

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 15 June 2020

MINUTES

- Members Present:** Councillor Mrs D Holl-Allen MBC (Chairman), Councillors K Blunt, J Burn, A Hodgson, D Howell, A Mackenzie, W Qais, R Sexton and K Thomas
- Cabinet Member for Adult Social Care and Health, Councillor K Grinsell
- Officers:** Jenny Wood – Director for Adult Social Care
Ruth Tennant – Director for Public Health
Karen Murphy – Assistant Director for Adult Social Care (Commissioning)
Lizzie Edwards – Acting Assistant Director for Adult Social Care (Adult Social Services)
Beth Hutchinson – Principal Social Worker
Safina Mistry – Strategic Commissioner
Laura Harwood – Digital Programme Manager
Joe Suffield – Democratic Services Officer
- External witnesses:** University Hospitals Birmingham NHS Foundation Trust
Jonathan Brotherton – Chief Operating Officer
Margaret Garbett – Director of Nursing
Fiona Alexander – Director of Communications
- Birmingham and Solihull CCG
Paul Jennings – Chief Executive
Phil Johns – Deputy Chief Executive
Paul Sherriff – Director of Partnerships
Karen Helliwell – Director of Integration
Gemma Rauer – Assistant Director of Communications and Engagement

1. APOLOGIES

There were no apologies received.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

Questions were received from local residents Mr Nick Stephens and Mr Martin Tolman.

Mr Nick Stephens asked whether phlebotomy would no longer take place in the Solihull Borough.

The Chief Operating Officer for University Hospitals Birmingham (UHB) NHS Foundation Trust explained that phlebotomy would continue to take place at Solihull Hospital and the changes made to maximise space at other locations because of the increased demands on the service.

Mr Martin Tolman asked the following questions about the Solihull COVID-19 Local Outbreak Management Plan which was presented at the Solihull Health and Wellbeing Board (Solihull HWB) on 9th June 2020:

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- When would it be anticipated that the Solihull COVID-19 Local Outbreak Management Plan would be produced and does a template Local Outbreak Management Plan already exist and could it be put into the public domain?
- The management arrangements include the establishment of both a: Solihull COVID-19 Health Protection Board and a shadow Solihull COVID-19 Outbreak Oversight Board. Will the meetings of the Solihull COVID-19 Health Protection Board and a shadow Solihull COVID-19 Outbreak Oversight Board will be held in public?
- What consideration was given to Warwickshire not being a part of the West Midlands Conurbation Local Resilience Forum issue when the partnership was formed for the Local Outbreak Management Plan and were any problems identified?
- What would be the process by which Board members will be appointed and the anticipated date for its first meeting?
- What resources would be required to support the Local Outbreak Management Plan and what support has been promised from central government?

The Director of Public Health provided the following responses and explained a written response would be provided alongside the minutes:

- There was a requirement for all upper tier local authorities to have an outbreak plan in place by the end of June. There was no template but there were outline principles guided by key organisations.
- There was already a health protection board in place which reported to the Solihull HWB. The Test and Trace member panel was in place, currently as a shadow panel which would report to the Solihull HWB and the Health and Adult Social Care Scrutiny Board once the formal arrangements were in place.
- A lot of the emergency resilience planning was undertaken with Coventry and Warwickshire which had resulted in a good foundation for joint work and multi-agency working. There would still be joint working with Birmingham to support challenges such as testing.
- There have been a number of operational delivery groups which would feed into the oversight board, but the systems and structures would be refined as time progressed.
- There has been an allocation of funding which would support this work, the requirements and expectations for this funding is as yet unknown.

Mr Nick Stephens asked the following questions about Item 7 (Care Act Easements):

- Why is the Solihull rate of COVID-19 higher than the England average?
- How many people had their Care Packages suspended or reduced in Solihull as a result of the authority going to stage 4 of Care Act Easements?
- How many Care Homes and how many residents that tested positive for COVID-19 during the initial period of Easements?

The Director for Public Health and the Director for Adult Social Care provided the following responses:

- The West Midlands as a whole has higher COVID-19 rates than the England average. This part of an overall picture of regional variation across the country. The reasons for this are not yet well understand but factors such as deprivation, population density and demographic factors including ethnicity are known to affect rates. Solihull also has a high proportion of older people than the England average. COVID disproportionately affects older people and our local rates appear to reflect this.

