

SOLIHULL HEALTH & WELLBEING BOARD - 2 March 2021

SOLIHULL HEALTH & WELLBEING BOARD

2 MARCH 2021

Present: Councillors: Cave, Hunjan, K Grinsell (Chair), K Meeson, J Wood, Tennant, L Rees, P Jennings, Minter, F Hughes, Hastings, Taylor, Parnell and Voller

Officers:

Apologies: Councillors: Stalley-Green

106. APOLOGIES

Lisa Stalley-Green, University Hospital Birmingham submitted their apologies.

The Chairman, Councillor Grinsell, welcomed Dr William Taylor to his first Health and Wellbeing Board meeting, following his election as the new Clinical Chair of the CCG. Councillor Grinsell also expressed her thanks, on behalf of the Board, to Dr Peter Ingham, for all the work he had undertaken for the Borough.

107. DECLARATIONS OF PECUNIARY OR CONFLICTING INTERESTS FROM MEMBERS

There were no declarations of interests.

108. QUESTIONS AND DEPUTATIONS

A local resident, Mr Tolman asked questions concerning the on-going roll-out of the vaccination programme whilst maintaining access to Primary Care Services, as well as the restoration and recovery of NHS services. It was agreed for the points in Mr Tolman's questions to be responded to as part of agenda item 6 – Birmingham and Solihull Clinical Commissioning Group (CCG) update.

109. MINUTES

The Board received the minutes of the previous meeting held on 19 January 2021. Councillor McCarthy requested for the minutes to be amended, to reflect that she had submitted her apologies and Councillor Adeyemo attended as substitute on her behalf.

RESOLVED

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That the minutes of the meeting held on 19th January 2021 be confirmed as a correct record, subject to the amendment above.

110. CORONAVIRUS UPDATE

Ruth Tennant provided an update on current circumstances, highlighting the following points:

- There had been a significant fall in infection rates – it was currently 94.7 per 100,000. Solihull had seen one of the biggest falls in the region, by 31 per cent over the last 7 days.
- It was believed the fall was attributable to the vaccination roll-out, with the impact on deaths and hospital admissions, as well as the lockdown restrictions.
- It was emphasised the above trends were good news; however, a lot of the new cases concerned working age adults, a group that would not be vaccinated for some time. Ruth Tennant emphasised the importance of staying vigilant and retaining protective measures, as schools returned and lockdown restrictions were eased.
- A key challenge moving forward was ensuring hard to reach groups received their vaccinations. A Birmingham and Solihull-wide Inequalities Vaccination group had been established. Here they were focusing on areas where there were lower up-takes, as well as identifying groups that may find it harder to access vaccination sites, in addition to people who may still have concerns about the vaccine.
- As the lockdown restrictions were lifted, there would be a significant focus upon encouraging people to routinely access testing.
- The Local Outbreak Management Plan was being refreshed, which set out the measures being undertaken by the Council and its local partners to identify and contain outbreaks, as well as protect the public's health. More funding had been allocated from Central Government to support delivery – the measures here included local contact-tracing and self-isolation payments.

Councillor Sexton explained how she welcomed the roll-out of the vaccination programme and the positive impact upon the volume of hospitalisations and deaths amongst older groups. She queried whether there had been a corresponding fall in infection rates amongst these groups following vaccination. Councillor Sexton also queried the anticipated impact of the vaccination on transmission rates, including asymptomatic transmissions.

Ruth Tennant detailed how they were seeing a fall in case rates amongst older groups following vaccination. In regards to the impact of the vaccine upon onward transmission, Ruth Tennant advised the evidence so far appeared to be positive, noting the ongoing studies that were being undertaken on this.

Councillor McCarthy highlighted news coverage she had read regarding the testing arrangements for Primary Schools, which included tests that parents could access. She queried the arrangements for delivering this locally.

