

SOLIHULL HEALTH & WELLBEING BOARD - 9 June 2020

SOLIHULL HEALTH & WELLBEING BOARD

9 JUNE 2020, 2:00PM

- 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 John Davenport
Public Health – Ruth Tennant
Adult Social Care – Karen Murphy
Children’s Services - Louise Rees
Healthwatch – Chris Warne
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
Councillor L McCarthy – Opposition Spokesperson
Councillor Dr R Sexton – Opposition Spokesperson
Councillor M Brain – Opposition Spokesperson (joined meeting at 3:45pm)
- Officers: Denise Milnes – Public Health
Joseph Bright – Democratic Services

1. APOLOGIES

The following apologies were submitted:
Dr Peter Ingham, Bsol Clinical Commissioning Group, (Dr J Davenport – substitute)
Jenny Wood, Director for Adult Care and Support, (Karen Murphy – substitute)
Lisa Stalley-Green, University Hospital Birmingham
Chief Superintendent Lee Wharmby (Superintendent Richard Agar – substitute)
Louise Minter, Solihull Schools Accountability Board

2. DECLARATIONS OF PECUNIARY OR CONFLICTING INTERESTS FROM MEMBERS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

4. MINUTES

The Board received the minutes of the previous meetings held on 10th March and 12th May 2020.

RESOLVED

That the minutes of the meetings held on 10th March and 12th May 2020 be confirmed as correct records.

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The Chairman detailed how she wished for the Board to hold one minute's silence in memory of those lost during the pandemic – she explained how she believed it would be most appropriate to undertake this when formal meetings were being held again at the Civic Suite. The Chairman also requested for a permanent memorial to be established within the Borough to remember those who lost their lives.

5. VOLUNTARY COMMUNITY AND SOCIAL ENTERPRISE SECTOR COVID-19 RESPONSE

James Voller presented the report, which summarised the work of the Voluntary Community and Social Enterprise Sector (VCSE) in supporting those most affected by the pandemic. In doing so, he emphasised that a lot of support work undertaken by neighbours and local community groups may never been known about, other than by those individuals engaged in it. The points raised included the following:

- Support work had been undertaken across the sector including charities of all sizes, faith groups, social enterprises and local community groups. There had been high levels of collaboration, to help avoid duplication.
- Age UK Solihull and Helping Hands worked closely together to make and deliver a significant volume of food parcels throughout the Borough.
- It was believed that, during the pandemic, help was provided throughout the Borough – there were no reports of specific locations not receiving support.
- There was also extremely close partnership working between the VCSE and the Council – it was explained how the Assistant Director for Communities and Partnerships held a weekly telephone conference with local VCSE organisations, with a specific focus upon ensuring all groups received the necessary support. It was also noted how the VCSE had focused upon support to the most vulnerable residents, whilst recognising the pressures on local statutory services.
- One particular feature of the pandemic for the VCSE was the speed at which local groups had to adopt new ways of working – many had to shift very quickly from face-to-face services to telephone and virtual working.
- On-going challenges to VCSE groups included sustainability, especially those reliant upon social enterprise subsidiaries.
- The biggest challenge for the VCSE sector now was re-introducing those services previously provided, particularly for local groups focused upon face-to-face activities, such as sports clubs.
- There had been a major upsurge in local community work throughout the pandemic and there was a wish to help maintain this – there was a need for ongoing collaboration across the VCSE sector, to avoid duplication with already existing groups.
- It was welcome how, during the pandemic, local mutual aid groups had helped to identify cases of vulnerable residents previously unknown.
- Many of these mutual aid groups may wish to continue in some form, post-pandemic – it was noted that, once these groups became more formalised, they may have to deal with issues such as insurance and liabilities. The VCSE sector was looking to establish a potential 'buddying' system to offer support with this.

Several Members expressed their thanks to the VCSE sector, for all of the work undertaken throughout the pandemic – it was agreed for this to be formally recorded in the minutes.

Members raised the following queries and observations:

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- Councillor Dr Sexton queried the experience of the VCSE sector in dealing with the challenge of identifying and supporting residents at risk of 'slipping through the net.' Anne Hastings detailed the volume of work undertaken by VCSE organisations and the Council to engage vulnerable residents. It was noted how 7000 letters were delivered to those most at risk, providing contact details for support. In cases where they were unable to get responses from residents, when delivering food parcels, the Police were contacted, who had been extremely helpful. Daily phone calls were also held with the most vulnerable residents.
- Councillor McCarthy emphasised the volume of work undertaken by VCSE organisations throughout the pandemic – she queried whether demand was easing, as lockdown restrictions were being lifted. Anne Hasting detailed how demand was easing and VCSE groups were now focusing upon supporting the most vulnerable individuals.
- Councillor Meeson highlighted the practical challenge for VCSE organisations that operate from specific premises, such as local lunch clubs and Scout Associations – he detailed the volume of guidance issued by Central Government on the reopening of such premises. He emphasised the need to ensure good advice on this was available for smaller organisations. James Voller detailed how larger VCSE organisations had undertaken risk assessments for reopening their premises and were sharing this with smaller groups – it was noted that CAVA (Community and Voluntary Action) would provide a good forum to share information on this.
- Ruth Tennant highlighted the issue of local residents experiencing anxiety about leaving their homes, as lockdown measures were eased. She requested for the Board to consider how they could collectively work together on this going forward, to ensure clear messages and support for vulnerable groups to go out, where it was safe to do so – especially due to the on-going impact on physical and mental health.
- Anne Hastings detailed how a future focus for the VCSE sector was for volunteers to support vulnerable residents to leave their homes, to go for walks and visit local shops, etc. She also explained how they were currently distributing face coverings to local vulnerable residents. James Voller detailed how VCSE groups had been supporting residents with autism throughout the pandemic – he explained how there needed to be a specific focus upon supporting these residents, as the lockdown measures were eased.

RESOLVED

The Board requested to put on record their thanks and appreciation to the Voluntary Community and Social Enterprise Sector for all of the work undertaken throughout the Covid-19 pandemic.

6. LOCAL COVID OUTBREAK MANAGEMENT PLANS

Ruth Tennant presented the report, updating the Board on plans for the development of a Local Outbreak Management Plan for Solihull, as part of a wider Coventry, Solihull and Warwickshire pilot. The points raised included the following:

- There had been a significant decline in the volume of new cases, deaths and hospital treatments relating to Covid-19.
- Nationally, the volume of people with Covid-19 was believed to be approximately 1 per 1000, compared with 4 per 1000 in late April.

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- Approximately 7% of the population was believed to have been infected by the virus.
- Nationally the R rate was falling, with variation across different regions. Within the Midlands the R rate was currently at 0.9.
- Going forward, it was anticipated there would be regional outbreaks, relating to specific locations and events.
- As part of the next phase of the response to Covid-19, it was essential to quickly identify new cases and ensure rapid self-isolation.
- The NHS Test and Trace service was launched on 28th May and was a central part of the government's coronavirus recovery strategy. Anyone with symptoms of Covid-19 would be tested and their close contacts would be traced and issued guidance on isolating for 14 days.
- The Council was now responsible for developing Local Outbreak Management Plans, working with key partners, including NHS England and Public Health England. Councils were being asked to set up local Boards to oversee these plans – it was believed the Health Protection Board would be an appropriate forum to undertake this, with reporting to the Health and Wellbeing Board.
- Also, a local Board would be established, with local politicians, to ensure political oversight.
- As part of the development of the Local Outbreak Management Plan, a collaborative pilot would be undertaken with Coventry and Warwickshire, including measures such as the deployment of mobile testing units. On-going learning from the pilot would be shared with other Councils and partners.
- Public communication was also extremely important – it was essential to ensure clear messages about hand washing, maintaining social distancing and rapidly self-isolating when required.

Members raised the following queries and observations:

- Councillor Grinsell queried the local capacity for the Test and Trace service. She also noted the reference to the use of a local mobile testing unit and queried when this could be introduced.
- Ruth Tennant explained that, in regards to capacity, the Department of Health and Social Care had identified funding of £300m to Local Authorities, for the development of outbreak control plans. The Council was awaiting its own funding allocation from this. In addition, they would look to draw in local officers with the right skill sets to support the delivery of the Test and Trace service. In regards to a mobile testing unit, there were ongoing discussions with NHS colleagues – drawing on the experiences of the larger testing sites, such as Edgbaston, whilst also considering the potential for highly localised testing arrangements.
- Councillor Dr Sexton detailed how she had been informed of concerns about the national Test and Trace scheme and queried how, as a Councillor, she could gain responses on this. She also questioned the challenges in regards to interacting between the national and local systems for test and tracing, especially in regards to data collection.
- Ruth Tennant emphasised the scale and complexity of the NHS national test and trace scheme, which had been put in place extremely rapidly. She explained how this had involved large scale training of staff, as well as establishing effective communication with complex lab systems. She confirmed that the sharing of data was improving, and there was anticipated further learning from the local pilot scheme. In regards to questions from residents, Ruth Tennant requested for these concerns to be raised with her.