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- As outlined in the report, all decisions were taken on an individual basis. Care was reduced or suspended where individuals had alternatives available. This was in order to free up home care hours that were needed for urgent situations, due to a depleted workforce. As previously publicly reported, there have been 41 people who had their home care reduced or suspended. All of these people have now been offered the return of their original home care hours.
- The Council do not have a full overview of all tests and the results of tests, as care homes are able to organise tests independently. The process for care home testing has changed throughout the previous 12 weeks. Homes now have access to a portal to organise and track testing. According to tests the Council was aware of, there was an increase of 240% in tests for care homes and care agencies between weeks 2-4 of easements. There was an increase of 130% in tests for care homes and care agencies between weeks 4-6 of easements. The Council also received Public Health England information with respect to outbreaks in care homes.

4. MINUTES

The minutes from the meetings held on 12th February 2020 and 25th February were considered for approval.

RESOLVED

The minutes arising from the Health and Adult Social Care Scrutiny Board meetings held on 12th February 2020 and 25th February 2020 were agreed as a correct record.

5. CABINET PORTFOLIO HOLDER UPDATE ON 2019/20 PRIORITIES

The Cabinet Member for Adult Social Care and Health presented her report of priorities which was prepared for the Scrutiny Board meeting in March, prior to the COVID-19 crisis.

The Cabinet Member drew attention to the following points:

- The Solihull HWB priorities were refreshed at the start of the last municipal year, these have subsequently been reviewed to factor in the challenges face by COVID-19.
- Tamworth Court Care Home was opened prior to lockdown, which enabled new residents to move in safely, and jobs to be created. Sunhaven, an extra care facility, was also opened in Solihull Lodge.
- There were a number of people who wanted to work in the care sector in Solihull, but a number of challenges still remained.
- The Community Wellbeing Service had been in operation for a year and received positive feedback, especially for support for access to benefits
- A multi-agency approach was undertaken to tackle loneliness and social isolation with a scheme called Darker Nights. This was a targeted approach which assessed locations where there may be people who required support, and worked with partners to support these residents. Moving forward the Cabinet Member explained that there would be efforts to maximise the successes of local community groups moving forwards.
- COVID-19 has restricted a number of face to face services and schemes, but these would restart as soon as possible.

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Members raised the following questions and observations:

- A Member asked how members of the community were identified as suitable for the Darker Nights scheme. The Cabinet Member responded by outlining that roads were selected by looking at data which indicated that there may be people who could be lonely but were not flagged with the Council or partners. During COVID-19, there had been an emphasis on supporting those who may be lonely, either through local support groups or by charities such as Age UK.
- Members queried what had been undertaken to tackle health inequality and what metrics were used to measure this. The Director for Public Health explained that this was factored in to all of the work that was undertaken, and an inequalities impact would be taken into consideration when services were introduced. They were high level metrics such as life expectancy which would take a long time to improve, and programmes being continually monitored across the borough. The Cabinet Member explained that the priorities for the Solihull HWB took into account inequalities within the borough, and from this key areas that would be closely looked at.
- Members asked what was meant by a successful economy. The Cabinet Member explained that it related to employment and having more people in jobs. The Director for Public Health outlined that it related to inclusive growth, but this would need to be reshaped as a result of COVID-19.
- A Member enquired what plans were in place to ensure there was provision for the predicted increase in domestic abuse victims that would follow lockdown and for long term funding. The Director for Public Health explained they had monitored the figures closely, had secured extra funding during the COVID-19 crisis, and worked closely with Birmingham and Solihull Women's Aid to identify trends and expectations. The Domestic Violence Bill was going through parliament, and they worked with government to ensure it was adequately funded, supported, and that multi-agency work was continued.
- A Member questioned what the baseline measurement was for children's development at 2 years, what was the aim for this and what was the measure that was achieved for this priority. There was a request for the full scorecard to be available at future meetings. The Director for Public Health explained that this information would be to follow, but this was monitored.
- Members enquired about the measurement for priority 4, and whether there were other measures which could be used to highlight the problem of loneliness. The Director for Adult Social Care explained that the measure given was used to check the experience of social opportunities for those in receipt of social care and this is an all adult age indicator. COVID-19 had improved the thinking about the indicators of social connectedness and helped to enable support to those who could be lonely.
- A Member asked about recruitment in the care sector. The Cabinet Member suggested the COVID-19 crisis had highlighted the importance of the care sector and made people appreciate the sector more.
- A Member enquired about addictions, and whether the different agencies would be able to manage this. The Cabinet Member responded that there was the potential for a rise in cases because of the challenges of COVID-19.

