

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD

TUESDAY, 24 NOVEMBER 2020 AT 15:00 HOURS
IN ON-LINE MEETING, MICROSOFT TEAMS

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.

4 EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

a) To highlight reports or appendices which officers have identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.

b) To formally pass the following resolution:-

RESOLVED – That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

- 5 - 18**
- 5 **MINUTES AND MATTERS ARISING 15:00 - 15:05**
- To confirm the minutes of the meeting held on the 22nd September 2020.
- 19 - 30**
- 6 **ACTION LOG 15:05 - 15:10**
- To confirm the action log as current and correct and address any issues.
- 7 **CHAIR'S UPDATE 15:10 - 15:15**
- To receive an oral update.
- 8 **PUBLIC QUESTIONS**
- Members of the Board to consider questions submitted by members of the public.
The deadline for receipt of public questions is 5pm on 20 November 2020. Lines of questioning should be submitted via:
<https://www.birminghambeheard.org.uk/place/birmingham-health-and-wellbeing-board-questions>
(No person may submit more than one question)
Questions will be addressed in correlation to the agenda items and within the timescales allocated. This will be included in the broadcast via the Council's Internet site (www.civico.net/birmingham).
NB: The questions and answers will not be reproduced in the minutes.
- 9 **CORONAVIRUS POSITION STATEMENT 15:15 - 15:25**
- Dr Justin Varney, Director of Public Health will give a verbal update on the item.
- 31 - 36**
- 10 **CHILDHOOD IMMUNISATIONS AND VACCINATIONS 15:25 - 15:40**
- Andrew Dalton, Public Health England will present the item.
- 37 - 48**
- 11 **IMPACT OF COVID-19 ON VULNERABLE ADULTS 15:40 - 16:00**
- John Williams, Assistant Director, Adult Social Care will present the item.
- 49 - 54**
- 12 **CHILDREN'S SOCIAL CARE: AN UPDATE FROM BIRMINGHAM CHILDREN'S TRUST 16:00 - 16:30**
- Andy Couldrick, Chief Executive, Birmingham Children's Trust.

13 **BOARD DISCUSSION 16:30 - 16:55**

1. Have you observed any changes in the presentation of needs across Birmingham in:

- a. Adults?
- b. Children?

2. How are you as a HWB partner organisation supporting the changed needs of:

- a. Adults?
- b. Children?

3. What are you as a partner organisation doing to address the exacerbated health inequalities caused by Covid-19 and for the potential future waves of the pandemic?

55 - 88

14 **WRITTEN UPDATE FROM THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD**

Elizabeth Griffiths, Assistant Director of Public Health will present the item.

89 - 100

15 **SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE**

This item is for information.

101 - 116

16 **WRITTEN UPDATES FROM FORUMS**

This item is for information.

17 **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.

18 **DATE, TIME AND VENUE OF NEXT MEETING**

To note that the next Birmingham Health and Wellbeing Board meeting will be held at 1500 hours on Tuesday 19 January 2021 as an online meeting.

BIRMINGHAM CITY COUNCIL

BIRMINGHAM HEALTH AND WELLBEING BOARD TUESDAY, 22 SEPTEMBER 2020

MINUTES OF A MEETING OF THE BIRMINGHAM HEALTH AND WELLBEING BOARD HELD ON TUESDAY 22 SEPTEMBER 2020 AT 1500 HOURS AS AN ONLINE MEETING

PRESENT: -

Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Chair of Birmingham Health and Wellbeing Board
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Professor Graeme Betts, Director for Adult Social Care and Health Directorate
Councillor Kate Booth, Cabinet Member for Children's Wellbeing
Andy Cave, Chief Executive, Healthwatch Birmingham
Mark Garrick, Director of Strategy and Quality Development, UHB
Chief Superintendent Stephen Graham, West Midlands Police
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Carly Jones, Chief Executive, SIFA FIRESIDE
Nichola Jones, Assistant Director, Inclusion and SEND, Education and Skills
Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust
Peter Richmond, Chief Executive, Birmingham Social Housing Partnership
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Waheed Saleem, Birmingham and Solihull Mental Health Trust
Dr Ian Sykes, Sandwell and West Birmingham CCG
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Karl Beese, Commissioning Manager, Adult Public Health Services
Andrew Dalton, Screening and Immunisation Lead, Public Health England
Carla Evans, Head of Primary Care, Sandwell and West Birmingham CCG
Chris Holt, Chief Operating Officer, Birmingham Community Health Care Foundation Trust
Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs
Bhavna Taank, Public Health Adults and Older People Care Service Lead
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 473 The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.
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DECLARATIONS OF INTERESTS

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

- 475 Apologies for absence were submitted on behalf of Dr Peter Ingham, Clinical Chair, NHS Birmingham and Solihull CCG
Toby Lewis, Chief Executive, Sandwell and West Birmingham NHS Trust
Professor Robin Miller, Head of Department, Social Work and Social Care, Health Services Management Centre, University of Birmingham
Dr Tim O'Neil, Director of Education and Skills, Birmingham City Council
Andy Couldrick, Chief Executive, Birmingham Children's Trust
Gaynor Smith, Senior Employer and Partnership Leader, Birmingham and Solihull District, Department for Work and Pensions
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EXEMPT INFORMATION – POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC

Members highlighted the following report and appendix which officers had identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers considered that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report:

- 476 **RESOLVED:**

That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.

CHANGE TO ORDER OF BUSINESS

- 477 The Chair advised that she take Agenda items 12 and 13 ahead of the remaining reports.
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UPDATE ON PUBLIC HEALTH COMMISSIONED SERVICES

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

(See document No. 1)

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

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

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

- 478 **RESOLVED: -**

That the Board:-

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

5. Noted that major contract recommissioning plans have paused for 6 months due to Covid-19.
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EARLY INTERVENTION PROGRAMME – PHASE 2

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

(See document No. 2)

Members of the Board then made the following comments:-

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

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

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

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

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

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

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

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

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

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

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

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

479

RESOLVED: -

That the Board reviewed the report and in particular:-

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

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

480

RESOLVED: -

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

ACTION LOG

The following Action Log was submitted:-

(See document No. 3)

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

481

RESOLVED: -

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

CHAIR'S UPDATE

482

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

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

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

PUBLIC QUESTIONS

- 483 The Chair advised that there were no public questions submitted for this meeting.
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CORONAVIRUS-19 POSITION STATEMENT

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

(See document No. 4)

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

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

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

The Board noted the update.

FLU PLAN FOR BIRMINGHAM 2020/21

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

(See document No. 5)

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

Members of the Board then made the following comments:-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

485

RESOLVED: -

The Board:

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

486

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

UPDATE ON SCREENING AND IMMUNISATION

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

(See document No. 6)

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

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

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

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

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

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

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

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

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

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

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

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

487

RESOLVED: -

Birmingham Health and Wellbeing Board – 22 September 2020

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

INFORMATION ITEMS

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

OTHER URGENT BUSINESS

- 489 No other urgent business was submitted.
-

DATE AND TIME OF NEXT MEETING

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

The meeting ended at 1703 hours.

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CHAIRPERSON

Item 6

BIRMINGHAM HEALTH & WELLBEING BOARD



Action Log 2020



Rag rating :

Overdue

In progress

Complete

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date	Date Completed	Outcome/Output	Comments	RAG

Index No	Date of entry	Agenda Item	Action or Event	Named owner	Target Date
	29.01.2019	IPS - Mental Health	To send a letter to all Board members to encourage them to actively promote and support employment opportunities for people with SMI within members' organisations through the IPS programme.	Board Admin	
		JSNA SEND	Remove the recommendations from the report and send them to the SEND Improvement Board as a reference item.	Fiona Grant	19.03.2019
		Sustainability Transformation Plan (STP)	To submit written bi-monthly update reports to the Board, with updates from the portfolio boards.	Paul Jennings	28.05.2019
344	19.02.2019	JSNA Update	Public Health Division to present the JSNA development and engagement plan at the next	Justin Varney	19.03.2019
	29.01.2019	IPS - Mental Health	members to encourage them to actively promote and support employment opportunities for	Board Admin	
362	19.03.2019	Joint Strategic Needs Assessment Update	The two decisions that were needed from the Board were: - A volunteer for each of the four deep dives as champions and to hold us account; and a short discussion around where the Board would like us to look in terms of diversity and inclusion.	Elizabeth Griffiths	30th April 2018
	29.01.2019	IPS - Mental Health	The Chair has requested that a member of HWBB volunteer to attend the IPS Employers Forum to support the development of IPS.	All Board	19.03.2019
352	19.02.2019	Substance Misuse	Consideration to be given to partners' involvement and public engagement in the future commissioning cycle, and to the funding position, taking on board comments made at the meeting.	Max Vaughan	Date to be confirmed
IAN8	18/06/2019	Air quality update report	Board members encouraged to participate in Clean Air Day 20 June	All Board	20/06/2019

346	19.02.2019	Childhood Obesity	DPH was asked to reflect on potential for social marketing high profile campaign - similar to the partnership approach to 'sugar free' month promoted by Sandwell Council and partner organisations and 'Fizz Free Feb' led by Southwark Council.	Justin Varney	Development day 14.05.2019
351	19.02.2019	NHS Long Term Plan	It was agreed that, as the local 5-year plan was being drafted, consultation should take place with the Health and Wellbeing Board and engagement with key leaders in the City to enable them to give an input to the plan.	Paul Jennings	19.03.2019
IAN6	18/05/2019	Public Questions	All Board members to promote submission of public questions to the Board	All Board members	24/09/2019
IAN9a	18/05/2019	Active travel update	Board to work with their partners to promote active travel away from main roads and along green spaces where possible	All Board members	ongoing
IAN9b	18/05/2019	Active travel update	Kyle Stott, Public Health, to bring mapping of active travel back to the Board	Kyle Stott	24/09/2019
IAN10	18/05/2019	Developers Toolkit update	Board members to encourage the use of the developer's toolkit in their organisation's capital build projects as well as retro-build and refurbishments but to include anything in the present	All Board members	ongoing
IAN11	18/05/2019	Feedback on the Health and Wellbeing Board development session	Board members to look at opportunities for LD/MH employment within their organisations	All Board members	ongoing
IAN12b	18/05/2019	Changing places	Board Chair to write to WMCA around transport infrastructure hubs: where there is a full station refurbishment changing places to be included.	Chair/PH	24/09/2019

IAN12c	18/05/2019	Changing places	Board Chair to write to the Neighbourhoods Directorate to support the implementation of changing places in parks.	Chair/PH	24/09/2019
IAN13a	30/07/2019	Live Healthy Live Happy STP update report	Birmingham and Solihull STP to work with local elected members around awareness raising of ICS & PCNs – what they mean and the implications.	Paul Jennings	26/11/2019
IAN13b	30/07/2019	Live Healthy Live Happy STP update report	The Board raised concern that changes to West Birmingham area could cause destabilisation for the system and the citizen experience Commissioners and providers agreed to meet outside of the meeting and report back to Board on how we get to an integrated system – particular reference to equity of provision for West Birmingham.	Paul Jennings	26/11/2019
	23/04/2019	Special Health and Wellbeing Board meeting	To respond individually to public questions received for the April Special Health and Wellbeing Board meeting	Justin Varney/Stacey Gunther	28/04/2020
IAN12a	18/06/2019	Changing places	Maria Gavin to see whether changing places can be a specific requirement for Commonwealth Games new-builds	Maria Gavin	24/09/2019

	23/04/2020	COMMUNITY CONCERN RE COVID-19 AND HEALTH INEQUALITIES IN BAME COMMUNITIES	Set up a Special Health and Wellbeing Board meeting in response to rising concern within the community of health inequalities being experienced in Black, Asian and Minority Ethnic (BAME) communities due to coronavirus-19.	Errol Wilson	23/04/2020
	24/09/2019	NHS LONG TERM PLAN: BSOL CCG RESPONSE	Set up a Special Health and Wellbeing Board	Errol Wilson	08/10/2019
	24/09/2019	PUBLIC QUESTIONS	Increase activity around the comms for Public Questions by liaising with partners	Stacey Gunther	21/01/2020
	08/09/2020		Letter to Secretary of State to express concerns with regards to the shortfall of flu vaccinations that have been allocated to	Justin Varney	14/09/2020

	24/09/2019	SUICIDE PREVENTIO N STRATEGY	Suicide Prevention Strategy Action Plan	Mo Phillips	26/11/2019

Date Completed	Outcome/Output	Comments	RAG
27.03.2019	The letter has been sent out to all Board Members on the 27.03.2019	Awaiting information from Dario Silvestro regarding the Support available for employers	
		Item in Matters Arising in the minutes	
27.03.2019	been sent out to all Board Members on the	information from Dario Silvestro regarding the	
30-Apr-19			
30-Apr-19		Charlotte Bailey nominated by the Chair	
30-Jul-19		Item on agenda 30 July	
20/06/2019			

11/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	
24/09/2019		Incorporated into forward plan	
24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	
24/09/2019	Complete	All organisations to confirm at HWBB 24/09/2019	
06/09/2019	Closed and to be tasked to the Creating an Active City Sub-Forum	Paul Campbell informed Kyle Stott to include as part of the work of the forum.	
05/09/2019	Closed and forward plan to include quarterly round table update.	Quarterly updates does not tally with current meeting calendar - scheduled for every second Board for Minicipal Years 2019-20 and 2020-21.	
05/09/2019	Closed and to be tasked to the Creating a City Without Inequalities Sub-Forum	Paul Campbell informed Monika Rozanski to include as part of the work of the forum.	
18/09/2019	Letter sent by Cllr Hamilton		

18/09/2019	Letter sent by Cllr Hamilton		
26/11/2019	Presentation item for Board 26 November 2019.		
26/11/2019	Presentation item for Board 26 November 2019.		
28/04/2020	Closed		
30/12/2019	Closed	<p>issue of changing places with the CWG leads. New facilities fall under the Organising Committee not the Council I believe. She has asked to join the accessibility forum which is just starting – and which considers all aspects of accessibility (e.g. access for people with sensory impairments, LD) as well as some of the physical requirements. So we are flagging the need for this wherever we can.</p> <p>Quite a few of the facilities are temporary rather than new build though, so we are also encouraging organisers to</p>	

23/04/2020	Closed. Meeting took place, with almost 200 public questions submitted		
30/09/2019	Closed. Meeting arranged for 11/11/2019, subsequently cancelled due to Purdah. Presentation item for January 2020 Board		
30/06/2020	Closed	Public Health have committed to tweeting and sharing via Forum networks. A new online form for question submission has been introduced and will be trialed for the July meeting.	
14/09/2020	Closed		

<p>26/11/2019</p>	<p>Updated version provided as part of Forum update.</p>	<p>The Birmingham Suicide Prevention Strategy was adopted by Full Council in January 2020. The Suicide Prevention Working Group has continued to meet through covid to progress the Suicide Prevention Strategy Action Plan; progress of the working group is reported to the Creating a Mentally Healthy City Forum and to the Health and Wellbeing Board.</p>	
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	<u>Agenda Item: 10</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24 November 2020
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	Andrew Dalton, Public Health England

Report Type:	Presentation
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1. Purpose:
1.1 Describe childhood immunisation uptake in Birmingham
1.2 Assess the impact of the Covid pandemic on uptake
1.3 Describe initiatives to improve uptake in Birmingham

2. Implications:		
BHWP Strategy Priorities	Childhood Obesity	
	Health Inequalities	X
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		X
Health Protection		X

3. Recommendation
<p>The Board is asked to note the work that partners are doing together to improve quality and ensure that the borough is well protected against vaccine preventable diseases.</p> <p>The Board is asked to support the work that all partners are carrying out, where they can such as the leadership of the health promotion and community enjoyment role of the Local Authority</p>

4. Report Body

Background

- 4.1 The NHS provides free vaccinations against many diseases in childhood, adolescence, adulthood, pregnancy and older age. The aim is to prevent illness and death associated with infectious disease. Immunisation also help reduce the financial and capacity pressures on NHS treatment services. A full summary of the immunisations offered in childhood can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/899422/PHE_Routine_Childhood_Immunisation_Schedule_Jun2020_03.pdf
- 4.2 Pre-school immunisations are provided by GP practices at 5 scheduled appointments between 8 weeks and 3 years of age. School Age Immunisation Services (SAIS) provide further immunisations to teenagers in school Year 8 and 9
- 4.3 Most NHS commissioned immunisations are commissioned by NHSEI. CCGs play an important part in primary care quality and performance. Local Authorities have an important role in system leadership, promoting vaccination, community engagement and ensuring Health Visitors and School Nurses help to improve uptake.