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Ruth Tennant confirmed there would be an expansion of School-place testing – there would be routine testing of Secondary pupils, whilst testing would also be in place for all Secondary and Primary School staff. There wasn't a testing programme for Primary School pupils, as they did not appear to spread Covid-19 to the same extent. Ruth Tennant confirmed there would be an expansion in testing for family members around Primary Schools and they were awaiting the guidance to be issued on this. The school testing would be delivered directly via the schools, whilst the community-based testing would continue, delivered via the leisure centres.

Councillor McCarthy queried the delivery of the vaccine to people who had experienced anaphylactic shocks in the past. Ruth Tennant emphasised how there was a very clear pathway for anyone with a previous history of allergies, with specific clinical advice – she confirmed how the Government's Green Book included guidance on the delivery of the vaccine to people who had a history of anaphylactic shocks. Dr Taylor also detailed how they had worked with the acute trusts, to ensure people who may be at higher risk received their vaccine in the safest possible environment.

111. BIRMINGHAM AND SOLIHULL CLINICAL COMMISSIONING GROUP (CCG) UPDATE

Paul Jennings provided the following update on the local NHS system and the delivery of the vaccination programme:

- In regards to the hospital system, BSOL CCG still had approximately 500 active Covid-19 patients in their hospitals, with up to 80 people in the Intensive Care Units. Paul Jennings emphasised the significant pressure this placed upon the local system, as well as the impact upon the restoration of services, including elective, diagnostic and screenings.
- Due to the above, Paul Jennings stressed the importance of adhering to the lockdown restrictions and social distancing rules, to help contain the virus.
- In regards to the vaccination programme – over the next couple of weeks, there would be a considerable increase in the supply of the vaccine, enabling delivery at a quicker rate. It was anticipated they should be able to deliver up to 100,000 vaccines a week across Birmingham and Solihull.
- It was explained how the increase in supply would enable GP's to deliver more vaccines, as well as allow greater use of the mass delivery sites. The priorities going forward included protecting the vulnerable, as well as ensuring as many people as possible were immunised – to reduce transmissions, as well as the opportunities for mutations.
- Paul Jennings highlighted the questions raised by Mr Tolman – he explained that, for GP services, a key element was the volume of consultations. It was noted that, across the whole of Birmingham and Solihull, there were well over half a million appointments again in Primary Care. It was detailed how the majority of these appointments were now face-to-face. In regards to the resources received for the delivery of the vaccine, it was emphasised it was down to each individual

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practice to determine how this was invested. However, it was noted the current volume of appointments demonstrated there had been focus upon restoration of services.

- In regards to the restoration and recovery of services, Paul Jennings explained how a significant piece of work on this was being undertaken now across Birmingham and Solihull, involving all of the hospital providers working together, with mutual aid arrangements in place. There was focus upon ensuring that the patients with the greatest need received the earliest treatments.
- Paul Jennings highlighted how the questions submitted made reference to 'business as usual.' He detailed how, as part of the coronavirus response, there had been instances of learning that could be continued into the future. It was explained how it was not possible at that stage to say when all services would be resumed in full, due to the ongoing demands and pressures on the acute sector. However, it was emphasised how the restoration and recovery of services was a key priority for all providers. Paul Jennings confirmed he would be happy to respond to any further queries Mr Tolman might have, which could be submitted via the Committee Clerk.

Councillor Sexton noted that the majority of GP appointments were now being held face-to-face – she queried whether the numbers for the proportion of face-to-face meetings could be provided. Paul Jennings confirmed he did not have this information immediately to hand, but would provide it following the meeting.

Councillor Sexton highlighted physiotherapy services, noting that, at one stage, this was being provided largely by telephone – she queried whether face-to-face appointments had been reintroduced here. Richard Kirby, Chief Executive, Birmingham Community Healthcare NHS Foundation Trust, explained how they anticipated that Solihull would be in a similar place to Birmingham. Here they had started to restore community therapy services, with initial focus upon face-to-face appointments for the most urgent patients. It was emphasised they were still operating a reduced level of service, due to staff being redeployed to support people to leave the acute sector.