RESOLVED

That the Health and Adult Social Care Scrutiny Board:

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- Noted the progress made against Cabinet Member priorities for 2019/20.

6. **STARTING RESTORATION AND RECOVERY OF 'PAUSED' SERVICES AT UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

The Chief Operating Officer for UHB NHS Foundation Trust presented to the Board on the restoration and recovery of 'paused' services. The Trust was restarting services in line with national guidance with separate phases of work. The first phase was between mid-March and April where the Trust managed the immediate impact of COVID-19 with a significant number of patients requiring critical care facilities. There was an early decision to plan the recovery to make use of all of the NHS facilities once the immediate peak had passed. This would involve hospitals that were specifically for COVID and some that were COVID secure hospitals. This resulted in the Minor Injuries Unit (MIU) being closed to prevent the potential spread of the virus, as there would not be the opportunity to triage.

Last week Solihull Hospital operated on their first major cancer patients since it became a COVID secure hospital. There have been staff trained up but they recognised they needed to consolidate the changes. The future for Solihull Hospital over the next 12-18 months would be to provide surgical and inpatient care. There would be continued engagement with all stakeholders, as the Chief Operating Officer recognised it had not been possible to follow normal engagement process. Any permanent service changes would require a full consultation in line with legislative requirements.

The following questions and responses were raised by Members:

- A Member asked what the rehabilitations pathways for those who were in the process of recovering from COVID-19 within and outside of hospitals. The Chief Operating Officer explained that the long term affects were unknown but the respiratory team worked closely with those recovering.
- Members asked about whether there was an update of the temporary relocation of MIU. The Deputy Chief Executive, Birmingham and Solihull Clinical Commissioning Group (BSol CCG), explained that they looked at alternative provision which included a trial at the NEC, but would not revert to the previous provision at this point.
- Members enquired about more information in relation to bloods being taken within the borough, and whether the locations of these services had been updated on their website and through the 111 service. The Chief Operating Officer highlighted that the blood service was a high volume service which meant that social distancing was a challenge. Therefore alternative provision such as near to the Nightingale Hospital was sought. UHB worked closely with BSol CCG and ambulance service to ensure details were up to date.
- A Member questioned whether the staff who had moved to new locations of work would receive transport support. The Chief Operating Officer responded that additional shuttle buses had been put in place to match shift patterns and they had relaxed car parking fees for staff.
- A Member asked when services such as physiotherapy and occupational therapy could be reinstated, particularly for children with Educational, Health and Care Plans (EHCP). The Chief Operating Officer explained that therapists had supported those in intensive care units, wards and supported virtual appointments during the crisis, and their service would begin to step back up. It was not confirmed when physiotherapy would restart.

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- Members enquired about travelling outside of the borough for treatment, as it may be a challenge to get to Birmingham, and Warwick Hospital was closer in some instances. The Chief Operating Officer reported those who required acute medical care would either be taken by the ambulance service or by car. But, it was acknowledged that it was difficult to plan where an accident would occur, and if required an ambulance should be called. It was also explained that Warwick Hospital may be the closer location for care, but follow up care may be linked with the hospital a patient would be treated at. Therefore, it may be better to remain within the local UHB system.
- A Member asked about how technology was used by UHB during the crisis. The Chief Operating Officer explained that phone calls and video chats were used to enable patients to speak to loved ones and virtual outpatient appointment occurred using telephones with a slow introduction of video consultations.
- A Member questioned what concerns patients had about operations at this point, and what could be done to mitigate this. The Chief Operating Officer highlighted that there were a number of factors, which included assumption COVID would be over soon, did not want to follow the pre-operation isolation requirements, concerned about getting COVID and being alone when the operation would take place. There has been an individualised approach to ensure people recognised how important the operation would be and that COVID secure hospitals would help this alleviate concerns.
- A Member asked about whether the temporary measures would receive full consultation prior to a permanent decision being made. The Chief Operating Officer explained UHB could not make permanent changes, this was decision of the CCG who would consult with stakeholders.

RESOLVED

That the Health and Adult Social Care Scrutiny Board recognised the necessity of the rapid service changes and thanked UHB for their hard work in responding to COVID-19 and made the following **RECOMMENDATIONS**:

- To request that any future service changes be subject to full consultation and scrutiny
- To request that the relevant websites and telephone services had accurate information about the changes to services.
- To request information about the location of phlebotomy services within the borough be circulated with the board in advance of the next meeting.