Immunisation in Birmingham

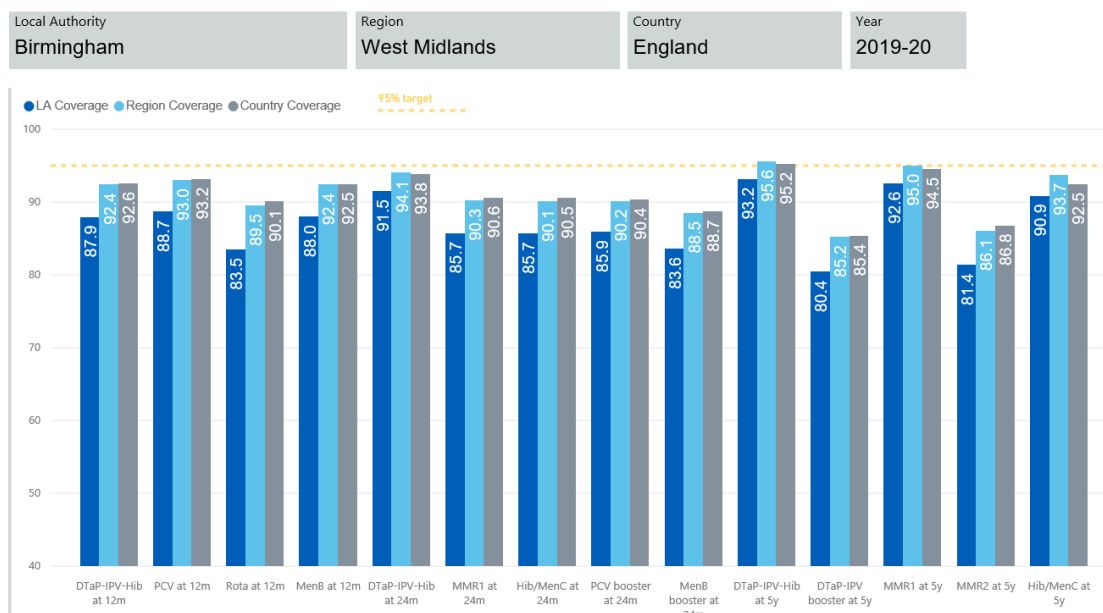


Figure 1; Coverage of childhood immunisations (all offered under age 5) in Birmingham, compared with regional and national average – 2019-20

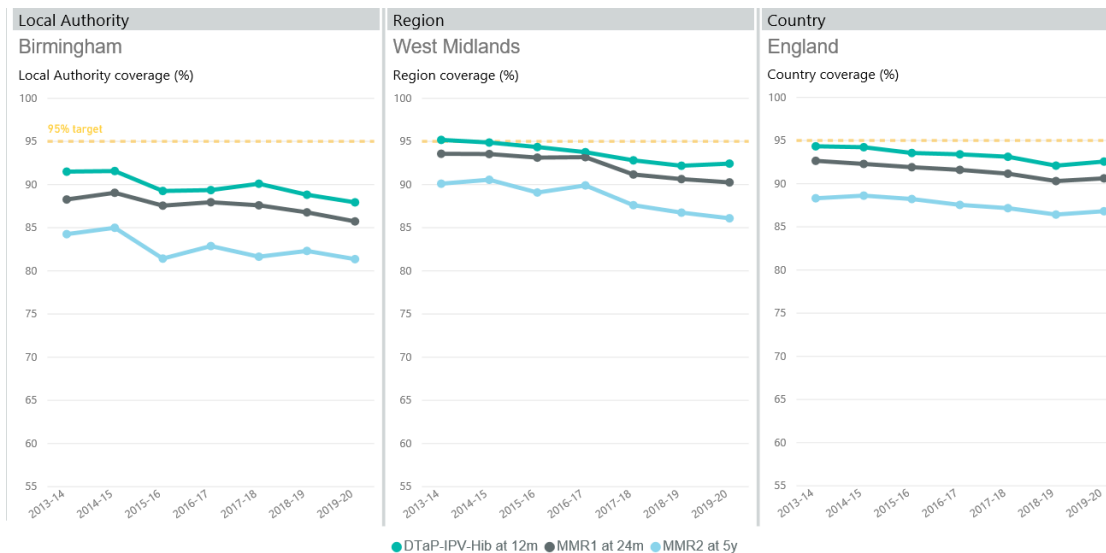


Figure 2: Trend in the coverage of three childhood immunisations between 2013 and 2020 in Birmingham, the West Midlands and England

Immunisation shown are DTaP/IPV/Hib at 12M; MMR1 at 24M; MMR2 at 5

- 4.4 Immunisation uptake in Birmingham is low compared to regional or national figures (figure 1). For example, in 2019/20, MMR uptake in 2 year olds was 85.7% in Birmingham compared to 90.6% for England as a whole. The aim is to achieve 95% target because at that level there is a 'herd immunity' effect meaning that measles outbreaks are unlikely to start or be maintained. It is also important that there are high levels of immunity across all population groups. There has been a decline in vaccination coverage in recent years in Birmingham (figure 2), although this runs in parallel with declines nationally.
- 4.5 Groups at risk of being under-vaccinated include unregistered children, younger children from large families, children with learning disabilities and those from non-English speaking families.
- 4.6 Local variation in coverage

The data below has the caveats below, and must account for these in interpretation:

- Primary care networks (PCNs) are used as an indication of geography, and DO NOT represent immunisation coverage in each PCN. This is because some practices do not have published data (withheld due to small number) so do not contribute to each PCN total.
- Not all practices are affiliated to PCNs, some other practices within Birmingham area do not contribute to this data summary.
- PCNs do not represent continuous, co-terminus geographies – so each PCN indicates coverage in a place and does not represent it accurately.
- This is based on where patients are registered with general practice, and not where patients live.

Data are taken from Quarterly GP vaccination coverage statistics for children aged up to five years in England - 2020/21, Quarter 1: April to June 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/927339/COVER_GP_Q1_2020_2021_v2.0.ods

Data have been collated and summarised into PCN groups, using the July 2020 GP to PCN Lookup (NHS Digital) <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice/july-2020>

	No. of pracs	Estimated DTaP/IPV/Hib coverage (12M)	Estimated denominator (12M)	Estimated MMR1 coverage (24M)	Estimated denominator (24M)	Estimated MMR2 coverage (5Y)	Estimated denominator (5Y)
ALLIANCE OF SUTTON PRACTICES PCN	3	95%	105	97%	106	93%	102
BALSALL HEATH, SPARKHILL & MOSELEY PCN	8	87%	142	86%	146	83%	160
BIRMINGHAM EAST CENTRAL PCN	5	83%	178	86%	201	67%	203
BORDESLEY EAST PCN	7	87%	149	87%	143	85%	150
BOURNVILLE AND NORTHFIELD PCN	5	80%	129	88%	115	89%	137
COMMUNITY CARE HALL GREEN PCN	3	94%	125	93%	138	94%	133
EDGBASTON PCN	3	90%	105	89%	81	77%	94
GOSK PCN	6	91%	85	87%	101	75%	69
GPS HEALTHCARE PCN	1	95%	98	84%	81	90%	113
HARBORNE PCN	4	93%	75	88%	96	83%	89
KINGSTANDING, ERDINGTON & NECHELLS PCN	7	92%	154	84%	199	80%	170
MMP CENTRAL AND NORTH PCN	1	92%	172	86%	166	85%	197
MOSELEY, BILLESLEY & YARDLEY WOOD PCN	5	89%	115	91%	115	77%	108
NECHELLS, SALTLEY & ALUM ROCK PCN	6	81%	135	85%	144	81%	148
NORTH BIRMINGHAM PCN	6	93%	133	93%	148	85%	168
PERSHORE PCN	8	91%	91	92%	87	90%	84
QUINTON AND HARBORNE PCN	2	93%	101	91%	112	84%	122
SHARD END AND KITTS GREEN PCN	6	95%	107	85%	122	84%	153
SMALL HEATH PCN	7	88%	137	85%	130	82%	158
SMARTCARE CENTRAL PCN	7	86%	134	85%	130	81%	154
SMARTCARE KINGS HEATH PCN	5	92%	97	90%	96	87%	86
SOUTH BIRMINGHAM ALLIANCE PCN	10	89%	203	91%	218	88%	256
SUTTON GROUP PRACTICE PCN	1	93%	113	94%	140	92%	137
SWB CARITAS PCN	1	90%	42	87%	45	85%	54
WASHWOOD HEATH PCN	9	75%	205	82%	217	69%	224
WEOLEY AND RUBERY PCN	6	93%	108	91%	118	90%	132
WEST BIRMINGHAM PCN	7	92%	90	91%	89	90%	84

Table 1; vaccination coverage statistics for three immunisations in children aged up to five years in Birmingham - 2020/21, Quarter 1: April to June 2020, summarised and estimated into primary care network grouping as a proxy for geographical place

Green – estimated coverage above national target (95%)

Yellow – 85% to 95% estimated coverage

Red – estimated coverage below 85%

The data in table 1 indicates that there are areas within Birmingham with lower (and higher) estimated immunisation coverage. These are examples of area to be targeted. These analyses are preliminary, and NHSE/I can support the local authority with the methodology of further analysis. Any areas identified for further intervention will need CCG, LA as well as NHSE&I/ PHE to collaborate in this work.

- 4.7 Low immunisation uptake led to a sustained measles outbreak in Birmingham in 2018. Uptake is not published at geographies lower than Local Authority although practice level uptake is available for 2018/19 on the NHS England website <https://www.england.nhs.uk/statistics/statistical-work-areas/child-immunisation/>
- 4.8 Children receive immunisations through GP and school immunisation services. School closures due to the Covid pandemic meant that children were not offered all scheduled immunisations for HPV, Men ACWY and Td/IPV vaccination. Services have offered community alternative provision where possible, but the aim is to ensure all children not offered immunisations in the 2019/20 academic year will be offered the vaccinations by the end of the 2020/21 academic year.

4.9 Practices have continued to offer childhood immunisations during the Covid pandemic so there is no 'backlog' of children who have not been offered GP immunisations. Parents were less likely to attend currently than normally however and so uptake this year risks being lower than previous years. It is difficult to estimate the impact of the pandemic because of the way that the data is collected – robust figures will not be available till around June 2021. However, we have undertaken a bespoke analysis which suggests that uptake in Birmingham and Solihull (no Birmingham only figures are available) may be down around 15% this year compared to around 10% down for the West Midlands as a whole. Children who did not attend their GP immunisations automatically get an automatic second invite and can present at any time to the practice to be immunised.

4.10 All partners have several initiatives to improve childhood immunisation uptake in Birmingham:

4.6.1 NHSEI

- A 2020/21 West Midlands GP scheme pays practices to follow-up the parents of children who persistently fail to attend immunisation appointments
- Birmingham and Coventry are the only areas in the Midlands to recently have had a CHIS (Child Health Information Service) service commissioned where the parents of under-immunised children approaching 1,2 and 5 years of age are contacted by telephone and immunisation appointments arranged.
- These 2 services will be evaluated, and the report shared when available.
- A immunisation waiting list action plan is to be developed in Q4 2020/21 to ensure that there are adequate GP slots for the immunisation activity required.
- PHE provides clinical advice for queries and incidents – this improves clinical safety and makes clinicians more confident about answering parent's questions
- The contract for the School Aged Immunisation Service now includes checks of children's MMR status.

4.6.2 Birmingham and Solihull CCG

Imms and Vacs Strategic Oversight group

The Immunisation and Vaccination Strategic Oversight Group meet virtually on a fortnightly basis via Microsoft Teams. The membership for the Immunisation and Vaccination Strategic Oversight Group consists of senior leads representing primary care, children & families, commissioning leads and communication and engagement lead across Birmingham and Solihull STP. The key purpose of the group is to provide a forum to improve uptake to immunising and vaccinating the Birmingham and Solihull population, taking a system approach to marshal our collective efforts and resources to ensure we protect our population from preventable diseases in Birmingham and Solihull. Currently there is a priority focus on Flu vaccination programme, updates in relation to potential Covid vaccination programme and childhood immunisation with respective leads representing across the STP.

Childhood Imms comms plan

A mix of communications channels and activities is being used to help increase awareness of the key messages around childhood vaccinations and immunisations. Messaging will focus around the importance and benefits of vaccination/immunisation and the range of ways citizens can access vaccination service, paying heed to any specific behavioural or cultural sensitivities to uptake. This will combine press, web and social media messaging, and activity will also be co-ordinated via operational contact with schools through the Birmingham Community Healthcare teams and via Birmingham City Council routes into these settings.

4.6.2 Birmingham Local Authority

The local authority public health team is a key part of the immunisation system providing support in community engagement, through work with health visitors and as a key partner in health promotion

5. Compliance Issues
5.1 HWBB Forum Responsibility and Board Update
5.1.1

5.2 Management Responsibility

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk

Appendices

The following people have been involved in the preparation of this board paper:
 Andrew Dalton, Public Health England
 Ashis Banerjee, Public Health England
 Rachel O'Connor, NHS Birmingham and Solihull Clinical Commissioning Group
 Lehnul Mansuri, NHS Birmingham and Solihull Clinical Commissioning Group

	<u>Agenda Item: 11</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24 November 2020
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	John Williams

Report Type:	Presentation
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1. Purpose:
1.1 To provide the HWBB with an update on the impact of covid 19 on vulnerable groups and the response by Birmingham city council and partners.

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		

3. Recommendation
3.1 To note the contents of the report
3.2 To update the Health and Wellbeing Board on the impact of Covid 19 on vulnerable groups and the response by Birmingham City Council and partners
3.3 To seek the support and engagement of the Board and its members in improving support available to vulnerable adults

4. Report Body

4.1 Background

The report draws together the growing evidence of the disproportionate impact of Covid-19 on diverse and vulnerable service users and citizens across Birmingham and the response to the pandemic by Birmingham City Council and partners. The response has enabled important continuity of support and routine to be maintained for vulnerable service users, whilst also providing channels of communication between carers, providers and social care staff whereby wellbeing and safeguarding issues can be addressed and escalated.

In March 2020, system partners responded to the pandemic by implementing measures aimed to protect citizens and shield the most vulnerable, based on national evidence and guidance. Resources and capacity were re-deployed to focus on saving lives, protecting the NHS and controlling the spread of the virus.

- Non-Essential services were closed – this included Day Centres, respite services, education settings.
- NHS services were re-prioritised to provide essential and critical services only
- Care, nursing and residential homes were closed to external visitors including family and non-essential staff.
- Individuals at high risk were shielded and support packages arranged to ensure their needs were met.
- Community / voluntary support was rallied around vulnerable citizens.

The unintended consequences of these measures have had a disproportionate impact on people with mild to moderate learning disabilities, carers, older people and people with mental health needs, that pre-covid were living independent lives with minimal support and intervention from statutory services. It has also highlighted gaps in systems and processes intended to protect and safeguard individuals whilst shining a light on good practice.

4.2 Introduction

4.2.1 LeDeR

Nationally, the LeDeR programme has reported that 43 per cent of deaths of people with learning disabilities were attributed to Covid-19 between 16 March to 5 June 2020. In the same period, 24 per cent of deaths in the general population were Covid-19 related.

LeDeR reviewed deaths attributed to Covid-19 of 50 people with learning disabilities. Over half (56%) of the 50 reviews were of people from the Midlands, 20 of which were from the BSOL area, 38% from London and a small proportion from the North West. All the deaths occurred between 19th March and 19th May 2020.

- Of the 50 deaths in question, 60% were of males and 40% of females. This is similar to the overall deaths reported to LeDeR in 2019 (58% males, 42% females). Office for National Statistics (ONS) data for the general population of

England and Wales reports mortality from COVID19 of 55% males and 45% females.

- The majority of the people with learning disabilities (70%, n=35) were aged 50-74 years (the comparative figure for deaths reported to LeDeR in 2019 was 61%). By contrast, (ONS) data for the general population of England and Wales reports that 47% of deaths were in people aged 85 years and over.
- People from Black, Asian or Minority Ethnic Groups (BAME) are disproportionately represented in the sample of people with learning disabilities: 60% are white British and 40% from BAME groups. The overall proportion of deaths notified to LeDeR in 2019 was 90% white British and 10% from BAME groups.
- A small number (10%) of the completed reviews did not report the level of a person's disabilities. 36% had mild learning disabilities; 28% had moderate learning disabilities; and 26% severe disabilities. There are no deaths of people with profound/multiple learning disabilities included in the 50 completed reviews although these accounted for 10% of deaths notified to the LeDeR programme overall in 2019.
- Of the 50 people in the sample of 50 deaths, 15 had Down's syndrome.
- Multimorbidity (the presence of two or more long-term health conditions) is common in people with learning disabilities and almost all of the sample of 50 completed reviews had two or more long term conditions; all had at least one long-term condition.

The review concluded that:

- Mobility impairments and/or mental health needs may be proxy indicators of people at risk of catching the virus, or may underpin prejudicial attitudes towards care, treatment and judgements about ceilings of care.
- It would seem appropriate to consider people with learning disabilities and epilepsy as being at increased risk of death from the virus and pay attention to protecting them.
- The key symptoms of COVID19 in the general population (fever, new continuous cough, loss of sense of smell or taste) may not be as apparent in people with learning disabilities.