112. INTEGRATED CARE SYSTEM - UPDATE

Paul Jennings provided the following update upon the introduction of the Integrated Care System:

- The White Paper had recently been published, which set out the proposals for the creation of an integrated care system and the way it would work.
- A big theme stemming from the White Paper included bringing together large scale providers, whereby they built on the experiences and learning stemming from the pandemic response.
- There was also a significant focus on place and Paul Jennings detailed how the Birmingham and Solihull ICS covered 32 Primary Care Networks, each of 30,000-50,000 population. Here they were focusing

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upon what an integrated approach to care would mean for each of these areas.

- Paul Jennings detailed how they were linking with Healthwatch, focusing upon the need for engagement and co-production of services at place level.
- A key area of focus of the ICS would be addressing inequalities – the update, scheduled later on the agenda regarding the Birmingham and Solihull ICS Inequalities Work Programme was noted.
- A further change stemming from the ICS was how organisations would relate to each other and how resources would move around the system. The focus would be upon organisations collectively achieving better outcomes for residents’.
- Further areas of focus included partners building upon their digital offer, as well as ensuring best use of estate and assets.

Dame Yve Buckland also provided a verbal update, highlighting the following points:

- One of the ambitions of the ICS locally was to build on the solid foundations established by BSol, in particular the partnership between the health sector and Local Government, which included the local Health and Wellbeing Boards.
- Place was also a major area of focus – there would be a continued emphasis upon bringing local people and partners together in order to plan to meet needs, at the right level.
- It was recognised that the health sector and local partners had had to focus upon the pandemic response and were now beginning to deliver the restoration and recovery of services – there was a need to clearly link this with the ambitions of the ICS.
- The ICS Board would look to identify clear objectives and health outcomes, against which they would measure and review progress.

Councillor Grinsell welcomed the focus upon Solihull and place. She also welcomed the involvement of local GP’s, who, as part of the Covid-19 response, had expressed an interest in working in close collaboration with the CCG and Local Authority going forward.

Jenny Wood raised the following points:

- As part of the next steps, it was key that the right work happened at the right level. It was important to make sure it wasn’t just a top down approach, but also ensure focus upon the place-level work required to fulfil the ICS ambitions and it was positive that both elements were progressing in Solihull.
- For Solihull, the Health and Wellbeing Board needed to consider how they would work together going forward, to ensure clear linkages with the work of the ICS, as well as what was happening at a local level in Solihull. The importance of clear linkages with Solihull Together was also emphasised as a key part of the place based delivery arrangements.

113. COVID-19 SUPPORT TO SCHOOLS, CHILDREN AND FAMILIES

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Louise Minter, Chair of the Schools Strategic Accountability Board provided the following update:

- It was recognised how children and parents had faced considerable pressures during the last 8 weeks.
- Primary Schools had established twice a week testing for staff. For Secondary Schools, pupils would initially be offered 3 tests at schools. Following this, pupils would be provided with home test kits for regular testing. Secondary School staff undertook testing on a twice-weekly basis also.
- There were longer term concerns from schools around exams and academic assessments for next year, due to the volume of children who had been unable to face-to-face teaching.
- There had been reference to summer schools and extended days – School leaders had significant concerns here, regarding the potential impact upon mental health and wellbeing of the children.

Louise Rees also updated the Board on the continuing support for schools during Covid-19, detailing the following:

- Secondary schools had plans in place to phase pupils back in over the first week, in order to fulfil the testing requirements.
- The Council would be sending out a letter that evening to all schools, for onward distribution to parents. This was to thank parents for all their efforts to support home schooling. The letter would also reinforce messages about maintaining protective measures, such as masks, hand washing and social distancing.
- During the last school half-term, a free school meal voucher scheme had been successfully distributed to families across the Borough, as well as to care experienced young people.
- That week School Admissions had made school place offers to all local pupils moving to Secondary School in September. 81% of applicants had received an offer at their first preference school. Overall, 98% of pupils had received an offer from one of their five preferences.
- In regards to SEND, a new leadership team had been established, as well as a new Joint Additional Needs and Disabilities Board.
- Children's Social Care continued to be very busy and a further surge in demand was anticipated following the return of pupils to school. There were now 537 children in care, an increase of 16 since the start of the year.
- Last week, the Birmingham and Solihull Family Drug and Alcohol team had been launched – this would support an alternative approach to care proceedings, where there was a greater focus upon problem solving. There would be fortnightly informal hearings held with the judge, parents, as well as professionals with different specialisms – the aim would be to help parents make the changes they needed to keep their children at home. There was strong evidence nationally around the effectiveness of this approach. Councillor Grinsell welcomed this update and suggested there could be further detailed reporting on this at future meetings.

114. HEALTH INEQUALITIES UPDATE

Health Inequalities Strategy Update

Ruth Tennant updated on the progress of drafting a Health Inequalities Strategy and Action Plan, highlighting the following points:

- As a Health and Wellbeing Board, there had been a significant amount of work to help develop a multi-agency approach to tackling health inequalities.
- As the ICS develops, there would be an emphasis upon ensuring a strong system-wide response towards health inequalities. There was a need to ensure the local and ICS approach complemented one another.
- There would also be a focus upon community engagement, especially the learning from the strong community links established as part of the Covid-19 response.

Rob Davies also updated on the development of the Health Inequalities Strategy, explaining the following:

- A three step programme had been followed consisting of – understanding where we were now, establishing where Solihull wanted to be (including a collective understanding leading to priority setting), as well as planning how they would get there (via a shared action plan).
- They were currently at step 3, with 3 main life-course priorities, as well as 3 enabling strategies, as identified in the report.
- It was explained how the development of the Strategy had taken into account the White Paper and introduction of the ICS, as well as the learning from the Covid-19 response.
- The development of the Strategy had also taken into consideration the recently published national paper, the 'Build Back Fairer: The Covid-19 Marmot Review.' It was emphasised how this paper focused upon early years and integrating health and economic outcomes – this clearly linked with the wider Health and Wellbeing Strategy, as well as the Inclusive Growth orientated Council Plan.
- In regards to next steps, more engagement with key partners was planned to shape the priorities further, as well as ensure clear linkages with the health system overall, especially the ICS.

Members raised the following questions and observations:

- Andy Cave explained how a key element of reducing inequalities was on-going engagement and inclusion. He stressed the importance of co-production and ensuring this was a golden thread throughout all the priorities identified within the draft Strategy.
- Rob Davies emphasised this was recognised – he explained that, as part of the last priority, regarding facilitating strong, inclusive and resilient communities, there would be a focus on building upon the strong community links established as part of the Covid-19 response.
- James Voller noted how the report made reference to a VCSE strategic assessment, to understand the community based assets across the Borough. He emphasised that any community asset mapping needed to

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be linked with plans to ensure these assets were sustainable. James Voller also queried how this Strategy would be connected with health inequalities work being undertaken elsewhere – for instance the local LeDer (Learning Disabilities Mortality Review) steering group, which had focused upon the inequalities faced by people with learning disabilities.

- Ruth Tennant explained it was recognised a system-wide approach to addressing health inequalities was required, whilst also ensuring focus upon clear, deliverable actions.
- Anne Hastings highlighted how the report made reference to reviewing and refreshing the Locality arrangements for the East, North and South of the Borough – she expressed concern that the voluntary sector wasn't always linked in with this work.
- Fiona Hughes explained that, in regards to the locality agenda, re-setting work had been undertaken, to take into account the community, voluntary and locality responses to the pandemic. A Thriving Communities Management Board had been established, which was overseeing the work of localities – a key area of focus would be further engagement of the voluntary and community sector. It was noted further updates on this could be reported at future Board meetings.
- Councillor Meeson explained how he welcomed the focus on early years proposed within the Strategy. He requested for the Strategy to clearly take into account how early years were strongly linked with parenting – he stressed how help for parents during this period often made a crucial difference.
- Councillor Sexton also explained how she was pleased to see the emphasis upon early years – she expressed concern at a potential gap in regards to school leavers, who were particularly impacted by the effects of Covid-19. Councillor Sexton also raised the issue of co-production and queried how this would differ from standard consultation processes – she also questioned the plans to engage with 'hard-to-reach' groups. Councillor Grinsell emphasised how, as part of the Council's Inclusive Growth agenda and the Economic Recovery Plan, there was targeted support for young people who were 'Not in Employment, Education or Training.'

