response required in short term	Medium High <ul style="list-style-type: none"> - High impact - Medium probability 	Specific budget code in place to track spend on t&t response	Medium <ul style="list-style-type: none"> - Medium impact - Medium probability
PH staff capacity inadequate & burnout risk	High <ul style="list-style-type: none"> - High impact - High probability 	Expanding capacity of the health protection cell drawing on BC cell	Medium <ul style="list-style-type: none"> - High impact - Medium probability
Inadequate testing and infection control response capacity for complex scenarios	Medium High <ul style="list-style-type: none"> - High impact - Medium probability 	Interim solution agreed with BCHCT & Bsol CCG to provide surge capacity until funding clearer	Low <ul style="list-style-type: none"> - High impact - Low probability

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Birmingham Care Home Covid-19 Response

Health and Social Care Overview and Scrutiny Committee
Update 16 June 2020

Debbie Le Quesne – Chief Executive, West Midlands Care
Association

Alison Malik – Head of Commissioning (Adult Care),
Birmingham City Council

Background

- General background on the relationship between the independent care home sector and BCC
- To provide an update on work with care homes in response to COVID19
- How the independent care sector and BCC have worked together to support the health of their residents
- An update on specific Covid-related risks in the care home sector and how effectively these risks have been handled across Birmingham during the pandemic;
- How hospital discharges into the sector have worked locally

West Midlands Care Association

- Established in 1984 by Birmingham care homes to support Birmingham homes
- It later joined with the Black Country Association's and changed to supporting home care as well
- A voluntary Executive of Directors who own care businesses and control the Association as a non-profit making organisation
- There are currently 132 members in Birmingham and 556 in total across the West Midlands
- The Directors expect the Association to change as the industry requires, with their mission statement being; 'to support care providers to provide a quality services for a fair price'.
- Services offered include; DBS's, care and business advice, contacts with Local Authorities and CCG's, signposting to training, support to access funding, and regular communications about changes in the industry and business.
- Digital communications is important and we lead the Midlands on helping the care industry with NHS.net emails, the digital tool kit and access to the Capacity Tracker.
- Having set up the National body for Care Associations, West Midlands Care Association is active in sharing best practice around the country.

Birmingham Care Home Market

Data	Total	Contracted by BCC
Number of care homes in Birmingham (CQC Data)	301	262
Actual No. Homes	293	262
Birmingham Older Adults homes	180*	148*
Birmingham Younger Adults homes	150*	136*
Number of contracted care homes outside of Birmingham		309
Estimated number of care home beds in Birmingham	7,231	
Estimated number of care home beds BCC has access to	15,400	
<i>* Please note some homes are dual-registered</i>		

Care Homes - Relationships

- Relationships have improved significantly since implementation of geographic support model in 2018:
 - Allocated commissioners for all providers
 - Geographic home support model implemented
 - Regular geographic provider forums
 - Regular contact with providers with the largest market share
 - Strategic Provider Forum established
 - Provider representatives
 - Senior Council representatives
 - Nothing is off the table for discussion
 - Meet every 2 months
- Registered Manager's Network
- Dedicated website and regular bulletins for care providers
- Supplemented by support from West Midlands Care Association

Covid Communication with Providers

- Everyone has worked hard to maintain contact/arrangements wherever possible
- Tried to balance providing support without creating burden on providers
- All providers written to outlining support/focus including financial measures
- FAQ produced regularly including publication of relevant national guidance
- Emails sent to all contracted providers (in/out of Bham) and all non-contracted Bham providers
- Weekly data collection of capacity/risks
- All providers contacted regularly by phone to provide 1:1 support/advice/guidance

Care Home Risks - PPE

Risks

- Use of and training
- New and changing guidance
- Availability of supplies
- Cost variance
- Government support

Actions

- All national guidance issued
- Training provided on use of PPE
- Range of guidance and support provided to reduce risk of spread
- WMCA/BCC/BCHC have provided emergency PPE supplies
- BCC funding difference in PPE costs

Care Home Risks - Funding

Risks

- Cost of PPE
- Extra costs generally – food, agency staff,
- Reduced demand/sustainability
- Family finances and affordability of top-ups
- All Local Authorities have taken different approaches

Actions

- BCC funding difference in PPE costs
- BCC funding all reasonable additional costs
- Keeping demand under review and working with homes where specific risks are identified

Care Home Risks - Testing

Risks

- Unknown status for hospital discharges early on
- Out of hospital approach
- Impact of ongoing isolation – staff/residents
- Test and Trace – incl. impact on staff absence levels
- Asymptomatic risks

Actions

- Hospital discharge testing approach
- Discharge to Assess model
- All care home residents now tested
- Good staff testing availability at early stage
- Briefings/webinars for providers to support testing
- Infection Control Fund and support

Care Home Risks - Staffing

Risks

- High levels of absence but now slowly reducing
- Longer term risks
 - Attractiveness of sector in future
 - Burn out
 - Wellbeing of staff
- Staff may be less cautious as lockdown eases/new antibody testing is rolled out

Actions

- Staff and resident testing
- Health and wellbeing support for staff
- Financial support to pay for additional staff hours
- Infection Control Fund
- Proud to Care campaign
- Ongoing training/webinars

Discharge from Hospital

- D2A model implemented in full, majority of citizens discharged from hospital into a short-term bed to reduce the pressures on care homes
- BCHC Enhanced Care Home team contact each care home 24 hours after a resident is discharged via Pathway 3 to provide clinical support.
- Financial support is being provided to facilitate prompt hospital discharges and recognise the potential additional costs of supporting residents
- The Trusted Assessor pilot has been extended to work with all Enhanced Assessment Beds and in acute provider settings, to reduce footfall in hospitals and support providers.
- Testing for citizens prior to discharge to residential / nursing care homes

Questions and Answers Session

