

SOLIHULL HEALTH & WELLBEING BOARD - 12 May 2020

SOLIHULL HEALTH & WELLBEING BOARD

12 MAY 2020

- Present: Councillor Karen Grinsell – Cabinet Member for Adult Social Care & Health
Councillor K Meeson – Cabinet Member for Children, Education & Skills
BSol CCG – Paul Jennings and Dr Peter Ingham
University Hospital Birmingham - Lisa Stalley-Green
Public Health – Ruth Tennant
Adult Social Care - Jenny Wood
Children's Services - Louise Rees
Schools Strategic Accountability Board - Louise Minter
Birmingham & Solihull MH NHS Foundation Trust - Gianjeet Hunjan
West Midlands Police – Richard Ager
Solihull Community Housing - Fiona Hughes
Voluntary & Community Sector - Anne Hastings and James Voller
- Officers: Denise Milnes – Public Health
Joseph Bright – Democratic Services

1. APOLOGIES

Chief Superintendent Lee Wharmby (Superintendent Richard Agar).

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

Ms Janet Marsh, a local resident, submitted a written deputation that was read out at the meeting. The deputation concerned the recent changes to services at Solihull Hospital, during the Covid-19 pandemic. Ms Janet Marsh queried what assurance were being given that, when the crisis was over, Solihull got back its Minor Injuries Unit, Urgent Treatment Centre and other facilities that had been temporarily closed during the crisis. She also queried how the return of these services would be monitored by this Board and other parts of the Council.

Paul Jennings detailed how they had had to suspend the usual arrangements for consultation and engagement on changes to hospital services, due to the extreme pressures caused by the Covid-19 crisis. He explained they were now focusing on how these services could be restored, whilst monitoring the ongoing circumstances.

Paul Jennings explained that, in regards to the Minor Injuries Unit (MIU) they were looking to identify an alternative location for this provision within the Borough, whilst the temporary changes to Solihull Hospital were in place.

Councillor K Grinsell requested for the Health and Adult Social Care Scrutiny Board to consider the changes to services at Solihull Hospital. It was also noted that changes to

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University Hospital Birmingham services were scheduled to be considered by the Birmingham and Solihull Joint Health Overview and Scrutiny Committee on 11th June.

Ms Margaret Ruane, a local resident, submitted a written deputation that was read out at the meeting. The deputation concerned the application by the Council of Care Act easements. Ms Ruane raised a number of points, which included the consultation with service users where there had been cessations to their packages of care, as well as the ongoing safeguarding arrangements.

Jenny Wood explained that, when she provided the overarching statement for Adult Social Care, scheduled later on the agenda, she would update on the Council's approach to applying Care Act easements. She also highlighted the published report to the Cabinet Portfolio Holder relating to the easements, which related to a number of points raised. Jenny Wood additionally noted that other questions also submitted in advance covered some of the same areas and she planned to cover those later. (Please note – it was subsequently agreed for written responses to be provided to the questions Members had submitted in advance of the meeting).

Councillor K Grinsell also requested for the Health and Adult Social Care Scrutiny Board to review the application of the Care Act Easements.

4. COVID-19 UPDATE

Ruth Tennant - Public Health:

The Director of Public Health provided a verbal update on the Covid-19 pandemic, including an overview of the key response phases and planned next steps. The points raised included the following:

- The background to the Covid-19 pandemic – on 17th January, Public Health England (PHE) highlighted the emergence of a virus in China, noting the location of an Airport within the Borough.
- The first two cases were identified in the UK at the end of January. At the beginning of February the Government announced the first stage of the UK's response plan, which focused on containment. This included identifying people exhibiting signs of Covid-19 very quickly, undertaking testing and pursuing contact tracing where possible.
- During the initial containment stage, there was great emphasis upon infection control measures, including hand washing, as well as the issuing of guidance to key service providers, such as schools and care homes.
- At the end of March there was the move into lockdown. There was a rapid implementation, across agencies, to introduce measures to protect vulnerable people – this included advising people with underlying health conditions to self-isolate, as well as ensuring they had access to support, including the delivery of food parcels and medicine through the shielded programme.
- Covid-19 had followed a regional pattern – London initially experienced a high number of cases, followed by the West Midlands. There was evidence now that the North East and North West were reporting the highest levels of cases, having had fewer in earlier phases. The manner in which the virus spread across different areas needed to be considered when coming out of lockdown.
- For Solihull there had been over 200 deaths within the Borough, out of 32,000 deaths nationally so far. Solihull had experienced proportionately high death rates – whilst the underlying reasons for this needed to be subject to ongoing review, it was thought this may be due to the severe impact of Covid-19 upon the elderly, with Solihull having a relatively large elderly population.