The LeDeR multi agency panel highlighted four key areas of consideration:

- There were indications of an ongoing failure to robustly apply the Mental Capacity Act in several cases with DNACPR not always completed in detail or with full involvement of relevant others.
- Where annual health checks were being carried out, these did not always appear to be robust or comprehensive, with some variability in standards apparent.
- The use of hospital passports and advance care planning was inconsistent and the need to build commissioner oversight of both as part of basic quality assurance checks.

4.2.2 Autism

The coronavirus pandemic has had a disproportionate and devastating impact on the mental health, wellbeing and education prospects of hundreds of thousands of autistic people and their families, according to a new National Autistic Society report. Many autistic children, adults and their families have been left stranded, often without the support or information they need to get by.

A new National Autistic Society report (September 2020) surveyed 4,232 autistic people and families in the UK during June and July and their responses show that coronavirus and the lockdown deepened well established existing inequalities. The disruption, uncertainty and pace of change triggered huge levels of anxiety and for some was made worse by the withdrawal of support from social care, education and mental health services.

- Nine in 10 autistic people worried about their mental health during lockdown; 85% said their anxiety levels got worse
- Autistic people were 7 times more likely to be chronically lonely than the general population*; and 6 times more likely to have low life satisfaction** (comparisons using ONS data)
- 1 in 5 family members responding to the survey had to reduce work due to caring responsibilities
- If you're autistic, small changes and unexpected events can trigger intense anxiety. Therefore, the disruption and pace of change during the coronavirus outbreak has been incredibly hard.

4.3 Covid 19 BCC and Partner Response

4.3.1 Safeguarding

System partners are cognisant of the need to improve quality and ensure that robust processes are in place to safeguard vulnerable adults in the midst of a 2nd wave of Covid-19. The Birmingham Integrated commissioning Partnership (BICP) formerly the Birmingham Older Peoples Partnership (BOPP) have established a thematic group to co-ordinate quality assurance and agreed standards across all care home settings. This work is progressing at pace. To make every contact count, Safe and well checks are prioritised, and robust processes are in place to raise and alert statutory agencies of safeguarding concerns. In addition, Primary care Networks are supporting GP practices to drive up the quality of health checks. There has been evidence of positive practice and the Joint learning disabilities commissioning team will be reviewing the impact of the BCHC Health facilitation teams to support citizens in hospital during the crisis and will make recommendations to inform future commissioning intentions.

Helping citizens to retain their independence whilst addressing the impact of isolation on mental and physical wellbeing has been reflected in our plans for community resilience and wellbeing. Plans have been implemented and are reviewed regularly to re-focus city wide 3rd sector contracts, neighbourhood network activity and community prevention services to working in a more agile way in line with the best interests of the citizen; for example live online coffee mornings, telephone support, peer -peer activities, well-being packs, financial advice, digital safety and befriending services are amongst services offered. In addition, day opportunities services have changed their centre-based offer to citizens and now offer socially distanced home

visits, provision of meals, shopping, on-line activities and classes in addition to safe and well checks.

4.3.2 Day Opportunities

Day Opportunities services benefit approximately 1600 citizen, over 65% of whom have a primary care need listed as a learning disability and/or autism.

In March 2020, day centres were closed in response to the Covid-19 outbreak and in line with government / public health guidelines on the closure of non-essential service provision, social distancing and shielding.

Evidence emerged of the profound impact of Covid-19 on high risk citizens that are representative of the service users of day opportunity services. This evidence paints a worrying picture of the risk to both service users as well as their carers' from accessing centre-based services in closed environments. Individual risk to the service user due to their disability and co-morbidities is further compounded by risks associated with travel and transport to day centres alongside the challenge of social distancing within some of the buildings from which services are delivered.

Day Opportunity service providers have risen to the challenge and have been creative in their responses. They have offered a range of alternative and creative therapeutic, educational outreach services. These have included the provision of phone and online services, supply of meals, safe and well checks, home visits, support to carers, assistance with medical appointments and shopping deliveries.

The breadth of online services has included providing fitness videos, virtual dance sessions, on-line karaoke, Zoom chats, newsletters and closed Face Book groups. Distance Learning Packs have proved extremely popular with many themed around calendar celebrations such as Easter, VE day and Ramadan. Gardening has been a prominent feature in the activity reporting and pictures and stories of citizen accomplishments have been shared with great enjoyment.

The flexible response of day opportunity providers during Covid-19 has enabled providers to maintain contact with vulnerable citizens and their carers in their homes. They have adapted pre-existing routines to minimise the level of disruption and isolation for each citizen through tailored activities and maintained regular communication with escalation channels to BCC staff where additional support is required or wellbeing / safeguarding concerns are identified.

4.3.2.1 Impact of day centre closure on citizens and their families:

In July Commissioning officers had conversations with 30 citizens and carers to hear how the closure of day centres was impacting on them and their views about the outreach support

Most notably, lockdown restrictions have impacted on social interaction and routine, physical and mental well-being. Respondents reported the lack of physical exercise, limited stimulation, breakdown of routines, increase in aggressive and destructive behaviours, self-harming behaviours and increasingly poor mental health. There was also the impact on carers of fatigue, stress, reduced sleep time, balancing work and caring.

Comments from the most recent external providers monitoring report (September) include:

“Carers have commented that without this service clients have found challenges with their mental health and physical Wellbeing. On days they receive no visits, clients become withdrawn and have no motivation to do anything.”

“Not having a reopening date. Carers are getting increasingly stressed. One carer had to take redundancy from employment.”

“Struggling with having no date to come back. Some families trying to work at jobs and support, no normal routine. Increased challenging behaviours with wanting to come back to the service. “Clients continue to deteriorate both physically and cognitively”

As there is a move towards a phased reopening of day centres there will be a need to factor in:

- The impact of transitioning back into service – adults with limited capacity to understand and retain information will need support to understand new and changed routines before they can safely return to day care.
- Reduced capacity impacting on established friendship groups – adults may not be able to safely be part of previous social groups.
- Use of PPE – adults who cannot/will not wear masks and those who will need constant prompting and supervision around social distancing and hand washing.
- Potential further lockdown – routines faced significant, unplanned disruption in March when lockdown was enforced. If a new day care routine is then disrupted again by increased restrictions or lockdown it is likely to be increasingly challenging to manage. Christmas closure is likely to have similar impact.

4.3.3 Learning Disabilities Joint Commissioning Team:

The Joint commissioning Team work across health and social care and support individuals aged 18+ with learning disabilities, dual diagnosis of learning disabilities and mental health as well as individuals with learning disabilities and autism. The team support the work of the Transforming Care Programme as well as the quality assurance of providers for some of our most vulnerable citizens with complex needs. During phase 1 of the pandemic, families and non-essential staff were unable to visit many of the citizens in their accommodation settings and as such the team ensured that systems and processes were in place to identify and respond to safeguarding concerns, conducting essential quality and safety checks where concerns are raised.

The team manage the contract with Birmingham Community Health Care NHS Trust for learning disability services and during the pandemic there was increased LD liaison input into acute hospital services, with nurses from the community trust being redeployed to fulfil this function. This ensured that the team of learning disability Health facilitation nurses were able to support citizens with a learning disability that required a hospital admission. This service was noted as an example of good practice in a recent LGA Peer Review.

4.3.4 Preparation for Adulthood

The whole system commissioning and development of new and innovative models of support for children and young people transitioning to adulthood and their parent/carers and families in Birmingham is continuing with a focus on interventions and activities using a wide range of engagement to respond to the ongoing Covid-19 situation.

4.3.5 Mental Health

Birmingham's mental health offer consists of both statutory and non-statutory commissioned services and joint commissioned services.

Statutory services include Mental Health Social Work provided through Constituency Teams, the Birmingham AMHP Service which responds to direct referrals for Mental Health Act Assessments, Out of Hours Adults and AMHP service, carers hub where carers can register for support in an emergency. TIME to CHANGE – Rethink and Mind provide mental health services through a contract with Birmingham City Council to offer additional support with prevention and managing mental illness at a non-statutory level. The Social Work Teams, Commissioners and day Centre service providers have been carrying out welfare calls for citizens known to them or newly referred.

A Mental Health Support offer is in place offering emotional help, guidance and reassurance to people in Birmingham and Solihull who may be finding the current Coronavirus situation overwhelming. As well as supporting the public with their worries and increased anxieties about COVID-19, there is also a dedicated helpline to provide support to frontline and key workers. A number of local organisations are working together to deliver this service including Birmingham Mind, Forward Thinking Birmingham, the Living Well Consortium and Coventry and Warwickshire Partnership NHS Trust

4.4 Community Resilience

4.4.1 Neighbourhood network Schemes.

In March, BCC asked existing Neighbourhood teams to connect, co-ordinate, facilitate and enable Covid relief activity for their constituency. Two key changes to their normal practice were introduced. They were asked to support citizens directly; to reach out to the community and connect those in need to local activity. They were also asked to work with citizens in need of all ages, not just over 50s. During April the Children's Partnership launched a new locality model and focussed on children and families in need.

NNS teams were encouraged to develop pathways of support for citizens locally, including linking with the mutual aid groups that sprung up across the city and to set up or commission additional services to do this. Sutton NNS, for example, employed an extra team member to co-ordinate volunteers and help connect older citizens into activity after the pandemic is over too. Hall Green commissioned two community hubs to provide essentials and wellbeing support to citizens.

Their day-to-day work also adapted to respond to the pandemic. They created emergency asset registers of all activities supporting citizens which was held on Route

to Wellbeing and publicised to citizens and social work teams. Between them, the NNS teams identified around 600 organisations and activities. They also redirected their small grants programme to support this voluntary activity and over 50 activities have been funded during the pandemic. These range from food provision to supporting volunteers to shop and collect medicines to on-line health and wellbeing activities. Many organisations developed activity packs and other activities that could fill the long days and, particularly support those citizens who are digitally excluded. As the hard lockdown was lifted, some face-to-face activity has been funded and is taking place in Covid safe ways.

NNS teams have reached out to citizens in new ways, for example, setting up new websites, Facebook or Twitter handles. The teams adapted quickly to work on-line, and also managed to deepen relationships with local assets.

4.4.2 Prevention and Community Resilience

BCC Prevention and communities programme have 46 grants under the P&C programme and all of these organisations adapted to covid delivery, amending their outcomes and activities to respond to the emergency situations. Some paired up with other organisations to achieve better results. All voluntary, community and faith groups were invited to bid through a simple and accelerated process designed to get the money out to where it would make the most difference.

Community Catalysts continue to engage, signpost and provide advice and help to established community enterprises engaged in the programme – both virtually and in the community and target specific geographical areas where there is limited availability of day opportunities.

The wider VCFSE responded very quickly and effectively. It's clear we wouldn't have achieved the response we did without the sector and BVSC's role as our strategic VCFSE city-wide coordinator.

4.4.3 Neighbourhood Development and Support Unit (NDSU)

Since March the NDSU has:

- Circulated a weekly production of External Grants Support internally within BCC to key officers and externally to community organisations.
- Commissioned research and report by Locality on the impact of Covid on small and medium sized community organisations across Birmingham – “Birmingham's Collaborative Neighbourhoods – A snapshot of the community-led response to coronavirus and what this means for resetting the civic and community relationship”. The Report was published in early August with a series of recommendations forming part of the Community Recovery workstream lead by Neighbourhoods.
 - To support a community powered economic recovery
 - Build collaborative public services
 - Turn community spirit into community power
 - Develop an approach to culture change across the council

- Provided support to the 10 Pioneer Places across Birmingham, including small grants to enable local covid support in the Pioneer Place neighbourhoods. In addition to Virtual session on the Re-opening of community buildings and risk assessments (run by Birmingham Community Matters).
- Restarting of virtual ward forum meetings in May. Enabling the information flow, particularly Public Health on Covid and measures to local residents
- The regular sending of important information out to citywide community organisations and neighbourhood forums throughout the lockdown period April – ongoing
- The running of the emergency support and co-ordination in Selly Oak and Perry Barr NNS schemes – including the provision of guidance and support to community organisations, emergency grant scheme, peer to peer led virtual support sessions, virtual networking meetings and weekly updates to wider network of community organisations and key stakeholders across the Constituency

4.5 Covid-19 Carer Support initiatives

To ensure the resilience of carers' across Birmingham, there has been a significant shift in the support, information, advice and guidance provided. This has included a significant increase in telephone responders and ongoing outreach/safe and well checks via telephone-targeting most vulnerable registered carers' first. There has been dedicated Covid specific webpages established to provide advice/guidance/hyperlinks to up-to-date government guidance. Carers' have been supported to have contingency planning toolkits, i.e. 'what if plan' in place and there has been tailored dementia carer Covid specific support. Carers' have been signposted to national resources such as Carers UK.

In addition, there has been significant progress in updating of carer assessments and subsequent well-being plans with authorised one-off Covid specific payments to carers who have been identified as being in financial hardship or destitute. Work has been undertaken to link carers to neighborhood networks/ BVSC coordinated third sector offers for companionship, food deliveries, shopping etc. Work has been implemented to ensure the widespread distribution of carers ID cards to enable carers to have the same concessions as key workers.

To ensure that carers' remain safe, tailored guidance has been shared specific to minimizing the spread of Covid 19 and specifically what to do if a carer or their household member becomes symptomatic. In addition, an emergency council phone number has been shared with carers who may become symptomatic or are in household that requires interim emergency care package.

Support to carers has seen a significant increase in social media notifications, outgoing emails giving contemporary advice/guidance as well as increased access to videoconferencing for mutual aid/support groups and wellbeing activities (exercise/cooking).

The Adult Social Care Directorate has held fortnightly Microsoft teams meeting with providers and integrated commissioning partners-adult social care/CCG/Children's Trust to ensure the co-ordination of support to carers. It has delivered global text messages to registered carers through <https://www.notifications.service.gov.uk/>

advising of available services/support/emergency council numbers. Has advised carer support services of additional funding opportunities/sources and reimbursed Birmingham Carers Hub for additional costs incurred in mobilising to respond to the Covid 19 challenge.

The ASC directorate has recognised carers as Partners in Care and taken measures to ensure that PPE equipment is made available to carer households as appropriate, as well as providing coordinated responses to get hot meals to carer households as required (high demand for young carers in the city). There has been provision of bespoke supermarket guidance and liaison with local branches of national supermarket chains and provided emergency food parcels to carer households where need has been present. Adult Social care has successfully collaborated with the education department and facilitated the dissemination of information relating to young carer support services through the school networks, where parents and pupils have received targeted communications promoting services and has procured and implemented internal BCC carer awareness e-learning training with additional e-learning carer awareness training to become available for all businesses/citizens of Birmingham soon.

4.6 Winter Plan

The new government Covid-19 winter plan policy paper applies to all adults whatever the reason they need care and support. It applies to all settings and contexts in which people receive adult social care, including people's own homes, extra care housing, supported living, residential care homes, nursing homes, and other community settings, such as day services and Shared Lives schemes.

The co-chairs of the ADASS Advisory Group for People with Learning disabilities and Autistic people recently published a response to the Social Care Taskforce and the Winter Plan which says that much more attention is needed on those of all ages including those who live in their own homes and those who receive care in the community and that the five areas which are of most concern to the people, families and community groups are:

1. Producing timely accessible guidance and communications to ensure people with learning disabilities and autistic people have the same information at the same time as everyone else.
2. Restoring, maintaining and adapting vital support services, pausing unwanted reviews of support packages during the crisis, to give individuals and families stability and to reduce the anxiety and pressure which many have been experiencing over many months.
3. Financially stabilising provider organisations, and expanding PPE, testing and support to all providers, not just care homes; growing the most effective and personalised community and home-based support models.
4. Tackling the concerning increase in isolation and loneliness through a national awareness campaign and working with mutual aid and other community groups.
5. Councils, CCGs and partners finding and supporting people who are usually too independent to require social care but who may be in crisis due to the many impacts of the pandemic.

They also go on to highlight that the lack of current attention to emotional and mental health, inclusion and social support may be sowing the seeds of a national mental health crisis for disabled and autistic people, and their families.