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- Councillor McCarthy expressed concern about the potential for malicious reporting within the test and tracing scheme – for instance, a perpetrator of domestic violence identifying a former partner they hadn't actually had contact with.
- Ruth Tennant explained how the test and trace system had been set up so complex cases were allocated to and dealt with by officers with greater expertise and experience. She also detailed how they were expecting complex cases to be flagged up with Public Health teams locally as well.
- Fiona Hughes queried whether there were any communication messages on the test and trace scheme the Board Members could share through their organisations. She also queried whether there may be any digital platform for the local scheme.
- Ruth Tennant confirmed they would look to share communications materials with partner organisations. In regards to a digital platform, she didn't anticipate they would develop a local app, instead residents would be advised to use the national website.

RESOLVED

The Health and Wellbeing Board:

- (i) Noted that Solihull will be part of a national accelerated programme with Coventry and led by Warwickshire CC to rapidly test, learn and scale up localised approaches to the prevention and control of COVID19
- (ii) Noted the requirement on all upper tier authorities to develop Local Outbreak Managements Plans to oversee and drive multi-agency interventions to reduce the spread of COVID 19, including outbreak management and follow-up, the identification of actual or potential hotspots by time, place or person and implementation of measures to minimise this risk.
- (iii) Noted that this work will be operationally led by a multi-agency Covid19 Health Protection Board, to develop & oversee delivery of a Solihull Local Outbreak Control Plan, led by the Director of Public Health. This will provide regular updates to the Health and Well-being Board.
- (iv) Noted the establishment of shadow COVID-19 outbreak oversight board and CSW Leaders' Group to provide local ownership and public-facing engagement and communication for outbreak responses to Covid19 within Solihull and the CSW sub-region.
- (v) Agreed for Board Members to receive communications material in regards to the test and trace scheme, to ensure consistent messages are shared via their respective organisations.

7. UPDATE FROM BSOL CLINICAL COMMISSIONING GROUP ON THE PLANNED NEXT STEPS FOR THE DELIVERY OF THE STP AND NHS LTP

Paul Jennings provided the Board a verbal update, where the points raised included the following:

- Paul Jennings emphasised the significant changes made within the last few weeks – an example of this was the use of digital technology and virtual consultations with the Primary Care sector.
- As part of the response to Covid-19, they had had to ensure a well-balanced Health and Care system – people had left hospital in a timely fashion, whilst a sufficient volume of hospital beds had been maintained. The Health and Care sectors had 'wrapped their arms' around the Care Homes, working together as an integrated system. They wished to continue this integration of services, to

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ensure best use of resources, as well as ensure patients accessed the right service the first time.

- In regards to issues going forward, the lifting of lockdown was going to be more challenging than the introduction. There was a need to separate Covid and non-Covid services – as a result, Health services would not return to their previous capacity for some time.
- There was also the issue of public and patient confidence in accessing services. There were reports of patients not attending appointments and treatments.
- Mental Health services were back at pre-Covid levels and in some instances, exceeding them. There were many cases of people accessing services exhibiting significant mental health problems.
- Leaders across the Health Care system intended to reintroduce services on the basis of clinical priorities, rather than according to ease or availability of service. There was close work on this across both the Primary and Secondary Care sectors.
- This year's flu vaccination campaign was going to be critical – in particular, it was essential this should include Health and Care workers.
- In regards to the longer term – it was intended to 're-set' services in the context of the long-term plan, by 1st April. The implications of Covid-19 were expected to be social, cultural, economic and educational and also anticipated to be felt for years. The Long Term Plan would have to take into account these new circumstances. There was also a need to focus upon growing health differentials, especially for black and minority ethnic (BAME) groups.
- As part of the future delivery of the LTP, it was essential to continue the close collaborative work across the Health and Care sector, Local Government and Voluntary sector.

Members raised the following observations and queries:

- Councillor K Grinsell confirmed she agreed with the comments on the need for a highly effective flu vaccination campaign and emphasised the importance of child vaccinations also. Ruth Tennant explained how they were closely monitoring the impact of Covid-19 upon uptake of immunisations. She detailed how they were also working with NHS England to ensure a 'twin-tracked' approach for both flu and MMR vaccinations. It was also noted how they were restarting health visiting services, which provided opportunities to provide clear messages with key groups.
- Councillor Dr Sexton detailed how she recognised it was going to take a long time to reintroduce services. She stressed the importance of the public's voice on how different services were prioritised for reintroduction. Councillor Dr Sexton also raised the issue of osteopathic treatment and detailed cases of individuals in significant pain, who were able to speak to their GP's, but unable to access further treatment – she emphasised the significant impact this had upon their mental health.
- Dr Davenport confirmed face to face meetings were being held with GP's, but there were significant challenges in regards to physiotherapy treatment, due to the on-going risk of infection.
- Paul Jennings explained that, in regards to public input, there was going to be a need for significant engagement and consultation on future delivery of services. It was noted that, at the next Joint Health Overview and Scrutiny Committee, a report was going to be presented on starting the restoration and recovery of 'paused' services at University Hospitals Birmingham NHS Foundation Trust.