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- They were closely monitoring the data being released by the Office of National Statistics to review the impact of Covid-19 upon different groups, including deprived areas, ethnic minority groups, as well as different occupational groups. There was ongoing evidence that ethnic minority groups, in particular, were disproportionately affected even after deprivation and existing health conditions were taken into account. Men and older groups also appeared more likely to be impacted as well.
- There was clear evidence that children did not appear to be as severely affected by the virus, compared to other groups. There was ongoing monitoring as to whether children experienced the virus at a low level and may cause others to get infected.
- The severe impact upon Care Homes was also highlighted – there was evidence coming through now, both nationally and internationally, that elderly people did not always show the classic symptoms of Covid-19, including a high fever and rapid onset persistent cough. This caused significant difficulties in identifying all cases rapidly.
- For Solihull so far there had been 23 outbreaks within Care Homes, with 52 deaths recorded. The Council worked with NHS colleagues including the CCG, UHB and PHE to provide intensive support measures for Care Homes including rolling out testing for every single Care Home resident, not just those exhibiting symptoms – so far 320 people had been tested through this programme. In addition, they had been making sure staff had access to emergency supplies of Personal Protection Equipment (PPE). Advice was also being provided to Care Home staff on use of PPE, caring for residents with Covid-19 and making sure they had access to the right clinical support.
- In regards to PPE, local councils had been receiving emergency drops through the West Midlands Local Resilience Forum. A local depot had been set up to store PPE for the Borough. A mutual aid agreement had been established with the NHS, to share supplies between agencies. The response from local businesses was also highlighted – for instance, Jaguar Landrover had provided face visors.
- The lockdown strategy had positively impacted on the rate of infection (the R number). At the pandemic's peak the R number had been estimated at as high as 3 – this was now estimated to be below 1 but it was clear that a significant proportion of people remained at risk from the virus. At that stage, the following tools were available to fight the virus:
 - Social distancing – including the public continuing to follow social distancing guidance as well as reviewing how this could be maintained adequately as lock-down measures were gradually lifted, including in schools.
 - Testing – there had been a significant expansion in testing, for a wide range of key workers, now available through an on-line portal. Over 1.4 million people had been tested nationally and this was expected to increase over the next few weeks. The main site for testing locally was Edgbaston. It was important to clearly communicate to the public what the purpose of testing was. The current 'swabbing' tests only detected if someone currently had COVID and needed to be undertaken within the first few days of infection to be effective.
 - Contact tracing – an app was being trialled on the Isle of Wight with a contact centre to follow up cases and contacts nationally and regionally. This would need to be accompanied by the right measures at local level.
- Going forward, it was believed Covid-19 had three potential health impacts:
 - Direct health impacts from the virus.
 - Indirect impacts caused by delays to other treatments or people putting off seeking help because of concerns around infection. Getting these on track

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and also ensuring rapid plans for the winter flu seasons would be key to reducing some of these wider and longer-term impacts.

- Economic impact – there needed to be consideration of the impact of Covid-19 on existing inequalities. It was also acknowledged the virus had significantly impacted upon mental health and wellbeing and also that, in the longer term, unemployment and the associated impacts on income was associated with worse health.