There should be a rapid move to more personalised, community-based and integrated approaches to social care, in which the state, voluntary services, individuals and families work more closely together. It is vital that we build resilience of people and families, whether or not they currently access formal social care, as we head into what could be the most difficult period of the pandemic.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1

5.2 Management Responsibility

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Appendices

The following people have been involved in the preparation of this board paper:
Saba Rai – Service Lead – Health and Homelessness and Interim Lead – Universal and Prevention Services

John Williams – Assistant Director Adult Social Care

	<u>Agenda Item: 12</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24 November 2020
TITLE:	CHILDREN'S SOCIAL CARE: AN UPDATE FROM BIRMINGHAM CHILDREN'S TRUST
Organisation	Birmingham City Council
Presenting Officer	Andy Couldrick, CE, Birmingham Children's Trust

Report Type:	Information
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1. Purpose:	
1.1	To update the Health and Wellbeing Board on the progress of the Trust and of the ongoing improvements and developments in social care for children and families in the city
1.2	To seek the active support and engagement of the Board and its members in improving our collective Corporate Parenting responsibility for our children in care and care leavers

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		

3. Recommendation	
3.1	To note the report
3.2	That the Health and Wellbeing Board continues to support and promote strong partnership safeguarding across the city for our most vulnerable children and families

- 3.3 That the Health and Wellbeing Board members ensure that services maintain contact with vulnerable families through future periods of restriction
- 3.4 That the Board confirms partners' commitment to supporting our children in care and care leavers across our services and partnerships
- 3.5 That the Annual Report of the Birmingham Safeguarding Children Partnership is formally reported to, and discussed by, the Health and Wellbeing Board each year

4. Report Body

Background

The Trust and the Pandemic

- 4.1 Birmingham Children's Trust was established by the City Council in 2018 to deliver children's social care, family support and Youth Offending Services across the city, following a long period of inadequate service delivery.
- 4.2 The Trust employs 1900 staff: social workers, family support workers, support staff, and supports 8500 families across the city, including 1900 children in care, 1300 children with child protection plans, and 750 care leavers
- 4.3 The ethnicity of the children with whom the Trust works is as follows:

Ethnicity %	Children in Need	Child Protection Plans	Children in Care	2011 Census
White	40	48	52	42
Asian	24	17	11	34
Black	14	9	12	12
Mixed Heritage	15	18	23	10

- 4.4 The Trust is a Community Interest Company, wholly owned and commissioned by the Council, and accountable to an independent Board of Directors
- 4.5 Since establishment, services in the city have improved, and are now rated as 'Requiring Improvement' by Ofsted, the regulator. The Trust's ambition, of course, is to be at least Good by the time of the next full inspection in 2022, and Outstanding thereafter.

4.6 In February 2020 Ofsted conducted a Focused Visit to examine the effectiveness of the Trust's 'front door': the Children's Advice and Support Service, Multi-Agency Safeguarding Hub and our Assessment and Short-Term Intervention service, and found further improvement since the 2018 inspection. We anticipate a further Focused Visit in early 2021

4.7 The key elements of success in the improvement journey so far are these:

- Quality of practice and management
- Partnership and collaboration
- Innovation and development

We have developed and commissioned, since our establishment, a range of new services and interventions designed to support families and keep children safely in their families. We have established a Social Work Academy and a strong practice support and training offer. We have been prominent in building a stronger system partnership for children across the city and this is now stronger than it has been in many years, through the Birmingham Children's Partnership, and the Safeguarding Children's Partnership is effective in holding partners to account for our collective work to keep children safe

4.8 When the pandemic hit, and lockdown ensued in March, social workers continued to visit families in their homes, as well as deploying technology to maintain contact. This was largely effective, and important as a number of partner agencies stopped all face-to-face contact with families at their homes. As higher-level restrictions are reintroduced it will be important that the work and the responsibility for maintaining contact with the most vulnerable children is shared by all partners. The framework for partnership work through the pandemic has worked well and will be maintained as long as necessary

4.9 60% of the Trust workforce are from Black, Asian and Minority Ethnic communities. As with all organisations, our attention in this area has been galvanised through the summer and we are putting much stronger arrangements in place to improve our performance as an employer and as a service delivery organisation to a richly diverse community

4.10 For a period of time our short breaks care offer ceased. One of the units was temporarily converted, successfully, to provide crisis care for young people. Short breaks have now resumed in all but one of the homes and, for as long as parents want to access them, we will seek to keep them open during the second period of restrictions

4.11 In March work started to create an entirely new early help offer based on 10 localities across the city, providing direct support and supplies to families, as well as grant funding to local community organisations and a new online mental and emotional health support offer. The Trust was prominent in building and supporting the new offer, with BVSC, and this now offers a sustainable footprint for the delivery of a more significant early help offer, supported by the Partnership and funded by the City Council. The Trust will be a key delivery partner of this service which, over time, will also allow us to intensify our support offer to families facing more significant difficulties. Closer working with schools

was an important part of the offer, and we have seen some outstanding examples of support by schools to their most vulnerable children.

- 4.12 During the first lockdown the support provided to 7000 families through this Early Help offer undoubtedly impacted positively on those families and their children and suppressed demand for services from the Trust. Maintaining this offer through this second period of restrictions will be critical
- 4.13 There is an emerging picture from research conducted into this Early Help service, of emotional neglect having a significant impact on children, often associated with family breakdown. It is also well understood that rates of domestic abuse rose steeply during that initial lockdown period. These are issues partners will need to be aware of, and responsive to, during this second period. We know that children's emotional and mental health has suffered during this period, and the roll-out of an online support offer (Kooth) has seen significant take-up
- 4.14 This research also illustrates the effectiveness of the Early Help offer that was rolled out, and points to the importance of an inclusive, local approach that builds on the strengths of community and community organisations across the city, built on co-production rather than command and control.
- 4.15 While schools remain open during the second period of restrictions, this will provide a vital resource for the city's most vulnerable children, few of whom attended school during the first wave of the pandemic. Most schools maintained contact effectively and supportively with their children while they were closed.
- 4.16 A key piece of learning for partners as we move into the second period of restrictions relates to the need to maintain, across partner agencies, face to face contact with our most vulnerable families. In the first lockdown, too many services decided unilaterally to stop home visits, creating a potential safeguarding risk and leading to the onus all falling onto social workers where they were involved. A partnership operational group established then is now addressing this risk for the second period. This Board has a key role in helping to ensure the load is shared and safe contact with vulnerable families is maintained
- 4.17 In relation to the impact of the pandemic and of lockdown on different groups and communities, and on inequalities, the experience of the Trust thus far would include the following:
 - In general, poor communities were affected worse
 - School attendance amongst vulnerable groups (for whom schools stayed open) was low for children in care, and for children from communities with a higher proportion of BAME families
 - While contacts and referrals into the Trust dropped, they remained in similar proportions, by ethnic group to usual rates, with some communities, notably Asian, significantly and consistently under-represented
- 4.18 The Children's Trust is a prominent member of the Birmingham Safeguarding Children's Partnership, the statutory partnership charged with overseeing the city's multi-agency safeguarding arrangements. The partnership has made significant improvements over the last two years, many captured in its Annual

Report, which would usefully be considered formally by the Health and Wellbeing Board

Corporate Parenting

4.18 One of the City Council's, Trust's, and partners' most important responsibility is to act well as Corporate Parent to our children in care and care leavers. Ensuring young people benefit from good care, good education, support to stay fit and well, opportunities to develop independence skills and live safely as independent young adults, in good accommodation, are responsibilities we share.

4.19 We have a clear understanding, from our young people about what is important to them (through our work with our Children in Care Council and Care Leavers' Forum) and my strong belief is that the responsibility should extend beyond the Council and the Trust to all of our statutory partners. Our Pledge to children in care and care leavers, overseen by the Corporate Parenting Board, and signed by the Council, the Trust, West Midlands Police and the CCG, commits us to enabling all young people to say:

- I am fully aware of this City Pledge.
- I am settled where I live, and I feel safe and well cared for.
- I enjoy school and I am being supported to fulfil my learning potential.
- I go to college or university or I am in work learning the skills I need for the future.
- I have opportunities to develop my talents, have fun and enjoy my free time.
- I know who I am, where I am from and I am in touch with the people in my life
- with whom I will have lifelong links, relationships and support: they might be
- family, or friends.
- I am healthy, I feel good about myself and I get the help and support that I need.
- I have a good and stable relationship with professionals who support me.
- I know what the next year will bring, where I am going to live and who in my life will support me into the future
- I have someone independent in my life to support me should I wish.
- I am given opportunities to have my say and shape the services I receive.

4.20 Over the last few months, despite the pandemic, great strides have been made in creating a new Vulnerable Adults and Transitions service, between Adult Social Care and the Children's Trust. This new service will greatly enhance our work in supporting vulnerable young people, including care leavers and those with special educational needs, into adulthood and independence.

4.21 As partners there is more that we can, and should collectively do, to honour our commitment: this might include:

- Ensuring children in care and care leavers are identified as a priority for receiving services
- Encouraging staff in our agencies to commit to offer mentoring support to young people as they move toward and into independence

- Offering opportunity through work experience, internships, apprenticeships (the Trust is currently working with 7 young people leaving care as apprentices: the experience has been transformational for them and for us)
- Active engagement in, and support of, the work of the Corporate Parenting Board

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

5.1.1

5.2 Management Responsibility

6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk

Appendices

The following people have been involved in the preparation of this board paper:

	<u>Agenda Item: 14</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24 November 2020
TITLE:	Local Covid Outbreak Engagement Board
Organisation	Birmingham City Council
Presenting Officer	Elizabeth Griffiths, Assistant Director of Public Health

Report Type:	Information
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1. Purpose:

To inform the Board of Governance and purpose of the new sub-Group of the Health and Wellbeing Board, the Local Covid Outbreak Engagement Board.

2. Implications:

BHWP Strategy Priorities	Childhood Obesity	
	Health Inequalities	✓
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		✓

3. Recommendation

3.1 The Board is asked to note this update of the Local Covid Outbreak Engagement Board.

4. Report Body

4.1 The Local Covid Outbreak Engagement Board is a new sub-committee of the Birmingham Health and Wellbeing Board. The Board is required by national guidelines for each upper tier local Authority's response to the Covid 19 outbreak.

- 4.2 The purpose of the Board is to provide political ownership and public-facing engagement and communication for outbreak response to Covid19 in Birmingham.
- 4.3 The Board has been set up to:
- Take an overview of the progress of the local implementation of Test and Trace.
 - Ensure that the Test and Trace response in Birmingham is delivering the right interventions to protect the health and wellbeing of citizens
 - To influence the development of the local Test and Trace programme.
 - To promote communication and engagement with stakeholders and residents of Birmingham related to Covid 19 and the Test and Trace programme.
- 4.4 The Board is chaired by the Leader of the Council; membership comprises five elected Members, the Director of Public Health, Assistant Director of Public Health, the Birmingham and Solihull and the Sandwell and West Birmingham Clinical Commissioning Groups, WM Police, BVSC and Birmingham Healthwatch.
- 4.5 The first meeting of the Local Covid Outbreak Engagement Board (LCOEB) was held on 24 June 2020, with meetings held on a monthly basis.
- 4.6 The LCOEB receives a regular Covid19 situation update – both at the monthly meeting and on a weekly basis to members of the Board. These updates include the latest position in relation to Covid19 cases across the city, testing uptake, the proportion of tests taken that return a positive result. As this is a rapidly changing situation the latest epidemiology is presented to the Board.
- 4.7 Appended to this report are the minutes of the LCOEB.

5. Compliance Issues

5.1 HWBB Forum Responsibility and Board Update

- 5.1.1 Whilst Birmingham's emergency plan is activated, the Test and Trace Cell will form part of the "Silver" command structure as a cell of the Tactical Cell. In parallel, the Test and Trace Cell feeds into the Birmingham Health Protection Forum, chaired by the Director of Public Health, which is a sub-group of the Health and Wellbeing Board.
- 5.1.2 Recognising that Test and Trace is likely to extend beyond twelve months, at such a time as the emergency response structures are stood down, formal governance of the Test and Trace Cell will be via the Health Protection Forum.
- 5.1.3 The Local Covid Outbreak Engagement Board will provide democratic oversight to the Test and Trace response.

5.2 *Management Responsibility*

The Director of Public Health is responsible for publishing the Local Outbreak Response Plan for the City and Chairs the Health Protection Forum.

The Assistant Director of Public Health chairs the Test and Trace Cell and is responsible for the local operational delivery of Test and Trace in Birmingham.

Appendices

Appendix 1 - Draft Local Covid Outbreak Engagement Board Minutes – 01.10.20

Appendix 2 - Local Covid Outbreak Engagement Board Minutes - 27.08.20

Appendix 3 - Local Covid Outbreak Engagement Board Minutes - 29.07.20

The following people have been involved in the preparation of this board paper:

Elizabeth Griffiths, Assistant Director of Public Health

BIRMINGHAM CITY COUNCIL

LOCAL COVID OUTBREAK ENGAGEMENT BOARD THURSDAY, 1 OCTOBER 2020

MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK ENGAGEMENT BOARD HELD ON THURSDAY 1 OCTOBER 2020 AT 1400 HOURS ON-LINE

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Elizabeth Griffiths, Assistant Director of Public Health
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Deputy Chair of the LCOEB
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of the City Council;
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the
LCOEB

ALSO PRESENT:-

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC
Suzanne Dodd, Assistant Director and Solicitor – Legal Services (Deputy
Monitoring Officer)
Pip Mayo, Managing Director – West Birmingham, Black Country and West
Birmingham CCGs
Dr Mary Orhewere, Interim Assistant Director of Public Health
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

43

The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 44 An apology for absence was submitted on behalf of Dr Justin Varney, Director of Public Health, Birmingham City Council. An apology for lateness was submitted by Councillor Paulette Hamilton.
-

DECLARATIONS OF INTERESTS

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

- 46 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.
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MINUTES

- 47 **RESOLVED:-**

The Minutes of the meeting held on 27 August 2020, having been previously circulated, were confirmed by the Chair.

CHANGE TO ORDER OF BUSINESS

- 48 The Chair advised that he would take agenda item 10 ahead of the remaining reports.
-

UPDATE FROM THE NHS

- 49 Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated that in Birmingham and Solihull they were seeing the consequences of admissions in terms of intensive care that were consequent upon the rising numbers of cases in the population. There was a 14 day incubation period for the virus and a 10 day period usually after the first manifestation of symptoms for Covid for people appearing in hospital. What was seen in our hospitals tells us what was happening three to five week ago in the system. The number of patients in ICU had remained at a fairly constant level over the last couple of days with the number of in-patients gently rising.

The NHS was seeing in terms of Accident and Emergency (A&E), the activities were now back to the level it was before Covid started, but they were seeing increasing levels of Covid in A&E attenders which was significant in trying to manage the front as they were trying to keep social distancing going and to

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keep the Covid potential patients away from the non-Covid patients which was creating some significant issues.

Mr Jennings stated that it was important to note that the last few months was incredibly hard work particularly for the keyworkers on the frontline. The prospect of going into a winter (winter was harder work as there was more illness about), that also includes Covid was quite concerning. Mr Jennings reiterated the absolute significance and importance of everyone doing their best to adhere to the rules that were in place in terms of our behaviour to avoid a second wave and to minimise the spread of the virus and to improve our current situation as winter could be difficult otherwise.

The Chair expressed the Board's thanks and admiration for all of the hard work NHS staff and other key workers had done over the last six months which had been a particularly difficult time and we had the next six months of winter to come and would be relying again on staff in the NHS and key workers to keep us all going and as safe as we could be over the next six months period.

Pip Mayo, Managing Director - West Birmingham, Black Country and West Birmingham CCGs advised that Mr Jennings had covered most of the things on her presentation, but there were a couple of issues to be added. She stated that Mr Jennings had also set out the challenges they had at the moment to try and restore and recover a lot of services that was stood down during Wave 1 of the virus to prepare for a second surge and to deal with the coming winter. Two particular points to be added to the overview were – planning for the flu vaccinations which was a key strand of their work alongside Covid. The message was being promoted that one of the things people could do if they were in one of the target groups were to help to protect themselves through the winter was to take the flu vaccination and to ensure they had received it.

Another key issue that had arisen was access to Primary Care. As a reassurance Primary Care was open and were seeing a lot of people digitally but if there was a need to seek GP support, people were encouraged to do that rather than turning up in triage by general practice. General practice was busy at the moment and were dealing with a lot of enquiries. General Practice was also mindful of the fact that through the first stage of Covid there were many people who did not attend their GP when there was a need for them to do so. Ms Mayo reiterated that General practice was still open but people needed to ring first before attending.

Councillor Tilsley commented that he had a telephone call from his pharmacy a month ago inviting him to attend for his flu jab, but unfortunately the pharmacy had run out. He added that the GP would be sending letters out in mid-October and yet Boots were offering virtually on site vaccinations. It appeared desperate at the moment and whether there was any explanation concerning the issue.

Mr Jennings advised that the GPs ordered their vaccines nearly a year in advance and the vaccine supplier scheduled them as to when they would arrive. For reasons unknown the supplier let the pharmacies had their supply first before the GP vaccines arrived. What appeared to be happening this year was that there was a high level request for the flu vaccines understandably so

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pharmacies were starting to run out whereas some of the GP practices had barely started to administer their supply. This was down to the vaccine suppliers as it arrived in several deliveries.

In terms of the future supplies, the NHS had been briefed that there was a centrally held stock the Department of Health Social Care and that GPs could have access to that through a mechanism yet to be described to us should they need it in the future. If we were going to get anywhere the levels of immunisations that was given to us as targets, we will need to have more vaccine available than was currently sitting either in the fridges or the delivery chains.