7. CARE ACT EASEMENTS

The Director for Adult Social Care and Support explained that the Care Act Easements were a temporary measure to facilitate an organised way of prioritising care during the COVID-19 crisis, as a result of increased workload and a reduced workforce. There were a number of Care Act requirements which were unchanged, and the Local Authority remained obliged to follow them, for example relating to adult safeguarding. The Director of Adult Social Care and Support summarised the context relating to utilising the Care Act Easements in Solihull.

The Acting Assistant Director (Adult Social Services) outlined that there were a number of local challenges which the Local Authority had to tackle which required new ways of working to meet these demands. These included supporting shielded people, additional PPE, further support to care homes and operating increased working hours.

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As a result, the Easements enabled resources to be prioritised to continue to support those most in need.

The Principal Social Worker highlighted the Easements were taken in line with the associated ethical framework. The key Easements taken to date were:

- Easement 1: Reduction in non-urgent work to enable high risk and urgent work to take place. This work has now resumed.
- Easement 2: All people in receipt of community care were contacted to identify where they were on the risk matrix, and where appropriate, had their package reduced or suspended. These decisions were made on an individual basis and in consultation with the individual or family. These people have been offered to have their usual level of care reinstated.
- Easement 3: Day services have been suspended in line with social distancing. This remains the only Easement in place, and there is an action plan to address this.

Financial assessments had taken place remotely where possible, and there were no delays in dealing with provisional financial assessments and people were charged in line with charging regulations. As a result this Easement was no longer in place.

An officer review of the Easements takes place every two weeks where a review of the position would be discussed and how to reduce Easements. The indications from the previous meeting suggested that there would be a move to de-escalate from stage 4 soon. The commissioning team would also continue to help the provider market and there was work to review the internal position provision.

The Assistant Director for Adult Care and Support (Commissioning) explained that the Solihull Care at Home was significantly affected by the crisis with depleted staffing levels. Confidence had improved which has led to an increased number of staff who have returned to work. The seven day commissioning response service enabled the provider market to contact the Local Authority to get advice and support.

Members raised the following questions and comments:

- A Member asked when all of the Easements would end. The Director for Adult Social Care explained it would be as soon as possible and there was work ongoing to achieve this which focussed on the restart of day services and opportunities.
- Members enquired about what additional support had been provided to young carers as they may be more isolated during the crisis. The Assistant Director (Commissioning) explained that Solihull Carers Trust had provided a range of services to carers funded by Solihull Council. Solihull Carers Trust contacted all known young carers and potential new young carers, and there was an additional hardship fund available for all carers to help them with particular difficulties they faced throughout this period.
- A Member asked for clarity about why the decision was an officer led decision, and why stage 4 Easements were chosen. The Director for Adult Social Care outlined that the government guidance set out that it was an officer decision, but the Cabinet Member was engaged via Cabinet Portfolio Holder report regarding a request to support the approach proposed. As part of the process for this, Opposition Spokespersons were able to comment on the proposed approach to utilising the Easements and these are recorded (where made). Stage 4 was utilised because of the interpretation of the guidance based on

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legal advice and because they wanted the process and actions to be open and transparent, to ensure that people were aware of why the arrangements had been put in place. The Director noted that from what is known from activity in other councils, there does not appear to be a significant difference in approaches regarding changes to service delivery, it is more that Solihull has made the changes publically through the Easements processes and been open about what it has done.

- A Member questioned about the staffing challenges and what had been done to prevent Easements being used to overcome this. The Acting Assistant Director (Adult Social Services) reported that there was up to 16% of the workforce absent, and alongside the additional pressures, staff absence proved a huge challenge to the workforce. This has improved as staff have returned to work and the duty rota had been introduced. The Assistant Director (Commissioning) highlighted that the local provider market was active with recruitment to support the workforce. They had utilised additional government funding to help local care agencies and frontline workers. There had been training for the workforce about the new skills required to support people in the new COVID-19 environment.
- Members enquired about the admission restrictions at Care Homes, what problems this caused for admitting individuals to Care Homes, and whether there were capacity concerns. The Assistant Director (Commissioning) explained that there was not a concern about capacity. Some of the larger Care Homes struggled with infection control during the crisis and the testing has not be as reliable as possible, which led to the decision for some to not allow extra admissions until there was confirmation the infection had passed. There was also concern from individuals who would move into Care Homes because of the media coverage. Attempts to mitigate the fear was by the provision of a lot of advice and assistance to Care Homes and a Care Homes Support Plan which was available on the Council Website that set out the full range of methods available to Care Homes. They had responded effectively to the challenges posed for example staff moving into homes in some instances, to ensure infection control. There was a lot of support to the Care Homes, but they were emerging from the crisis in a positive position.