Paul Jennings - Birmingham and Solihull Clinical commissioning Group:

- The CCG assessed the modelling for Covid-19 at the start of the outbreak, which indicated potential infection levels amongst the general population. They undertook measures to prevent NHS services from being overwhelmed – as an example, this included increasing ventilator capacity twelve fold.
- There was a significant volume of collaborative work undertaken amongst Primary Carers – this enabled continuity of services, whilst facing increased demand, as well as staff absences due to sickness and shielding.
- A tiered Primary Care service was quickly developed, where the majority of GP practices were designated ‘green sites.’ Here all consultations held were virtually, to prevent infections. There were ‘purple sites’ for patients who required face-to-face appointments, such as immunisations, vaccinations and maternity care. There were ‘amber sites’ where patients with Covid-19 were believed to be present – here additional precautions were taken with staff and patients, including the provision of PPE. Overall, across Birmingham and Solihull there were 163 of these Primary Care sites working together, with 20 designated ‘amber sites.’
- The Covid-19 care assistant was developed – a free standing web-based application, which invited users to identify their symptoms using Artificial Intelligence, as well as provide advice on managing the illness. Live chat was also provided, where trained staff provided advice. These additional services enabled residents to manage their symptoms and illness when they didn’t need to access Primary Care.
- As the lockdown measures were eased, it was recognised there may be increased demand for Primary Care services.
- There were also ‘red sites’ – here patients known to be infected with Covid-19 were invited to receive examination and support. This provision helped reduce the impact on hospital services.
- There was an extensive Mental Health offer – including provision for young people, adults and key workers. It was agreed for a link to these services to be included with the minutes - <https://www.birminghamandsolihullccg.nhs.uk/your-health/mental-health-support-offer>
- The NHS was now entering the restoration phase, where they were re-establishing the services withdrawn during the crisis – it was anticipated this would take up until end of June. The following phase was recovery, expected to take until the end of the year – this included elective waiting lists, as well as medical investigations that hadn’t taken place due to the pandemic. It was anticipated a significant focus for the NHS and Primary Care would be treatment for patients with other conditions who hadn’t sought support during the crisis.
- Dr Ingham requested to publicly acknowledge the response of General Practices throughout Solihull – he emphasised how they had come together in an unprecedented manner to ensure excellent, robust provision throughout the crisis.

Dr John Davenport – GP Locality Lead Solihull:

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- There had been a lot of excellent leadership throughout local Primary Care to ensure effective collaborative work across the Borough.
- A home visiting service had been established, to support vulnerable residents believed to be exhibiting signs of Covid-19.
- Extensive work had been undertaken to support Care Homes. He also welcomed the work of the local community nursing teams.

Lisa Stalley-Green – University Hospital Birmingham:

- The Trust started planning at the end of January – this included creating additional capacity, as well as establishing two routes for patients across all hospital sites to separate negative and positive Covid-19 cases. They also maximised ventilator capacity.
- The Trust also stopped some of its tertiary and elective activity in mid-March, in order to re-deploy approximately 8000 staff. They also cancelled annual leave.
- In total, the Trust supported 3091 Covid-19 positive patients – many of these patients were now helping with antibody testing.
- The Trust faced its peak volume of cases during the 2nd to 4th week of April, where at any time they had up to 170 patients ventilated. The majority of these patients required 2 – 3 weeks ventilated care, as well as intensive in-patient rehabilitation afterwards.
- Heartlands Hospital experienced the majority of cases at one stage, resulting in the Trust diverting patients to the Queen Elizabeth Hospital for intensive care treatment, demonstrating the benefits of the CCG merger.
- The Trust recorded over 800 deaths of patients from Birmingham and Solihull. In total, the Trust discharged over 2000 patients, a high proportion of whom required ventilated care.
- Further major priorities for the Trust included maintaining the safety of the workforce. The Trust commissioned a lot of health and wellbeing and psychological support – this included counselling available 24 a day.
- At any stage, the Trust had approximately 3000 staff unavailable, due to shielding and sickness. Staff testing had been in place for some weeks.
- The Trust experienced one Covid-19 death in service, a nurse from Heartlands Hospital. In addition, a number of staff had received ventilated care.
- Additional capacity was established at the NEC, providing additional bed-based care for the whole region. Approximately 900 staff had been inducted, who could provide support. The site could potentially be opened within 72 hours in cases of further outbreaks.
- In regards to next steps, the Trust was looking to restart elective activity they had previously had to stand down. They were also looking to establish more cold sites (Covid-19 negative) within their intensive care units, to undertake more tertiary activity, including major trauma pathways.