Stephen Raybould commented that they were picking up a lot of uncertainty around the potential arrival of Covid vaccine and whilst talk of the possibility of the Oxford vaccine being signed off for the autumn period, there was now a radio silence. Mr Raybould enquired whether there was any early intelligence from the NHS around planning and implementation should it be signed off.

Mr Jennings advised that the planning process had begun for immunisation which will be a huge exercise. It was understood that the target groups would be the over 65s and vulnerable; the 50 to 64s who had some other feature than their age and anyone with a BAME background and over 18 years old. This was a massive population for them to be thinking about. He added that as he understands it all of the Covid vaccines that were in development were the ones that were potentially purchased by the government for us. These were two stage vaccines so people were required to have two immunisations to be protected from the impact of the virus. The planning was started in terms of how we would think about delivering or perhaps scale up which was unprecedented overwork. It was unprecedented for us to carry out probably for our population 1.6m immunisation in the space of over four weeks difference between the dates – 800,000 of them.

In terms of the actual arrival of the vaccine, the understanding was that there was still some possibility that this could begin before Christmas. However, people would have heard on the news that there was an issue with the Oxford vaccine where it was slowed down because of someone becoming ill. If someone became ill because of the vaccine trials, then it was obvious why they had to go through a very complex series of analysis to understand whether it was the impact of the vaccine that did that. It was thought that there was still some hope that this would be available before Christmas. Even if it was available, again there would be a huge use of supply depending how quickly it flows through the system and how quickly we could manage to carry out the vaccinations.

The Chair commented that he was convinced that science would come up with an answer to this pandemic. He added that we needed to be hopeful that we got a vaccine on the timeline that Mr Jennings indicated might be possible.

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG stated that the Red site situated in Aston Pride and were seeing an increase in the number of Covid within Sandwell and West Birmingham. This was predominantly in West Birmingham and was spilling over into Sandwell and Smethwick and into

West Bromwich. They were not seeing the same level of activities in the other areas, but this was increasing across the entire Black Country areas. The advice they wanted to give was if people had symptoms, they should call 111 or your GP who will direct you rather than attending an A&E Department and walking in which then exposes everybody to a risk of potential Covid. People could get tested the way the testing system was set up but they should not go to A&E without having contacted someone first.

In terms of the flu vaccine, these were ordered a year in advance and they could not have anticipated the demand this year. They have had some of the nasal flu vaccines in his practice and they have had some of the over 65s that was likely to be delivered at the beginning of next week. It was a phased order and what they had tried to do with the pharmacies that had been receiving the vaccine was to direct the patients they would ordinarily have vaccinated to them rather than having people that they would not include on their high risk categories which was the people they would accept later in the year subject to the vaccine being available. There were processes in place and testing and there was a Red site that was based at Aston Pride in Aston that was seeing patients from both Solihull, Sandwell and West Birmingham. It was thought that people could use the facilities that were set up appropriately as this was the best way to protect all the people around us.

The Board noted the presentation.

COVID-19 SITUATION UPDATE

50

Elizabeth Griffiths, Assistant Director of Public Health introduced the item and drew the attention of the Board to the key points in the slide presentation.

(See document No. 1)

In response to questions and comments, Ms Griffiths made the following statements:-

- a) Ms Griffiths noted Councillor Bennetts query concerning the stories in the press in relation to schools and advise that Public Health was looking at the data as best they could but there were some limitations with how the data was presented. Ms Griffiths advised that she was unable to provide this information at present and undertook to provide the information following the meeting.
- b) Ms Griffiths highlighted that Public Health had undertaken some analysis of the contact cases and that the way the information came through from the National Contact Tracing Service had detailed where cases have been; where people had been and what environment they had been in as a sample.
- c) Public Health had undertaken an analysis of that and what this showed was that the contacts were largely through a household spread. 83% of contacts had been confirmed cases were in a household; 9% were visiting other households with 2% being through education. This was not

to say that they had not seen through school's transmission, Public Health had seen within schools' transmissions within Birmingham Schools. Public Health had not seen any real significant information of that transmission being between the children within those bubbles. Some slight cluster was seen between teachers where that transmission may have happened within the school and it appeared that it had been out of that school context within a social setting whether it's through siblings or whether it was by linked activities such as people going to birthday parties etc. with a friendship group.

- d) Public Health was continuing to monitor this daily and was trying to understand this and were working closely with schools to understand the picture.
- e) Ms Griffiths noted the Chair's comment that the commute to and from school, particularly the pupils walking to and from school. advised that Public Health did not have enough information concerning this issue and undertook to get the information for the Chair.

Dr Manir enquired about testing and commented that there were a number of instances where people have had a test and whilst they were awaiting the results had in some instances turned up at the surgery and then subsequently had positive results. This makes it difficult for them to safeguard staff and other patients. He questioned whether the message was clear enough and whether they could reiterate that it needed to be clear that if you are having a test, it was more than likely that you had symptoms which meant that you had to isolate until that test result came back. The period of time was a tricky time for people, but the result was the indication which decides whether they continue to isolate or not.

- f) Ms Griffiths concurred with Dr Manir's comments and stated that isolation meant to be strengthened and that Public Health England had launched a campaign on exactly that point. Public Health had robust communications and were keen to do more and were looking to have detailed engagement. Public Health were doing the Champions network where the information could be pushed to communities regarding behaviours.
- g) The messages regarding the latest guidance and the latest legislations that came out so people could get those views into the communities and capture where this was not working in communities, where it was not being understood and where Public Health could make that message stronger.

Dr Manir advised that he was a Covid Champion and had been receiving the information. He added that this was useful and that he had been sending this out to all patients by text messages and encouraging them about the mis-communication, the uncertainty around the communication about what they could and could not do.

- h) Ms Griffiths noted Mr Raybould's questions concerning containment and multiple generational families and advised that the per centages around

households' spreads was the identified contacts of cases. Ms Griffiths advised that she took onboard the point concerning multiple generational houses and blended families and undertook to take this back so they could be included on the frequently asked questions and to ensure that this was addressed in the guidance.

The Board noted the slide presentation.

THE LEGAL POSITION

Suzanne Dodd, Assistant Director and Solicitor – Legal Services (Deputy Monitoring Officer) introduced the item and drew the Board's attention to the information contained in the report.

(See document No. 2)

Ms Dodd noted Councillor Tilsley's enquiry concerning the number of times the City Council had used legal powers and issued notices. Ms Dodd advised that she did not have the information to hand, but that Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC will provide the information when he presents the next item on the agenda concerning *Enforcement Update*.

51

RESOLVED: -

That the Board noted the report.

ENFORCEMENT UPDATE

Mark Croxford, Head of Environmental Health, Neighbourhoods, BCC and Chief Superintendent Stephen Graham, West Midlands Police presented the item.

Mr Croxford advised that he would be referring to a report that was taken to the Licensing and Public Protection Committee on the 30 September 2020 - *Coronavirus and Enforcement* as an Appendix to the report before the Board.

(See document No. 3)

Mr Croxford then highlighted the key points in the Appendix to the report at paragraphs 3.1; 3.3; 3.5 and 4.1.

Chief Superintendent Stephen Graham drew the attention of the Board to the information contained in the report – *West Midlands Police Enforcement Update*

(See document No. 4)

The Chair commented that it was seen at the end of March beginning of April 2020 the criticisms of forces elsewhere in the country for what was considered a heavy handed approach. The Chair paid tribute and thanked West Midlands Police (WMP) for the common-sense approach they had taken in dealing with

this matter and the issues over the last six months. He added that the way the WMP had behaved and performed during that period was not only a credit to the force but was also one of the reasons of high level of confidence by WMP across the entirety of the West Midlands

52

RESOLVED: -

That the Board noted the report.

VULNERABLE GROUPS

Elizabeth Griffiths, Assistant Director of Public Health introduced the item and drew the attention of the Board to the information contained in the slide presentation.

(See document No. 5)

The Chair commented that the outbreak at one of the hotels in the city was in no way the fault of the asylum seekers who had been housed there. They were victims of the pandemic the same as others who had been in this country and all the more so given that they were fleeing from wars and persecutions from elsewhere in the world.

Ms Griffiths noted Mr Raybould's enquiry as to whether the learning from the outbreak in the residential setting that was housing asylum seekers could be shared across other areas and advised that there was much learning to be had from that particular outbreak. Ms Griffiths undertook to progress this with Public Health England (PHE).

53

RESOLVED: -

That the Board noted the report.

TEST AND TRACE IMPLEMENTATION UPDATE

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and highlighted the main points in the report to the Board.

(See document No. 6)

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

1. Dr Orhewere noted Councillor Brigid Jones, Deputy Leader, BCC enquiries in relation to how many of the City Council's staff were doing the drop and collect exercise and whether there were any gaps between what the Council currently had testing wise and advised that in relation to testing, more testing was needed that was accessible by people who did not have cars.

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2. More testing was needed overall, but in particular by those who did not have cars as Public Health was asking people who were symptomatic to go for testing. Public Health did not want them to go on public transport. If people did not have access to a car they would be stuck at home.
3. People could order a home kit but this takes a little longer, but this meant additional working and breaking that chain of transmission takes a bit longer. Access to walk through testing would be better.
4. Public Health was keen to get a drive through testing facility for key workers across the whole of the public sector but was not successful in achieving this so Public Health was looking at how they could support this in other ways.
5. In terms of the drop and collect exercise, Dr Orhewere advised that she did not have the figures for the number of staff involved at hand and undertook to bring this information back to the Board.

The Chair commented that the issue concerning the testing site for key workers was important and wondered whether the Council could do some political lobbying to try and bring that about as over the next six months – dark evenings, cold weather – we needed to take every care that we could for our key workers across the city.

6. In terms of the number of BCC staff doing the drop and collect exercise, there were 467 in various roles as of the 28 September 2020 and externally, there was 104. External include external volunteers, Birmingham Children's Trust and agency staffing. This did not include the armed forces – there were 30 per shift. Public Health had received some funding through the Test and Trace Budget but were looking for additional funding for this.
7. Dr Orhewere noted Dr Manir's query concerning rapid Antigen testing and advised that this was a good question and that it needed to be known whether the test these companies were offering were sufficiently valid to be used. The other issue was understanding how the result of that test plugged into the national system so that it could be linked back to the patterns and trends. Dr Orhewere undertook to make some enquiries and to give a response to the Board.

Councillor Tilsley referred to the issue of key workers and stated that looking at the distribution of testing sites whether it would be possible – there was Aston University Car Park, Brewery Street Car Park – these were in a couple hundred yards of each other. He questioned whether it was possible for the City Council to designate one of those sites specifically for key workers.

8. Dr Orhewere advised that Public Health got weekly updates on the utilisation on the Council's testing capacity and all were at the maximum level. What was needed was additional testing capacity and if Public Health had surplus capacity, we may not meet the key tester service at all. Additional capacity was needed.

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The Chair undertook to write to the Government concerning the issue. The Chair also noted Mr Raybould's comments concerning the anxiety from citizens about the experience of the armed forces around the testing system and advised that his understanding was that the armed forces personnel were not in uniform so they did not look like the armed forces being deployed on the street.

9. Dr Orhewere stated that there was considerable debate as to whether the armed forces should be in uniform or not. Dr Orhewere stated her understanding was that they should be in uniform but without head dress. They would be recognisable as being armed forces personnel but would always have a BCC colleague working with them. The armed forces would also have some identification stating that they were working for and with BCC and would not be going out on their own and would not be unarmed. It was further noted that the armed forces were in uniform but with a BCC tabard over the uniform.

54 **RESOLVED: -**

That the Board noted the report.

TEST AND TRACE ENGAGEMENT PLAN UPDATE

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and drew the attention of the Board to information contained in the report.

(See document No. 7)

55 **RESOLVED: -**

That the Board noted the report.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

56 The Chair introduced the item and advised that the following question was submitted by # HealthNow Alliance.

(See document No. 8)

Elizabeth Griffiths, Assistant Director of Public Health gave the following response to the question:-

- i. In terms of test kits Public Health was working with the Department of Health and Social Care and so they could allocate some reserved tests for service providers to be able to have that rapid response to access testing for this particular vulnerable community.
- ii. In addition the Birmingham Community Health Care Trust (BCHCT) swabbing so if we were in the unfortunate event that there was an outbreak within a homelessness accommodation setting Public Health would be able to rapidly deploy testing to that facility.

- iii. In terms of training Public Health had within our Memorandum of Understanding with BCHCT to train people up to swab and we will be working with homelessness accommodations providers so that we could identify people to get that training.
 - iv. In terms of capturing the views of the community, it was felt that this was the reason the Community Champions were appointed for that. Finally, Public Health approach had already been outlined in the presentation in the PowerPoint on vulnerable groups.
 - v. The limitations for this group was recognised and the national testing relied on people having communication to receive those results whether this was through emails or through a mobile phone.
 - vi. It was agreed with Saba Rai, Behaviour Service Integration Manager, Adult Social Care, BCC to explore that pathway with the Health and Homelessness Sub-Group to find out what those barriers were and what could be done to better support them so that they could come back to us with some recommendations of how to improve that process for them.
-

TEST AND TRACE BUDGET OVERVIEW

Elizabeth Griffiths, Assistant Director of Public Health introduced the item and advised that this was part of the regular update to the Board. Ms Griffiths then drew the Board's attention to the information contained in the report.

(See document No. 9)

Ms Griffiths advised that there was a delay with projected spends coming through due to the fact Public Health was currently recruiting people into posts. She added that a lot of the services that were in place would be invoiced on a quarterly basis. Public Health knew what was projected and what they had committed to but the spend to date had not come through yet. Ms Griffiths highlighted that they were still getting more and more coming through and they had to evolve and adapt to be able to respond to different situations. Enhanced contact tracing with schools and universities the wider Public Health group was now stretched concerning this. Public Health had committed the funding that it currently had but as Councillor Brigid Jones also mentioned there was a need for additional funding to be able to support the work they were asked to do.

Ms Griffiths advised that the other thing that was not clear was the funding available for the next financial year and Public Health was pushing to understand what would come forward.

The Chair commented that the Council had written to the government to ask for clarity when this particular budget either comes to an end or will be replenished. Councillor Brigid Jones commented that it was not known how long this budget was going to last and that information was needed from the government. The Chair advised that this will be chased up with the government so that a response and clarity could be had. He added that Birmingham was not the only local authority that was looking for a response to this question.

That the Board noted the report.

BIRMINGHAM UNIVERSITIES COVID RESPONSE OVERVIEW

Dr Mary Orhewere, Interim Assistant Director of Public Health (Test and Trace) presented the item and drew the attention of the Board to the information in the slide presentation.

(See document No. 10)

Councillor Brigid Jones stated that she represents BournBrook and Selly Oak Ward with a high concentration of University of Birmingham students living there. She stated that there were concerns about this, but that she was pleased with the amount of work that had gone on. Councillor Brigid Jones enquired whether there was anything that was not being done due to resources, that we wished we had the resources to do in this area.

Dr Orhewere advised that her wish list would be more walk-up testing sites. She added that there were some in the pipeline, but where there was a concentration of people who typically did not have cars who mixed in ways and whose lives were such that they may be at increased risk of getting the virus, there needed to be a system whereby once people become symptomatic they could get testing rapidly. More testing was needed, it was not in our personal gift if we could do what we could alongside key worker testing, more testing for universities. Councillor Jones enquired whether this was asked of the government. Dr Orhewere advised that this was asked of the government and there were some coming on stream but she did not have this information to hand, but it was not coming fast enough. The rate of progress was determined by the national system, but the request was there.

58 **RESOLVED: -**

That the Board noted the report.

OTHER URGENT BUSINESS

59 No items of urgent business were raised.

DATE AND TIME OF NEXT MEETING

60 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Tuesday 27 October 2020 at 1400 hours as an online meeting.

The meeting ended at 1554 hours.

CHAIRMAN

BIRMINGHAM CITY COUNCIL

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 27 AUGUST 2020</p>

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 27 AUGUST 2020 AT
1400 HOURS ON-LINE**

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Matt Bennett, Opposition Spokesperson on Health and Social Care
Brian Carr, BVSC
Andy Cave, Chief Executive, Healthwatch Birmingham
Chief Superintendent Stephen Graham, West Midlands Police
Elizabeth Griffiths, Assistant Director of Public Health
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health, Birmingham City Council
Councillor Ian Ward, Leader of Birmingham City Council and Chairman for the LCOEB

ALSO PRESENT:-

Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 30 The Chair advised, and the Committee noted, that this meeting would be webcast for live or subsequent broadcast via the Council's Internet site (www.civico.net/birmingham) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

APOLOGIES

- 31 Apologies for absence were submitted on behalf of Councillor Brigid Jones, Deputy Leader of the City Council; Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and Deputy Chair of the LCOEB; Stephen Raybould, Programmes Director, Ageing Better, BVSC
-

DECLARATIONS OF INTERESTS

- 32 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.
-

WELCOME AND INTRODUCTIONS

- 33 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting.
-

MINUTES

- 34 **RESOLVED:-**

The Minutes of the meeting held on 29 July 2020, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

TEST AND TRACE IMPLEMENTATION UPDATE

TEST AND TRACE ENGAGEMENT PLAN UPDATE

- 35 Dr Justin Varney, Director of Public Health shared a slide presentation on the *Covid-19 Situation Update*.