RESOLVED

That the Health and Adult Social Care Scrutiny Board thanked the staff within the Adult Social Care Team and Care Providers for their hard work and sacrifice in response to the challenges posed by COVID-19 and made the following **RECOMMENDATIONS**:

- To note the report and requested that officers continued to review the Easements with a view to ending them as soon as is safe.

8. COVID-19: PRIMARY CARE RESPONSE

The Chief Executive for BSol CCG expressed his gratitude for the joined up working during the unprecedented times between primary care, secondary care and Local Authorities. There was an enthusiasm to maintain this in the future to maximise the gains for patients in an efficient and safe way. There was a requirement to rethink how services operated, as large masses of people could not associate in the same place. When services would be bought back online they would be dealt with from a

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perspective of clinical priorities, to ensure those with the greatest needs would be supported first across the whole population.

The Director of Integration for BSol CCG raised that the new model identified safe and sustainable practices, which enabled more people to receive care in innovative ways through an effective virtual triage system. The Director of Organisational Development and Partnerships for BSol CCG explained that the principles for the changes were safety for patients and workforce, and to protect the acute services for those that were most unwell.

Members raised the following comments and questions:

- A Member asked what would be done to ensure vaccinations and screenings which may have been missed would retrospectively be carried out. The Chief Executive explained that BSol CCG were in the initial stages of this, but looked to create large sites to enable a successful flu vaccination season. Information would be to follow on bowel screenings and cervical screenings.
- A Member enquired about whether social prescribing was used during the crisis and whether they were able to refer patients. The Director of Integration highlighted that a number of primary care networks had appointed a social prescribing link worker to connect with the voluntary services and there was a desire to improve the neighbourhood links moving forward.
- Members queried about the challenges faced by residents with the changes to primary care, and how their views were collated. The Chief Executive explained that there were a number of networks which they would engage with in the future about the changes. There was a recognition that GPs must be empowered where appropriate to have physical consultations with patients. The changes to a more digital service was to protect patients during the immediate crisis, and it was recognised about the shortcomings from this, but patients who could not use the service were able to be treated. The Director of Integration reported that the service had been evaluated from the beginning and wanted to take into account national learnings and patient experience before a full evaluation would take place. This would feed into an evaluation exercise on the changes which would be available in around a month.
- A Member asked how to stop discouraging people from not using digital methods to ensure the approach is personalised for sensitive problems. The Chief Executive explained that this was challenging but in instances where individuals were referred to other practices, the technology supported the consultation process as much as possible. It was acknowledged that the system would need to enable people to express preferences in the future.
- A Member asked about whether there were any security concerns about the COVID-19 Care Assistant App. The Chief Executive stated there was not.

RESOLVED

That the Health and Adult Social Care Scrutiny Board thanked BSol CCG for their hard work in their Primary Care response to COVID-19 and made the following **RECOMMENDATIONS**:

- To request that they report back to the Board in relation to flu vaccinations by the end of the year
- To provide the Board with a written update on cervical and bowel screenings as a result of the COVID-19 crisis.

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- To request that BSol CCG report back to the Board with their findings from the GP reset.

9. WORK PROGRAMME - 2020/21

The draft work programme for 2020/21 was presented for comment to the Board:

- A Member asked whether the Healthwatch item could be moved to earlier in the year. The Assistant Director (Commissioning) explained that there were a number of limitations on Healthwatch activity, and suggested it could be moved to September.
- A Member commented whether the Cabinet Member priorities could be included. This was added to the work programme.
- A Member asked whether UHB could be invited back to in the future to update on the service changes. The Democratic Services Officer explained he would liaise with UHB and report back to the Board.
- Members commented that the work programme could be linked Economic Recovery Plan in the future.

RESOLVED

That the Health and Adult Social Care Scrutiny Board made the following **RECOMMENDATIONS:**

- To note the work programme and asked to review the plan moving forwards.

The meeting finished at 9.05 pm