Jenny Wood – Adult Social Care:

- The focus for ASC had been to maintain services as far as possible during the pandemic, whilst facing a significant increase in demand for care and support. Working practices had had to change significantly.
- A number of staff had been redeployed to different roles – for instance, day services staff had provided help within the Council's small homes.
- Additional Social Care support had been established for residents discharged from hospital. A model of Social Care support had also been developed, if required, for the Nightingale Hospital.
- Additional Adult Social Care support was being provided for residents' shielding, consisting of over 6000 people within the Borough. Support provided included food and medicine deliveries, as well as welfare checks.

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- They were also responding to increased contacts from individuals and families, who required advice and additional support. Extended staff rotas had been established to help manage this. There was also close collaborative work between ASC and external providers.
- HWBB members were already aware that the Council had applied the Care Act Easements to help manage capacity challenges, both within the Council and the independent sector, whilst also ensuring continuity of support for the most vulnerable. The main impacts here included the closure of day services, which was also required in order to maintain social distancing. There were also changes to support for some people receiving low level care and support.
- Where changes in support for peoples' care had been required, whether this was a change or increase where the care had become more complex, the Social Care teams had worked very compassionately with those affected. This had consisted of individual and family level support in order to clearly communicate all changes.
- They were monitoring the complaints received during the pandemic and, to date, there hadn't been an increase in the complaints trend. It was noted there had been some very touching compliments recently about the kind and committed care that social care staff were continuing to provide.
- A number of local residents had chosen to cancel their care during the pandemic, because families and friends were able to provide support.
- There wasn't evidence that families were looking to remove their relatives from Local Authority placements. There were some indications that, over time, we may see a fall in new care home placements – this would be subject to ongoing review. This may be attributable to residents choosing to stay at home for longer, with support.
- It was recognised this was an anxious time for residents in receipt of support – as a consequence, practitioners were maintaining contact to provide assurance, consisting of advice and extra support. Extended staff rotas and working hours would continue to help meet this additional demand.
- There was significant support from the local Carers Trust, who had ensured proactive communications and advice for all carers.
- Jenny Wood noted that, including NHS voluntary and community sector colleagues, ASC remained in contact with local organisations and continued to seek feedback in terms of maintaining an approach that was most helpful for the people they supported and their carers and families at this time, especially as they went into the next phase of managing the impact of Covid-19 – ensuring clear messages regarding safety and infection control, whilst recognising the impacts of isolation.

Louise Rees – Children's Services:

- As lockdown measures were introduced, local Schools were closed, except for children of key workers and vulnerable children.
- The Local Authorities were issuing daily communications to Schools, collating advice from a range of different agencies.
- Originally approximately 300-400 pupils were attending School. They had worked with Schools and Early Years settings to ensure continuity of School provision during the Easter holidays.
- During the pandemic, the volume of pupils attending School had increased, especially children classified as vulnerable. There were now approximately 800 pupils attending School. (Since the meeting the number has increased to just over 1,000).
- They had been working with catering services and the Resources Directorate in regards to Government guidance concerning free School meals, including

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provision for pupils not in School. Schools had also led on implementing the national voucher system for free School meals.