(See document No. 1)

An extensive discussion took place and the following is a summary of the principal points made:-

- a. Dr Varney noted the Leader's query concerning the ethnicity of those tested and advised that the data had been requested from the Government as part of the additional engagement Public Health had with the Government over the last two weeks as Birmingham joined the National Watch List. Public Health had reiterated this as a specific request.
- b. Councillor Bennett voiced concerns in relation to comments made by former City Councillor John Clancy in the media about *dodgy data and lockdown lunacy* etc.
- c. The Leader commented that the comments about lockdown lunacy was not helpful and the measures Dr Varney will outline in his presentation was very much to avoid a lockdown. Birmingham economy had re-emerged and recovered and the city did not want to go backwards on that. The City Council was saying to all businesses and the whole

systems across the city to follow all of the guidance in order to keep ourselves and everyone safe. The businesses were to carry out a risk assessment and to stick to that risk assessment in order that they could keep people safe. This was the way to avoid a further lockdown in Birmingham.

- d. Dr Varney reiterated the points made by the Leader and stated that several individuals had taken to the media and social media to express their opinions on the national statistics and national threshold. Although everyone is welcomed to express freedom of speech, it was unhelpful at a time when the city was facing a global pandemic which puts people in hospital and had cost Birmingham more lives than was lost in the blitz bombing to create that kind of story.
- e. Dr Varney stated that from his perspectives the clear public health picture across the city which raised concerns that the virus in the diagrams he had shared clearly seemed to be rising and spreading at a significantly fast rate.
- f. If we look at the pattern of spread in cities like Leicester, this was exactly how it started and continued to climb. It was unhelpful for people who were not deeply involved and had the additional access that the Director of Public Health had with some of the restricted data start to give commentary from their armchairs at a time when everyone needed to be working closely together to keep the city safe and to keep us moving forward.
- g. Councillor Tilsley stated that he endorsed the comments made by Councillor Bennett and the Leader and that he had complemented the Leader on his exposure on the *News at One*. He was not in favour of comments made by Mr Clancy as whereas Members may know the postcodes in Birmingham to start trying to close down parts of the city by postcodes would be a recipe for disaster. This message should be sent out clearly so that we were unified in our approach to in what we were trying to do.
- h. The Leader commented that what was needed was for everyone to wear a face covering when they go out, for people to wash their hands regularly and to maintain the 2-metre social distancing when they go about their business which was the best chance of keeping everyone safe.

Dr Varney continued the slide presentation and advised that the rest of the information in the presentation covered the *Test and Trace Implementation Update* and the *Test and Trace Engagement Plan Update*.

- i. The Leader reiterated the positive discussions had with Government over the last week or so which had led to some of the changes that Dr Varney alluded to in his presentation.
- j. In relation to the pilot concerning Drop and Collect the Leader emphasised what Dr Varney had stated in his presentation and highlighted that if anyone had been contacted and asked to pay for a test, there is no need to do so. If people had any of the symptoms and they needed a test Public Health will arrange for them to get tested. There is no need for anyone to pay to get tested as the test was free of cost.

- k. Councillor Paul Tilsley referred to the homelessness issue and stated that he had a couple of cases in his Ward and that he had pointed out to constituents that this had been a lifestyle choice for the individuals concerned. Given their lifestyles they were not only at risk themselves but were at risk of spreading the virus. Councillor Tilsley enquired whether they could work with the Police and the City Council's homelessness section to try and get them reengaged, so they were not on the streets.
- l. Dr Varney highlighted that Public Health was working with them closely and there was a strong partnership approach across the city with the Police, Council and the voluntary and community sector. As part of the work being done with national government, there was a support visit over the weekend and the Chief Executive of St Basil's had met with the government team who was visiting specifically to talk about our approach to homelessness and were reflecting how strongly the approach was.
- m. Dr Varney advised that individuals could be offered support, but we cannot force it. It was important to recognise that the homeless population themselves represent a specific additional risk to anyone else in the city. The risk was more to each other within that community by individuals bedding down together in the streets.
- n. The City Council had worked to get people off the streets into accommodation as quickly as possible and to ensure that accommodation had wrap around support for individuals to try and address their concerns and the issues they had. A report could be provided outside the Board to members concerning the success the City Council had achieved.
- o. Councillor Bennett referred to an enquiry he had received from a resident in relation to a gathering they wish to have and whether it was permissible. He added that it might be worth reviewing the information on the website so that it was accessible to members of the public. The second question concerned facemasks as a number of people were seen in supermarkets not wearing a face covering/mask which could be down to their sensitivity or they could be exempt. There was also the issue of supermarkets being reluctant to enforce the rule which was a national issue. Councillor Bennett queried whether there was anything that could be done locally to address the issue.
- p. The Leader commented that in relation to the second issue it was not helped that the guidance on wearing face coverings was yes in one venue and not necessarily in another. The messaging to be put out across the West Midlands that was agreed by all seven Metropolitan Leaders was that people should wear a face mask whenever they leave home. If a face mask was worn in places like supermarkets, requires the corporation of the supermarkets to make this happen. Overall this has to be enforced by the Police, but their resources were stretched.
- q. In terms of gatherings it needed to be ensured that this was crystal clear on the website, but in any event all gatherings had a maximum of 30 people which include weddings and funerals, but did not include the gathering of communal prayers etc.
- r. Chief Superintendent Steve Graham stated that they were grateful that people appreciate some of their resourcing challenges. We were in extraordinary times and in addition to what they had on over the

Local Covid Outbreak Engagement Board – 27 August 2020

weekend in terms of the night-time activities where the Police was dealing with some of these unlicensed music events or unlawful gatherings, the Police were also putting out more officers through the Bank Holiday.

- s. To deal with some of the issues around the wearing of masks this would not be operated like a speed trap, but the Police had a role to play as a primary enforcement agency recognised by society generally but the Police will do their bit in trying to clampdown on the infection rates and all the issues Dr Varney had discussed earlier.
- t. The Leader reiterated that the measures were being taken in order to get back on top of the numbers here in Birmingham, particularly to drive down the positivity rate ideally down to the regional average or below. All of this was being done with one eye on the re-opening of schools next week as it was important that children and young people were back in education.
- u. Children and young people had already suffered a loss of six months in their education and we cannot afford for that to go on. We did not want our future generation in this city to be defined by the virus and the pandemic. It was absolutely crucial to get children and young people back to school next week and that parents were given the confidence to send their children back to school.

The Board noted the slide presentation.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

- 36 The Leader introduced the item and advised that there were no public questions submitted for this meeting.
-

TEST AND TRACE BUDGET OVERVIEW

- 37 Dr Justin Varney, Director of Public Health apologise for the paper not being shared in advance of the meeting and suggested that this be not be discussed in detail at the meeting today. He undertook for the paper to be circulated and place on CMIS. As colleagues will understand, there was relative minimal spend against the budget in the last month primarily because Public Health was in the process of recruiting to roles in the structure that was presented to the Board previously. A new Assistant Director had been appointed in Public Health to lead the test and trace function and will join the Council in the early part of September and the majority of other posts that had been appointed to wee also coming on board in September. At the moment there were no significant new capacity in spend against the budget. At the next Board the paper should be ahead of time and published which will show progress in spend.
-

OTHER URGENT BUSINESS

- 38 No items of urgent business were raised.
-

DATE AND TIME OF NEXT MEETING

- 39 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Thursday 1 October 2020 at 1400 hours as an online meeting.
-

EXCLUSION OF THE PUBLIC

- 40 **RESOLVED: -**

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraphs 1 and 2 of Schedule 12A

BIRMINGHAM CITY COUNCIL

<p>LOCAL COVID OUTBREAK ENGAGEMENT BOARD WEDNESDAY, 29 JULY 2020</p>

**MINUTES OF A MEETING OF THE LOCAL COVID OUTBREAK
ENGAGEMENT BOARD HELD ON WEDNESDAY 29 JULY 2020 AT 1400
HOURS ON-LINE**

PRESENT: -

Dr Manir Aslam, GP Director, Sandwell and West Birmingham CCG
Councillor Paulette Hamilton, Cabinet Member for Health and Social Care and
Deputy Chair of the LCOEB
Andy Cave, Chief Executive, Healthwatch Birmingham
Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG
Councillor Brigid Jones, Deputy Leader of the City Council
Stephen Raybould, Programmes Director, Ageing Better, BVSC
Councillor Paul Tilsley
Dr Justin Varney, Director of Public Health, Birmingham City Council

ALSO PRESENT:-

Pip Mayo, Managing Director - West Birmingham, Black Country and West
Birmingham CCGs
Errol Wilson, Committee Services

NOTICE OF RECORDING/WEBCAST

- 15 The Chair advised, and the Committee noted, that this meeting would be
webcast for live or subsequent broadcast via the Council's Internet site
(www.civico.net/birmingham) and that members of the press/public may
record and take photographs except where there are confidential or exempt
items.

APOLOGIES

- 16 Apologies for absence were submitted on behalf of Councillor Matt Bennett,
Opposition Spokesperson on Health and Social Care; Chief Superintendent
Stephen Graham, West Midlands Police; Councillor Ian Ward, Leader of
Birmingham City Council and Chairman for the LCOEB and Elizabeth Griffiths,
Assistant Director of Public Health
-

DECLARATIONS OF INTERESTS

- 17 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.
-

WELCOME AND INTRODUCTIONS

- 18 The Chair welcomed everyone to the Local Covid Outbreak Engagement Board meeting and invited the members of the Board who were present to introduce themselves.
-

MINUTES

- 19 **RESOLVED:-**

The Minutes of the meeting held on 24 June 2020, having been previously circulated, were confirmed by the Chair.

COVID-19 SITUATION UPDATE

Dr Justin Varney, Director of Public Health introduced the item and shared a slide presentation on *Birmingham Covid Outbreak Overview* with the Board.

(See document No. 1)

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

- a. Dr Varney noted Councillor Tilsley's comments regarding the statistics from the *Times* Newspaper and advised that the article was referring to the new information that was published in the last week or two on Medium Super Output area.
- b. Any member of the public could go onto the .gov website and go to the Coronavirus Data Dashboard and put in their postcode in the map at the bottom of the page which would give the number of cases there had been over the last week.
- c. Public Health was looking at this in two ways (a) by monitoring the rate on a daily basis in terms of what Public Health had been told which was much faster as the website was only updated weekly. Public Health was looking at both in terms of absolute numbers and as rates as there was some variation between different sizes of population.
- d. In general the most that was seen in one Medium Super Output area which was the level down from the Ward was 21 which was linked to a household from the same family, which was not of concern. One of the issues they had was some of the data that could be accessed by the

postcode was that people could look at these and get anxious about the 21 cases in the area. The area in that particular situation had approximately 6,000 residents which meant that it would be highly unlikely for those 6,000 people would come into contact with them.

- e. Public Health was monitoring this closely on a daily basis. People could look at the total number of cases to date in their area. There were variations across Birmingham, but where there was more visible variation was between Birmingham and some of the more rural areas such as Herefordshire or Staffordshire where the case in those geographical areas were much lower. Some of this was about population density and the cities that had been impacted harder.
- f. Dr Varney noted Dr Manir's question in relation to the delay with data around ethnicity and advised that there were a couple of reasons for the delays, one being the way the data was coming through the national test and trace system. There was data that Public Health receive on a daily basis of new cases which did not include ethnicity.
- g. Often that dataset include positive cases over the last three to four days which was about how the labs were loading data onto the system and how Public Health England (PHE) was able to retrieve if from the system to give to Public Health.
- h. Further work was being done nationally to try and match data from the labs and what was put into the system when people booked test and their ethnicity. A third of people did not fill in the ethnicity box.
- i. Currently the gap Public Health had was that the national system had not yet provided data on the ethnicity of people taking the test which was an important piece of information that was needed. If it was seen for example that the majority of people testing currently were from the Asian community, and there were 53% of overall cases testing positive over the last month from the Asian community, then this reflected the community taking the message seriously and the communications were working.
- j. If what was seen was only 10% of test was from the Asian community, and this was generating all the positive, that would be a different picture and the concern would be whether communications were being done correctly. This was something the directors of Public Health raised nationally on Friday and Public Health was told that there was significant work being done nationally to resolve the issue.
- k. Another element was Pillar 2 testing community testing was going through multiple laboratories and the big difference Public Health had between the NHS Pillar 1 testing and Pillar 2 was that in the NHS testing there were 12 to 14 laboratories in the West Midlands all doing this all using the same software and the same approach and it was much easier to pull data.
- l. For Pillar 2 testing community testing this was all the lighthouse laboratories that was seen in the news. These were all different and were working in different ways and there was a piece of work that tried to join all the data and get it in the same format which was causing some delay.
- m. Dr Varney noted the Deputy Leader's query concerning Pillar 2 testing with regard to women who were more likely to be tested than men and stated that the *Age Profile of Pillar 2 Covid-19 Cases* slide was showing the confirmed cases rather than people being tested. The gender and

the age of people having the test was not known and it was unknown whether this was telling Public Health that women were less likely to get a test than men.

- n. Over the whole of the outbreak, women were more likely to test positive which may reflect that women were more likely to be working in a social care sector for example and may be more likely to be working in the NHS sector where they had earlier access to testing through the NHS and the essential working programme.
- o. The majority of new cases were in younger working age men which was raising an issue for Public Health as to how to get the message across to men that Covid affects them, particularly to young men. There was concern around this and was the reason they were looking at this age profile carefully.
- p. Although relatively few young adults will get severely ill, many were living with their parents/grandparents and could take the virus back into their house and infect their parents/grandparents. If intergeneration *bleed* was seen, the bulge above the younger adults get bigger which would suggest that the message was not getting across strongly to young people, particularly young adults of working age that they could take the coronavirus home and there was evidence that they were taking it home.
- q. Although for them it may not be high risk for the people, they live with it may be a high risk.

At this juncture, the Chair expressed concern that amongst some communities as testing involve taking their details and storing these on databases etc. this was putting people off from getting tested. The Chair queried whether there was any evidence of this coming through.

- r. Dr Varney advised that a clear answer could not be given concerning the issue as the demographic of testing up take was not known. He added that Public Health was looking on a daily basis at the rate of testing across the city.
- s. Although Birmingham was a diverse city and many of the Wards were quite diverse some communities were more geographically based. If Public Health were starting to see for example the African/Caribbean community not taking up testing, then it would be expected to see areas like Handsworth, Holyhead, Lozells and Aston falling down the ranking compared to others.
- t. Dr Varney highlighted that Public Health was looking at this closely and voiced concerns about the myths that were in the community. He stated that there were some incredible technical ones – example as the swab to the back of the nose was quite uncomfortable some one was trying to insert a chip into the brain. Dr Varney advised this was not true and that it was beyond the capability of the NHS to be that clever. He highlighted that it was important to *bust* some of these myths and to encourage communities to understand that the reason this was the NHS test and trace system was that it was being governed in the same way that the General Practitioners records were.
- u. The same level of confidentiality and to secure data and there was a lot of work to ensure it was safe and robust for people to give their information and in the same way they did their doctors. This was a health initiative and a health crisis.

- v. In relation to the fall in testing figures, Dr Varney advised that some of this was when the data was looked at and when the weekend effect came through. There was a need to check on the figures the same day each week to see whether there was a pattern. A drop-in figure was seen across the whole of the West Midlands region – Solihull was 760 test and were now down to 560 and were second only to Sandwell who were doing a lot of testing as a result of the two workplace outbreaks.
- w. As yet it was uncertain why the West Midlands had dropped down in testing, but there had been some changes in the drive through testing sites. The site that was at the Midlands Metro car park was closed and was relocated to Sandwell. The Edgbaston site was closed last week, and a new site was being opened up. There was a variation in access to testing which may be the reason for the fall in testing and would be worried if it fell below 400 and would be happier if it was above 500.

20

RESOLVED: -

The Board noted the discussion at the meeting.

TEST AND TRACE IMPLEMENTATION UPDATE

Dr Justin Varney, Director of Public Health presented the item and drew the Board's attention to the information contained in the report.