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RESOLVED

The Health and Wellbeing Board noted the update on the delivery of CCG services, as well as the delivery of the STP and NHS LTP as well come out of lockdown.

8. REVIEW OF THE SOLIHULL HEALTH AND WELLBEING STRATEGY 2019-2022

Denise Milnes presented the report, which considered the impact of Covid-19 on Solihull, as well as how the Health and Wellbeing Strategy could be reviewed to address the on-going needs of the population. She also highlighted the proposed changes to the key priorities of the Strategy. It was also proposed that a further priority should be added on the Covid-19 pandemic itself, listed as priority 5.

Members raised the following points:

- Councillor K Grinsell highlighted how Louise Minter, Solihull Schools Strategic Accountability Board, had emphasised the importance of focusing upon the mental health and wellbeing of children and young people, in addition to the first 1001 critical days. Councillor K Grinsell also raised the issue of young people not in education, employment or training (NEET), due to the anticipated severe impact of the pandemic upon this group.
- Fiona Hughes explained the importance of linking priority 4, Social Connectedness, with the work of Thriving Communities and the Solihull Together Board. She also requested for the Board to consider the themes and activities previously included in the Strategy under the 'sponsor' category, including housing. Fiona Hughes also highlighted indicator 5.3 (number of people supported to avoid loss of housing/tenancies) for priority 5 and requested to liaise with Officers about this, to ensure a measurable indicator was identified.
- Councillor McCarthy highlighted the issue of parents' mental health, especially the impact of couples who had recently had a child not being able to see other new parents. She queried, in particular, how cases of puerperal psychosis could be identified, when health visitors may not be able to hold face-to-face meetings with the mother.
- Councillor Meeson emphasised the volume of work undertaken in regards to the 18-25 year groups and NEETs, including initiatives run by the Department for Digital, Culture, Media and Sport (DCMS) and the Police and Crime Commissioner. He stressed the need for effective joint collaboration, to avoid duplication.
- Chris Warne raised the potential impact of Covid-19 upon the educational attainment gap for those aged between 4-18 years. He expressed concern that disadvantaged groups may be the least likely to receive effective home schooling during the pandemic. Chris Warne questioned how this could be reflected in the Strategy, especially due to the long term implications upon health and employment. He also queried the potential to introduce summer schooling.
- Louise Rees noted how the Government had dropped its ambition for all Primary School aged children to return before the summer. In regards to potential summer schooling, she explained how they were querying this with the Regional Schools Commissioner – Louise Rees also emphasised the impact this may have upon School staff who had already faced significant pressures during lockdown. She agreed it was important to capture the issue of educational attainment gaps within the Strategy.

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- Councillor Dr Sexton expressed her concerns the proposed priorities needed greater focus upon health inequalities. In regards to priority 2, Adulthood and Work, she highlighted the proposed changes to mitigate the impact of the Covid-19 pandemic, noting this included mental health and socio-economic issues – she expressed her concern this didn't necessarily clearly link with the proposed implementation. In regards to priority 4, Social Connectedness, Councillor Dr Sexton requested for greater reference to tackling digital exclusion. For priority 5, Impact of the Covid-19 Pandemic, she requested for further reporting on how the proposed metrics would be measured and presented to the Board.
- Denise Milnes emphasised she recognised the points being made, but stressed how addressing health inequalities was inherent throughout the Strategy, noting multiple references to vulnerable and isolated communities with the document.
- Karen Murphy detailed how the Council was currently looking to create posts to promote digital inclusion, recognising the isolation caused by the pandemic. It was also noted how digital technology could enable the Council and its partners to monitor the welfare of vulnerable residents' whilst not necessarily requiring face-to-face contact, potentially reducing risks.

Councillor K Grinsell requested for the comments raised above the be considered as part of the refresh of the Strategy. It was agreed for a revised draft Strategy to be circulated to the Board for consideration and endorsement.

RESOLVED

The Health and Wellbeing Board:

- (i) Noted the content of this report and the newly proposed priority sections and noted the updated version of the Health and Wellbeing Strategy 2019-2022; and
- (ii) Agreed for a revised Strategy to be circulated to the Board for consideration and endorsement, taking into account the points raised above.

End time: 4:10pm