- Schools had also focused upon ensuring robust safeguarding, including for pupils not attending School. At the start of the pandemic, the Local Authority developed guidance on safeguarding for Schools and Early Years settings and introduced a weekly return so they could ensure any concerns about vulnerable children were followed up.
- Schools had been extremely proactive on identifying activities for pupils to undertake remotely, especially in regards to art and music.
- In regards to Children's Social Care – it was noted the outbreak occurred at the same time the Local Authority was implementing a new case management and recording system.
- The Multi Agency Safeguarding Hub (MASH) had operated throughout the pandemic. The volume of contacts to the MASH had fallen, which reflected national trends – it was recognised demand would increase when lockdown restrictions were relaxed.
- All statutory work had continued, remotely where required – for instance, holding virtual core group meetings and Child Protection conferences. Court mandated family contacts had continued through virtual means rather than face to face. The LSCP had endorsed the necessary changes to ensure that our safeguarding and protection and duties could continue.
- Social Work visits had been undertaken in accordance with statutory requirements, meaning children were still being seen at home unless there were confirmed or suspected cases of Covid-19.
- All open Children's cases were RAG-rated at the start of the pandemic, in order to prioritise available staff.
- In regards to next steps, they were reviewing the guidance issued for Schools following the Prime Ministers statement on Sunday, 10th May. The government's expectation was that nursery, reception, Year 2 and Year 6 Primary pupils would start returning to School on 1st June. Years 10 and 12 in Secondary School would also have some teaching time. The Local Authority was working very closely with Schools to support the necessary preparations for this, including undertaking risk assessments. Whilst some schools may open on 1 June, others may not open until the following week depending on the outcome of their risk assessment. A position statement and set of working principles had been agreed with schools.
- The Local Authority would also be taking delivery through the national scheme (timescales to be determined) of around 600 items of IT equipment for vulnerable children and young people who didn't have digital access to support their learning.

Louise Minter – Schools Strategic Accountability Board

- Schools had remained open for the children of key workers, as well as vulnerable children.
- All Schools had undertaken a significant amount of work to support home learning – this had been particularly challenging for families with 2 or 3 children at different educational stages.
- The mental health and wellbeing of children was a major priority for schools throughout the lockdown.
- All Schools were implementing new policies and procedures following Government guidance – this included maintaining social distancing and open spaces, cleaning schedules, daily attendance records.
- Weekly safeguarding returns had been submitted to the Local Authority for vulnerable children. Schools had also undertaken other measures to check on the welfare of pupils, where appropriate.

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- Schools had led on the introduction of the free School meal vouchers.
- Schools had pursued furloughing, where required, for childcare provision. This had been challenging, partly because this provision was funded by both the Local Authority, as well as privately by parents, which impacted on eligibility.
- The daily communications from the Local Authority had been extremely helpful, especially due to the volume of guidance issued by different agencies.
- Schools were currently reviewing the guidance issued, following the Prime Ministers statement on Sunday 10th May, noting the priority groups for Primary and Secondary Schools returning on 1st June.
- Guidance advised class sizes of 15. Schools were now focusing on ways to achieve this, whilst maintaining the required social distancing measures. Schools were closely collaborating on this locally to help maintain consistency across the Borough.
- Schools were currently looking at measures such as staggered start and finish times, as well as staggered lunch times.
- Many Schools had staff unavailable due to sickness and shielding, impacting on the capacity of Schools overall.
- Government guidance advised that PPE was not required within Schools – however there still needed to be consideration of staff and parent concerns.
- It was recognised some parents may be reluctant to send their children to School. Schools had issued a simple questionnaire, which requested parents to state whether their child would be returning or not.
- The Government guidance to date stated that parents were strongly advised to send their children to School, where appropriate; however it was not compulsory. The Government had advised there would be no fines for non-School attendance.
- Pupils and staff with underlying health conditions would continue to remain at home.

Gianjeet Hunjan – Birmingham and Solihull NHS Mental Health Foundation Trust

- The Trust had continued to provide mental health support for all Solihull residents, across all age groups, by maintaining all service provision.
- The Trust had used digital technology to maintain contact with all known service users. This was also used for all new patients referred during the lockdown, across all age groups.
- The Trust would continue its digital offer, post lockdown, as it was an effective tool for supporting more service users. The Trust would also continue to offer face-to-face support, tailoring the service to suite individual preference.
- Solar leads were linking with all Schools across Solihull to ensure provision was in place to support pupils, including for when restrictions were lifted.
- The Trust had a digital platform to support mental health and wellbeing, to support young people aged between 11 to 25 years. They were actively reminding children and young people of the availability of this service.
- The Trust had worked with 3rd sector organisations, including MIND and the Living Well Consortium, to provide an all age 24 hour 7 days a week helpline for the general public. There were also specific helplines for key workers and for children and young people. In addition, there was specific support for black and ethnic minority (BME) communities.
- The Trust had also worked with BSol CCG, Solihull Bereavement Services and Marie Curie to provide support to families affected by bereavement. As part of

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this collaboration, there was specific support for key workers, children and young people, as well as people from BME communities.