(See document No. 2)

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

- I. Dr Varney noted Dr Manir's comments concerning the close proximity of the Newtown Project to Aston Pride in relation to appointments and stated that the other 5% should have an appointment and that the majority of the 5% were referred by their GP. It was noted that some GPs were referring people to the site and were forgetting to advise them to say ring 111 first.
- II. Dr Varney further noted Dr Manir's comments concerning joined up work with both sites and advised that he would take this outside the meeting, but there was a faster solution where testing could be done at the Red site.
- III. Dr Varney added that he was in active negotiation with the Department of Health (DOH) and had been told that at some point the Director of Public Health will be given an allocation of test kits each day to distribute how Public Health say fit which would allow them to do some proactive testing with high risk communities. This would also allow for support of the Red sites for those Clinical Commissioning Groups (CCG) doing testing on their own sites as it seemed illogical to have someone seeing a clinician and not swabbing them whilst they were there.
- IV. In terms of looking for sites around the city where test and trace could be done quickly, over the last month Public Health was trying to get clarity from NHS England and Deloitte and the HSE on how much space was needed. Dr Varney advised that one of the challenges had been until

Local Covid Outbreak Engagement Board – 29 July 2020

recently they had acquired a tarmac space which was equivalent to a 100-space car park. This was the car park space in front of the Warwickshire County Cricket Club, Edgbaston which was the car parking space that was needed.

- V. There were few of these within the city that could be utilised, and this was the criteria that Public Health had, and they had asked for more flexibility which came through this week. Now that Public Health had the new specification, they could start to scope alternative sites. There were three types of site that was being looked at – the 100-space car park; a site that was .08 of an acre which was about the size of a small office car park which would be a similar outdoor tent set up with portacabin as was case in Villiers Street.
- VI. The other had been some in Leicester for indoor testing sites which require a large room of around 10 to 15 square metres with tiled or vinyl floor that could be cleaned with a chlorine and bleach product. Public Health was in the process of looking at what was in the City Council's estate and with some of their partners like the universities to look at potential sites that could be used.
- VII. This proposal would then be taken back to the DOH to get agreement to start to mobilise some of these and to look at which of those they could use as a semi-permanent site like the Villiers Street site for two or three months versus sites that might be rotational like the Berry Street car park was at the moment. Dr Varney undertook to bring back a much clearer plan concerning this to the next Board meeting.

21

RESOLVED: -

The Board noted the discussion at the meeting.

TEST AND TRACE ENGAGEMENT PLAN UPDATE

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

(See document No. 3)

The Board members then made the following comments/statements: -

Councillor Brigid Jones, Deputy Leader of the City Council commented that in terms of the work done at the Ward Forums it was a useful approach particularly for her Ward which was unusual as there was half students and permanent population and was a unique mix of issues with students coming from across the country moving in and out all the time. She added that people had described some of this year's wave of freshers' flu as being fresher's flu on steroids and were worried about it as it had Covid in the mix as well.

Councillor Jones highlighted that this was really useful as they had done two with Dr Varney attending her Ward Forum meeting and was able to reassure the permanent residents about what was being done. She advised that on Tuesday evening, they had a good conversation involving the University of

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Birmingham, the Guild of Students representing the student body, members of the public and the community groups.

Councillor Tilsley commented that the constant dialogue they were able to have he was lucky that from the point of view that he sat on the Health and Social Care Overview and Scrutiny Committee and the Joint Health and Social Care Sandwell and Solihull Committees where he worked collectively not only to disseminate information which was of primary importance and every now and then to challenge some preconceived ideas and was particularly concerned with the misinformation that was being circulated in the community. These were some of the issues they needed to challenge particularly amongst the young and some community groups.

Dr Varney stated that Public Health was working with the CCGs around doing some GP awareness education events. Sessions were also being done with the British Medical Association (BMA) West Midlands. In Solihull Public Health had done two sessions for GPs through presentation and they were able to ask questions. Public Health was looking at how they could use that model and offer this to dentists and pharmacists and potentially a model for social care.

Andy Cave, Chief Executive, Healthwatch Birmingham commented that an amazing amount of work was being done around engagement and they were doing as much as they could. He added that it would be useful if they could tap into some of those resources that could be shared with Healthwatch Birmingham to ensure that they were getting the key messages right and the right target audience so that they could retarget their resources to get into communities.

Dr Varney advised that the link in Public Health was Ricky Bandall. He added that they had been working with the communication and engagement leads in both CCGs and had been learning from each other as they were sharing for example both CCGs had put forward GPs to join the meetings with Faith leaders with the Bangladeshi community and he was working with both communication and engagement leads in both areas.

Stephen Raybould, Programmes Director, Ageing Better, BVSC stated that the voluntary sector appreciated the appointments being put in by Public Health and that Dr Varney was speaking to one of their groupings this week. Mr Raybould added that Public Health could not be everywhere all of the time and that BVSC had additional networks that they could distribute information including targeting information to particular communities and particular interest groups and groups that were vulnerable. BVSC could engage with Public Health as to how they could get that information across. Mr Raybould stated that he was aware that they would need to do this as the recovery and resilience period moved forward to do this repeatedly especially around particular outbreaks and were looking to do this over the next six to nine months.

Councillor Jones stated that it was amazing to see all the work that was being done to engage all the communities and to get the message out. She added that the root cause of them having to do this in the first place was that the

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government guidance the Council got needed to be crystal clear. Much clearer message coming from the centre was needed.

Paul Jennings, Chief Executive, NHS Birmingham and Solihull CCG stated concurred with Dr Varney's statement earlier concerning collaboration in relation to the specific pieces of work with the Bangladeshi community and the work they were doing in Lozells. In general there was a lot of points of connection and Primary Care Network was kept woven into this. In a broader sense, the conversation that needed to be had with the public as they work their way through this as more and more people were getting the sense of returning to normal, but in reality, we were still a long way from normal. Some of our services provision and capacity will be a long way from normal for a long time to come.

Dr Varney commented that he welcomed the positive feedback and agreed with Mr Raybould's point that public Health could not be everywhere all the time and would pick up both his and Mr Cave's offer and ensuring the scripts and messages to help were getting to them to get the message out. Dr Varney stated that a lot had been learnt through the journey of the first wave, but that we were not through this yet as there would be a second wave. He added that the more they could start to think through how this could be done sustainably over the next year and as highlighted by Councillor Jones, how we make this part of being in Birmingham and our on-going approach to working with communities which was a real strength from the positives being seen particularly working with the Faith communities where the guidance had been vague for most of the outbreak.

It was through the collaboration with the Mosques that they had safe Eid and not seeing huge rise in cases. Through working with the Gurdwaras that had not become a vector of transmission of Covid. It was working with our Churches, particularly with our Evangelical Churches to help them navigate how to celebrate their faith without the pleasure of song which was a core part of their worship that public Health had supported them and work through with them. There were still much more to do and as the Chair had challenged him, Public Health was looking at Newham and their champion programme and will update on that at the next Board. Dr Varney stated that he welcomed the positive feedbacks and continue to do what they could to ensure everyone in the city had the information to keep them, their families and the city safe.

22

RESOLVED: -

The Board noted the discussion at the meeting.

PUBLIC QUESTIONS SUBMITTED IN ADVANCE

23

The Chair introduced the item and advised that there were no public questions submitted for this meeting. She advised that she was keen on receiving questions from the public as the public helps to see if we got things right or wrong. The Chair further stated that the reason questions from the public was needed was to be able to measure what was going on. The Chair suggested that if members of the Board members were asked a public health question by

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members of the public that this be used as a public question for the Board so as to ensure they were bringing the public along with the Board.

TEST AND TRACE BUDGET OVERVIEW

Dr Justin Varney, Director of Public Health presented the item and drew the Board's attention to the information contained in the report.

(See document No. 4)

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

- In terms of the recruitment for six Environmental Health Officers Dr Varney advised that in the recruitment of the 31 additional posts Public Health was creating, including the six Environmental Health Officers, a mixed method approach to recruitment was being taken.
- Public Health was approaching agency whilst advertising for internal secondments.
- As these were fixed term posts and it was uncertain as to whether they were needed for six months or 12 months they were needed now as Public Health did not have the time to go to a full external recruitment unless they were unable to fill the posts internally or through agency.
- Dr Varney advised that Environmental Health colleagues were working with an agency and had identified a sweep of candidates over the last few days and will be interviewing them over this week.
- It was hoped that by next week Public Health would have the additional capacity in place.
- It will take slightly longer for the public health roles as a whole suite of job descriptions were created which had made it through the first Human Resources (HR) hurdles in 48 hours which was a record for the City Council and reflected how well the City Council was putting this together as part of the emergency response.
- These were going to agency today and internal advert on Monday and it was hoped that candidates would be received for all of them within two weeks for those posts with interviews in August and the successful candidates starting in September.

It was proposed that the budget should be a standing item on the agenda for the board meetings to note.

24

RESOLVED: -

The Board noted the discussion at the meeting and agreed for the budget to be a standing item on the agenda for future meetings.

OTHER URGENT BUSINESS

25

No items of urgent business were raised.

Local Covid Outbreak Engagement Board – 29 July 2020

DATE AND TIME OF NEXT MEETING

- 26 It was noted that the next Local Covid Outbreak Engagement Board meeting would be held on Thursday 27 August 2020 at 1400 hours as an online meeting.
-

EXCLUSION OF THE PUBLIC

- 27 **RESOLVED: -**

That in view of the nature of the business to be transacted which includes exempt information of the category indicated the public be now excluded from the meeting:-

Exempt Paragraphs 1 and 2 of Schedule 12A

	<u>Agenda Item: 15</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24th November 2020
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	Paul Jennings, Chief Executive Birmingham and Solihull Clinical Commissioning Group

Report Type:	Information
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1. Purpose:	
1.1	To provide the Board with an update on the Birmingham and Solihull Sustainability and Transformation Partnership – COVID-19

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	
	Health Inequalities	Y
Joint Strategic Needs Assessment		
Creating a Healthy Food City		
Creating a Mentally Healthy City		
Creating an Active City		
Creating a City without Inequality		
Health Protection		

3. Recommendation	
3.1	The Board notes the contents of the report.

4. Report Body
4.1 Background The presentation outlines: <ul style="list-style-type: none"> • The current position in the system with regard to COVID-19 and the challenges faced • How the system is: <ul style="list-style-type: none"> ○ Protecting emergency acute hospital capacity ○ Delivering elective care ○ Managing flow and community capacity • Delivery of mental health and primary care • Workforce, and • Vaccination plans

5. Compliance Issues
5.1 HWBB Forum Responsibility and Board Update
5.1.1 For information

5.2 Management Responsibility
N/A

6. Risk Analysis			
Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#

Appendices
Presentation: Birmingham and Solihull, Sustainability and Transformation Partnership. COVID-19



Paul Jennings, Chief Executive of NHS Birmingham and Solihull CCG and
Birmingham and Solihull STP

COVID-19 Update

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Birmingham Health and Wellbeing Board 24 November 2020

Context

- **Current position**

- Birmingham = 337 per 100k case rate (as at 8/11/20)
- Solihull = 282 per 100k case rate (as at 8/11/20)

- **Challenges**

- Rising numbers and strain to protect Solihull and ROH as COVID free
- ITU activity has increased by 30% on 09/11/2020 and over 65s continue to increase
- Workforce resilience and availability is affected
- Competing for Independent Sector capacity when there is a greater COVID impact
- Restoring all elective services will be challenging given pressures

Background

- **Wave 1 of COVID-19**
 - Services suspended to manage COVID pressures in response to national guidance and local prioritisation
- **Focus during the summer**
 - Restoration and recovery focus with the aim of managing COVID in parallel with restored elective services
 - Clinical prioritisation and harm reviews carried out in light of longer waiting lists
- **Wave 2**
 - Surge plan in place
 - Increasing COVID hospital cases in comparison to bed occupancy levels during wave 1

Protecting emergency acute hospital capacity

- Heartlands, Good Hope and Queen Elizabeth Hospitals focused on COVID and emergency activity - Solihull and the Royal Orthopaedic Hospital are COVID-free elective sites for most clinically urgent elective cases
- Joint staffing models in place
- Creating additional capacity through:
 - Gynaecology day cases transferred to Birmingham Women's and Children's NHS Foundation Trust
 - Patient divert in place at Heartlands to ease demand in acute Emergency Departments (ED)
 - Outpatients appointments reduced to release staff to support acute care for COVID and emergencies
 - Maximising the use of independent sector capacity across all sites to 100% to support ITU and endoscopy
 - COVID-19 assessment unit has been established at Heartlands Hospital
 - Children and young people due to transition to adult services to be supported by children's services to reduce impact on acute/ adult services.

Delivering elective care

- Solihull and Royal Orthopaedic Hospitals are working as COVID-free elective sites to support delivery of the system's elective programme for the most clinically urgent cases, defined as priority 1 and 2 in the national guidance
- Additional theatre lists that can be completed by the Royal Orthopaedic Hospital are being identified. This includes the delivery of cancer activity
- There is a need to review and release staff resource for ITU support, this will require temporary suspension in some elective activity, the system will prioritise emergencies, priority 1 and 2 patients
- Waiting lists will be reviewed, which will include clinical prioritisation. An ongoing review of capability and capacity will take place to carry out as much urgent elective surgery as possible.

Managing system flow and community capacity

- Medically fit for discharge patients being reviewed daily to support acute hospital to a community setting
- Additional staff in place at Medical Admissions Unit and Older People's Assessment Liaison Service (OPAL) at Good Hope and Queen Elizabeth Hospitals. To be established at Heartlands
- Two additional community wards opened and a community unit re-opened to provide additional community beds and release acute bed pressure, supported by the Dental Hospital nursing team and Royal Orthopaedic Hospital nursing and therapy staff
- Birmingham Community Healthcare NHS Foundation Trust and UHB are also exploring the post-acute fractured neck of femur rehabilitation pathway to release acute beds
- The Nightingale Hospital in Birmingham remains on standby ready to quickly stand-up to provide additional capacity, if necessary. This will be a national decision.

Mental health and primary care

- Ongoing mental health and wellbeing support is being made available to staff
- Ongoing work with communications and primary care is in place to help manage public expectations, during this pressurised period regarding managing and booking appointments
- ED divert went live on 05/11/20 – this provides a diversion for patients presenting at Birmingham Heartlands Hospital with primary care conditions so they can be seen at Hobmoor Road to alleviate ED pressure
- Additional appointments at primary care at GP Referral Centres made available to support system pressures
- A new direct access number for paramedics has been introduced for clinical advice on conveyancing. General practices are providing clinical advice to indicate the most appropriate location of care for individual cases. This supports ambulance conveyance and alleviates pressures with ambulance turnaround times
- The Universal Enhanced Service Patient Offer will be paused - focus will be on core provision until the pressure reduces.

Workforce

- We are working collaboratively on key system workforce data sets, including the impact of COVID on sickness absence.
- A system risk assessment is in development to ensure staff remain safe during COVID.
- The CCG staff are gearing up to support the system with the 2nd wave of COVID.

Vaccination plan

- Flu

- National target is to vaccinate 75% of our eligible population
- Public being encouraged to access flu vaccinations/attend flu clinics - patient demand is high
- Vaccine deliveries under pressure but NHS England/ Improvement confirmed there is enough to meet demand
- Bulk of the vaccination programme is being undertaken by general practice in a COVID safe way
- Four mobile vaccination units, allowing general practice to hold clinics outside of the practice premises, and maintain COVID-security in place. Working with partner organisations to deliver vaccinations via pharmacies, care home residents, people who are housebound

- COVID

- Detailed operational plans drawn up to deliver the COVID-19 vaccination, once the vaccine becomes available
- Delivery of the vaccine will be in accordance with the priority groups and timescales identified nationally. Local plans will include measures to identify and engage with seldom heard groups.