Superintendent Richard Agar – West Midlands Police

- The Police had seen a change in crime types after the lockdown was introduced – with burglary, robbery and violent crime very low. There was also increased evidence of crimes such as domestic abuse – the Police was closely monitoring this, to ensure victim support.
- There was increased evidence of neighbour disputes, following the introduction of lockdown measures.
- The Police had not recorded an increase in hate crime in Solihull since the beginning of the pandemic.
- The demand for Police services remained the same as pre-lockdown, whilst the type of incidents they were responding to had changed.
- A significant focus for the Police had been maintaining visibility in key locations and open spaces, including retail areas, as well as health and hospital locations. There was also a focus upon engaging with the public, to emphasise the lockdown restrictions.
- The vast majority of residents within Solihull had adhered to lockdown measures – fixed penalty powers and dispersal powers had only had to be used on limited occasions. The Police had focused upon engagement, where possible, prior to resorting to enforcement action.
- All Police annual leave had been cancelled when the lockdown was introduced. Some staff had been unavailable due to sickness and shielding.
- Going forward, the Police was working in close collaboration with NHS colleagues, the Council and other partners, as the lockdown measures were eased.

Fiona Hughes – Solihull Community Housing (SCH)

- SCH had maintained all its essential and emergency services. This included critical repairs, homelessness and customer services.
- The main service stopped following the introduction of the lockdown had been Allocations, in accordance with Government guidance. It was noted this didn't include emergency allocations.
- Routine repairs had been stopped – SCH were looking at reintroducing this, following the Governments recent guidance.
- SCH had focused upon support to vulnerable customers throughout the lockdown. They had also worked closely with partners to support the Operation Shield initiative. A lot of staff had agreed to be redeployed to support this area of work.
- SCH had experienced an increased demand for its Homeless services. They had increased the volume of temporary accommodation available. The Board was provided assurances that anyone who approached SCH or its partners had been offered accommodation. It was noted this included support for rough sleepers.

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- Another major priority area for SCH and its partners was domestic abuse – temporary accommodation was available throughout the lockdown for emergency situations.

Anne Hastings – Voluntary and Community Sector

- Age UK Solihull and other voluntary sector organisations had adapted its services following the introduction of the lockdown, which included the introduction of telephone-based services. There was a major emphasis upon maintaining contact with older vulnerable residents.
- A major change included the establishment of a food bank at the Core to help meet the needs of vulnerable residents.
- Age UK Solihull and other voluntary sector organisations were now working closely with Helping Hands at the Renewal Centre, to provide residents regular food parcels and volunteer shoppers. There was also close collaboration with the Council, including redeployed staff.
- An additional 170 volunteers had provided support during the pandemic. A lot of support had been provided by local businesses within Solihull.
- There was also close collaboration with the Police, particularly in cases where voluntary sector staff were attempting to visit vulnerable residents, but were unable to get a response.
- Age UK Solihull and other voluntary sector organisations were also working with Adult Social Care services, to ensure residents received support following the application of Care Act Easements.

James Voller – Voluntary and Community Sector

- Across the voluntary and community sector there had been close collaboration, sharing resources and information. There was support provided across the Borough, to ensure everyone received the necessary support.
- There had been a significant focus on food delivery, including the Around Again Social Supermarket and the Kingfisher foodbank.
- A further major area of focus was maintaining contact with local residents – in order to provide information and advice, as well as maintaining social contact. It was emphasised the community of Solihull had provided great support with this, with 5 Covid-19 mutual aid online communities established, consisting of 5000 people, since the beginning of the outbreak.
- There were many examples voluntary sector organisations had provided support throughout the pandemic – it was agreed for a briefing note to be circulated to the Board, setting out the work of these organisations.
- The voluntary sector had worked closely with the Council throughout the crisis – a conference call had been held with 20 VCS organisations every week, providing valuable opportunities to share resources, information and advice. It was also emphasised how lead officers at the Council had been responsive to VCS queries throughout the crisis.

5. QUESTIONS FROM BOARD MEMBERS

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Written response to be provided to questions submitted in advance of the meeting.

End time of meeting: 4pm