Live healthy
Live happy
Birmingham and Solihull

	<u>Agenda Item: 16</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	24 November 2020
TITLE:	HEALTH AND WELLBEING FORUM UPDATES
Organisation	Birmingham City Council
Presenting Officer	Stacey Gunther, Service Lead, Public Health

Report Type:	Information
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1. Purpose:
<p>1.1 This update report details recent, current and future work related to:</p> <ul style="list-style-type: none"> • Creating a Healthy Food City • Creating a Physically Active City Forum • Creating a Mentally Healthy City Forum • Creating a City Without Inequalities Forum • Health Protection Forum Update <p>1.2 Sub forum meetings, excluding the Health Protection Forum, were initially paused as the Public Health Division diverted resource to support Covid-19 response. Forums are currently working online with partners or holding meetings online via Teams to move Covi-19 related items forward. It is anticipated that forums meetings will restart from January 2021.</p>

2. Implications:		
BHWB Strategy Priorities	Childhood Obesity	Y
	Health Inequalities	Y
Joint Strategic Needs Assessment		N
Creating a Healthy Food City		Y
Creating a Mentally Healthy City		Y
Creating an Active City		Y
Creating a City without Inequality		Y
Health Protection		Y

3. Recommendation
3.1 It is recommended that the board note the contents of the report.
4. Report Body
<p>Background</p> <p>4.1 The Birmingham Health and Wellbeing Board has five thematic forums. The forums oversee the development and delivery of shared action to drive city-wide improvement. The forums are: Creating a Mentally Healthy City, Creating a Healthy Food City, Creating an Active City, Creating a City Without Inequality, and the Health Protection Forum.</p> <p>4.2 Once forums resume in early 2021, forums presentations will resume at each Birmingham Health and Wellbeing Board meetings. A presentation will be given from 1 of the thematic forums for discussion. The other forums will provide written update reports. The themes will present on a rota basis, with each theme presenting at least annually.</p> <p>4.3 This report is formed of 5 written updates. Further detail specific to each Forum can be found in Appendices 1-5.</p>
5. Compliance Issues
5.1 HWBB Forum Responsibility and Board Update
<p>5.1.1 Regular updates will be reported to the Health and Wellbeing Board via a joint update report in this format, with each forum providing a presentation item rather than an information item update at least annually.</p> <p>5.1.2 Action logs of the forums shall be recorded and reviewed at every forum to ensure actions are delivered.</p>
5.2 Management Responsibility
<p>Stacey Gunther, Service Lead, Public Health Mo Phillips, Service Lead, Public Health Kyle Stott, Service Lead, Public Health Paul Campbell, Service Lead, Public Health Monika Rozanski, Service Lead, Public Health Chris Baggott, Service Lead, Public Health Elizabeth Griffiths, Acting Assistant Director, Public Health Dr Justin Varney, Director of Public Health</p>
6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Partners not delivering on the assigned actions required to enable the forums work.	Medium	Medium	Robust monitoring and regular update reports via the relevant forum

Appendices

Appendix 1 - Creating a Healthy Food City
 Appendix 2 - Creating a Physically Active City Forum
 Appendix 3 - Creating a Mentally Healthy City Forum
 Appendix 4 – Creating a City Without Inequalities Forum
 Appendix 5 – Health Protection Forum

The following people have been involved in the preparation of this board paper:

Stacey Gunther, Service Lead, Public Health
 Paul Campbell, Service Lead, Public Health
 Mo Phillips, Service Lead, Public Health
 Chris Baggot, Service Lead, Public Health
 Kyle Stott, Service Lead, Public Health
 Monika Rozanski, Service Lead, Public Health
 Elizabeth Griffiths, Assistant Director, Public Health

Appendix 4 –Creating a City without Inequalities Forum Highlight Report

1.1 Context

The forum was initially paused in March 2020, due to the increased Covid-19 response as partners re-directed their efforts to support our citizens during the pandemic. The 14th September meeting of the Creating a City Without Inequality Forum however went ahead due to its role in understanding the impact and inequalities highlighted by Covid-19 and contribution to Birmingham recovery plans.

The Forum was conducted via Microsoft Teams and attended by 24 participants, including non-members. It was chaired by Cllr John Cotton, Cabinet Member for Social Inclusion, Community Safety and Equalities. The meeting focused on the impacts of Covid-19 on health inequalities. The agenda included:

- An overview of quantitative themes from the Public Health co-ordinated Covid-19 Health and Wellbeing Impact Survey
- An overview of Sustainability and Transformation Partnership inequalities and overview of the intention to submit a document to NHS England
- An overview of Covid-19 Economic shock and its impact on health and wellbeing
- An overview of the voluntary sector Community Led Recovery Programme
- A presentation of Everyone's Battle, Everyone's Business – BCC Statement of Intent on Equality Covid-19 Action on Health Inequalities
- A presentation of the CCWIF summary to date on the effects of the pandemic on health inequalities across the life course

The following partner updates were provided:

- Smoking in Pregnancy
- Birmingham and Lewisham African and Caribbean Health Inequalities Review
- West Midlands State of the Group report August 2020

1.2 Current Circumstance

The Public Health Division are refocusing capacity to focus on the health protection response to Covid-19. As such, on the 21st September the decision was taken to postpone future meetings of the forum until the new year. Communication with the forum will continue in the interim via the LinkedIn group, with several projects continuing virtually.

1.3 Next Steps and Delivery

- The complete Health and Wellbeing Impact analysis including the pending qualitative data analysis will be shared with CCWIF members. This will bring context to the quantitative data and further inform wider work
- The Locality Director (West Birmingham) & Head of Partnership for BSol CCG will share the STPs response to implementing phase 3 of the NHS response to the COVID-19 pandemic with Forum
- Production of a public version of the health and wellbeing issues caused by economic downturn and Covid-19
- Progress actions resulting from sharing of the life course document and continuation of mapping the challenges, gaps, best practice, assets and opportunities for more effective action.

Appendix 1 – Creating a Healthy Food City Forum Highlight Report

1.1 Context

While the Creating a Healthy Food City Forum has been cancelled until at least January 2021, work continues to be delivered on the work programmes as detailed below. We note that progress has been slower than intended; there has been a significant impact on local Public Health capacity, as well as the capacity of key partners, due to the developing and ongoing COVID-19 situation in Birmingham. We have engaged a 12-month seconded Service Lead to dedicate a substantive part of their time to the food portfolio. We have also created and recruited to several fixed term posts dedicated to the local COVID-19 response and free up capacity across the division to focus on core Public Health “business as usual” outcomes.

We will be recruiting to a Graduate Role as a dedicated support to the Community Obesity Trailblazer workstreams. (N.B. The initial proposal from Birmingham City Council included part of the funding to be directed to project manager capacity; the recent partnership arrangements with the Food Foundation have meant this capacity has been resourced elsewhere; we will redirect these funds so there is no budget implication).

1.2 Current Circumstance

The **Childhood Obesity Trailblazer** is a national project to encourage Local Authorities to focus their efforts on becoming healthy food places. In Birmingham we have three workstreams to enable this ambition.

- Workstream 1 - Creating a health food planning and economic climate through creation and implementation of a developer toolkit. The content of the toolkit is for the most part created, and we will shortly enter the design phase. The substantive delivery of this work has been moved to the Place Service Lead within the Wider Determinants Team of Public Health to enable better resource capacity to deliver, and to ensure that benefits of the toolkit are maximised by considering as many Public Health place based development outcomes as possible and also be complementary to a healthy food city environment. The developer toolkit will be signed-off by the end of November 2020 and piloted on a project in quarter 1 of 2021.
- Workstream 2 - Creating a better understanding of food in the city through the Birmingham Basket. Through initial market scoping we have identified at least one supplier capable of delivering the required data, information and insight to understand how the people of Birmingham purchase food. However, we have decided a full competitive tender process should be utilised to ensure we commission the most innovative, and value for money solution. The full tender process will be initiated before the end of October 2020 for delivery of baseline data by end of December 2020.
- Workstream 3 - Creating a healthy apprenticeship workforce that understands health, healthy eating and can support a healthier food economy. We are using our leverage through the corporate management team and health and wellbeing board to ensure that commissioning specifications for employment, skills and apprenticeships services for Birmingham City Council employees

carry a health and wellbeing spiral curriculum. A spiral curriculum is an approach to education that involves regularly re-visiting the same educational topics over the course of a student's education. Each time the content is re-visited, the student gains deeper knowledge of the topic. Base line data collection commenced 12 October 2020 having agreed the evaluation process and methodology. As part of a workshop with employment, skills and apprenticeship providers on 15 October 2020 we gauged interest of providers and all providers who attended agreed that they would support the development and implementation of a practical solution. Potential barriers were identified and have led to a need to vary the approach, we can however still commence final design / implementation of spiral curriculum content. It is intended this will be in place for end of May 2020 to allow for meaningful collection of baseline data in the interim.

The **Sustainable Food Places Award** is designed to recognise and celebrate the success of those places taking a joined-up, holistic approach to food and that have achieved significant positive change across six key food issues. We have held discussions with the awarding body to finalise the application and be accredited as a food partnership that is making healthy and sustainable food a defining characteristic of Birmingham. The deadline for final submission has now been extended to 15 April 2021.

The **Food Foundation Partnership contract** has now been finalised to assist with implementation of national and international food policies and guidelines, and specialist advice, support and management of Birmingham's international relationships launched on 01 July 2020. The partners have been in ongoing conversations to discuss:

- Milan Urban Food Policy Pact's planned Milan Pact Talks event and the videos that Birmingham City Council submitted to highlight the work in Birmingham.
- The BINDI project (Birmingham Public Health partnership with Pune, India). How we can maximise sharing knowledge on food systems and work together towards Commonwealth 2022 legacy.

It has been agreed that Birmingham City Council can directly commission **WHISK to gain access to proprietary software for Nutrition and Taste profiling** to allow ingredient substitution and portion scaling. We propose to deploy this software within a pilot with Cityserve and nine small/medium enterprise (SME) food businesses in Birmingham; as part of this pilot utilising WHISK software, the food businesses involved will provide Birmingham City Council with nutrient profile recipes and portion scale.

Public Health has been liaising with the **Food Trails** project management group, and the emergent strategy to explore interventions around food and nutrition. We will continue to support and engage to ensure Public Health food portfolio and the Food Trails project remain complimentary to one another.

There has been some preliminary discussion on creating an **Emergency Food Plan** as an interim measure during the ongoing COVID-19 response to ensure that parts of the Birmingham Food Strategy that have been placed in hold, but would be of assistance to the response, can be strategically shaped and implemented. Initial

thoughts are that the plan would focus on communications around eating well and healthily despite current restrictions, the resilience of the food system, and food transport logistics. For each of these we intend to review the learning from the crisis response so far in Birmingham and wider and suggest actions for next wave, “new normal”, and consider the additional pressures that may result from the UKs upcoming exit from the European Union.

1.3 Next Steps and Delivery

- Finalise developer toolkit by end of November 2020.
- Commission a Birmingham Basket data solution by December 2020
- Commence design of Spiral Curriculum content for implementation in May 2021
- Redraft the Sustainable Food Places application by December 2020
- Continue to engage with Food Foundation and international partners on an ongoing basis
- Commission Whisk software trial by end of November 2020
- Continue to engage with Food Trails project group on an ongoing basis
- Scope the Emergency Food Plan ASAP

Appendix 3 – Creating a Mentally Healthy City Forum Highlight Report

1.1 Context

- 1.1.1 The aim of the Creating a Mentally Healthy City Forum (CMHC) is to work with strategic partners, stakeholders, Third and Voluntary sectors, Academics, and Faith Groups to improve mental wellbeing including access to mental health services for the most vulnerable and disadvantaged groups through the programmes mentioned in the Joint Strategic Needs Assessment (JSNA), the call to action in the Prevention Concordat, and the Suicide Prevention Strategy, along with other HWBB Forum: Creating a City without Inequality; Creating a Healthy Food City; and Creating a Physically Active City.
- 1.1.2 The scheduled bi-monthly meetings were disrupted by the COVID-19 pandemic. The Forum met on 10th June, but since communication has been virtually via the LinkedIn group as Public Health resource has been diverted to focus on health protection and on a work programme at population level, aimed at reducing the risk of becoming seriously ill from COVID-19. The forum is currently stepped down until January 2021.

1.2 Current Circumstance

- 1.2.1 The focus of mental health work has been on strengthening partnerships and building momentum with the Creating a Mentally Healthy City Forum virtually to support the mental health needs created by Covid-19. In addition to email communications, work is focused to establish the LinkedIn group, encouraging members to post information updates, events and publications from their own organisations. Via the LinkedIn platform, the public health team are providing information around mental health, inequalities and Covid-19 for organisations to share with their networks. As a result of increased activity on the platform, additional requests have been received for membership of the LinkedIn group, which currently has over 100 members.
- 1.2.2 The interviews for the joint Suicide Prevention Coordinator were held on Thursday 8th October. Aarti Kumari has been appointed to the role and has substantial experience in Suicide Prevention having worked as Regional Manager for Papyrus across London and Essex. The coordinator will work two days a week for Solihull MBC and three days a week for Birmingham City Council. The aim is to have the coordinator in post by the beginning of December
- The Suicide Prevention Data Sharing Agreement is now with the Coroner's Solicitor and we are working through the Data sharing Agreement with our legal team for the Real Time Surveillance System Pilot. The agreement and subsequent data flow will enable the Public Health Division to have an accurate picture of sudden death classified as suicide across Birmingham and enable us to target prevention services more effectively.

1.3 Next Steps and Delivery

- Follow the mapping exercise, with an updated report, on mental health and wellbeing support across the City
- Closer working relationship with Birmingham and Solihull CCG to maximise input and building relationships for collaborative work, which will also involve input from our partners in CMHC
- Suicide Prevention initiate working with hospitals to ensure GPs are notified when vulnerable patients self-discharge. This to ensure they have continued support in the community as they often fall out of the system
- Finalise the Prevention Concordat sign off and galvanise work programmes to support and improve mental wellbeing, as Strategic Partners and Public Health resources increase from supporting the emergency Covid-19 response.

Appendix 2 – Creating a Physically Active City Forum Highlight Report

1.1 Context

The forum met virtually on 21st October 2020, the third meeting since business as usual activity had paused following the COVID-19 emergency response. The forum specifically requested a 2-item agenda to cover the following items:

- A 1hr workshop to update the forum on the progress of the Future Parks Accelerator, with a view to agreeing future forum support.
- An update on Active Travel work in the city.

1.2 Current Circumstance

The October meeting of the Forum was chaired by Cllr Waseem Zaffar, Cabinet Member for Transport and the Environment. It was attended by 11 participants. The meeting acknowledged the continued focus on the impact of COVID-19, and once again discussed the impact on participation, impact on programme delivery, the Emergency Transport Plan and the Emergency Travel Fund. The agenda covered the following:

Future Parks Accelerator Workshop

- The workshop was chaired by Hamira Sultan, Consultant in Public Health, Birmingham Public Health/Director: Future Parks Accelerator (FPA)
- An overview of the FPA
- FPA achievements to date
- What is being asked of the forum
- An introduction to the FPA included Naturally Birmingham's Vision, including the 5 strategic outcomes and how this links to the Council Plan.
- An explanation of the bidding and award process was presented
- An overview of the framework that underpins the programme was presented, this focused on 5 key components: 1) a new governance model for the natural and green environment; 2) environmental justice framework; 3) a healthy city framework; 4) a sustainable finance framework; 5) citizen engagement framework
- It was put to the forum members that they have a key role to achieving the framework and the 5 components.
- A discussion took place with reference to connecting green spaces to physical activity, active travel, and health and wellbeing outcomes.
- The CPAC forum members were asked to articulate their thoughts as to how they could contribute to the delivery of the framework.

Active Travel

- An update on the progress of the Emergency Active Travel Fund (EATF) tranche 2 funding bid was given, this focused on the potential for another 1000 free bikes to be made available to residents of the city, and the potential for an active travel/walking & cycling social prescribing pilot could be extended from Sandwell to Birmingham as part of the funding package.
- An update on the Bloomberg/Partnership for Healthy Cities project was given, highlighting progress against the milestones of the work plan. This included the completion of the Seldom Heard Voices surveys, future insight work, and the commissioning intentions to appoint a marketing and communications provider to develop the campaigns and social media messages that will underpin the project.

1.3 Next Steps and Delivery

- Consider the findings from the workshop and follow up forum members who have made specific commitments to the FPA
- Continue to monitor the EATF tranche 2 funding decision (yet to be announced by DfT)
- Consider an agenda that focuses on resilience and recovery for the next meeting in February

Appendix 5 – Health Protection Forum Highlight Report

1.1 Context

Due to the covid outbreak the Health Protection Forum (HPF) have been meeting every 2 weeks since the 30th June 2020. Approximately 80% of each meeting is devoted to discussing the current coronavirus situation and response, with the remainder covering other health protection concerns.

1.2 Current Circumstance

The HPF coronavirus discussions include:

1. The coronavirus outbreak plan
2. Testing – drop and collect programme
3. Mobile testing logistics
4. Outbreak summaries and learning
5. Testing results – trends, patterns, rates of change
6. Development of plans in response to 1-5 above
7. Infection prevention and control plans and issues
8. Review of activity from the working groups
 - a. Residential and clinical settings (including care homes, hospitals, primary care, children's residential settings)
 - b. Education settings
 - c. Other settings (including homeless settings, workplaces etc)

Non-coronavirus discussions include:

1. Challenging health protection cases
 - a. TB
 - b. Blood-borne viruses
2. Vaccination and screening programme plans and delivery (including flu, MMR and other childhood vaccinations)
 - a. CCGs/STPs have produced detailed local delivery plans with all local providers (incl. GPs); plans address limitations because of coronavirus, higher uptake targets, additional target cohorts and expected higher demand for vaccination

1.3 Next Steps and Delivery

The short- and medium-term focus is on the planning and delivery of the NHS seasonal flu programme that is commissioned by NHSE&I and delivered by GPs, pharmacies, hospitals and vaccination service providers. Planning is led by BSol STP (and includes the West Birmingham area) Local plans are led by BSol CCG and uptake activity will be reported into the HPF.

Planning for the delivery of the SARS-CoV2 (known as covid) vaccination programme is ongoing and will report into the HPF.

The Forum will also be seeking assurance on plans for catch-up child vaccination programmes that have been impacted by coronavirus.