RESOLVED

The Health and Wellbeing Board noted the progress on developing the Strategy and Action Plan.

ICS Inequalities Work Programme

Richard Kirby, Chief Executive of the Birmingham Community Healthcare NHS Foundation Trust updated on the above work programme, highlighting the following points:

- They were focusing on the role of the ICS in contributing towards the reduction of health inequalities, whilst recognising and linking with the work being undertaken elsewhere.

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- It was critical to clearly link this work programme with the two Health and Wellbeing Boards, in Birmingham and Solihull, in particular links with these Boards' JSNAs and key strategies.
- Going forward the ICS Inequalities work programme would report to the two Health and Wellbeing Boards, as well as the ICS Partnership Board.
- A focus of this work programme was ensuring the NHS organisations were effective partners to Local Government and other key agencies. Many of these organisations already had a strong track record of working with the LA's, such as the Mental Health Foundation Trust.
- It was recognised how inequalities were affected by unequal access to and treatment within the NHS. They were also caused by much deeper inequalities in society, including access to housing and employment. As a consequence, there was a focus upon closer collaboration between NHS organisations and Local Government.
- A further key area for the ICS was enhancing the digital offer, in a way that supported inclusion and didn't exacerbate existing inequalities.
- At an early stage of this work programme, they were looking to build a model of local engagement with communities, which could be adopted by the Primary Care Networks.
- A further proposed area of work was ensuring clear links with the Covid-19 response, including engaging with the delivery of the vaccine programme and recovery work, particularly for deprived and vulnerable groups.

Members raised the following queries and observations:

- Andy Cave explained how he welcomed the engagement work proposed around PCNs. He detailed how, locally, Healthwatch had developed a set of quality standards for involving and using local experience to help reduce inequalities – he confirmed he would be happy to engage with Richard Kirby on this further.
- Jenny Wood highlighted how the update on the ICS Inequalities Work Programme requested the Boards views on the 9 proposed areas for work. It was explained how there would be certain pieces of inequalities work being delivered locally, whilst other pieces of work would be delivered at a BSol or cross-regional level. It was suggested that Solihull Together could be the appropriate forum locally to support oversight and co-ordination of this on a day-to-day basis.

RESOLVED

The Health and Wellbeing Board

- (i) Endorsed the approach to health inequalities within the work of the ICS, as set out in this report.
- (ii) Agreed that Solihull Together is the appropriate forum locally to support oversight and co-ordination of the ICS Inequalities Work Programme on a day-to-day basis.

115. SOLIHULL HEALTH & WELLBEING STRATEGY SCORECARD Q3 2020/21

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Rob Davies detailed how they were tracking 31 indicators as part of the Scorecard – 12 were on track or being exceeded, 5 were within a reasonable pre-agreed margin, whilst 6 indicators were behind target. They were yet to identify targets for a further 7 – these tended to be new indicators, where they were developing the data collection mechanisms, and/or they were using this as they first year for setting a realistic target for the next.

Rob Davies updated upon the following targets:

- Proportion of the eligible population aged 40-74 who received an NHS health check – it was emphasised this was one of the service areas significantly impacted by Covid-19. This was anticipated this indicator would increase with the on-going restoration and recovery of services.
- Proportion of respondents to the Solihull Place Survey who have formally volunteered – it was noted this topic was discussed at the previous meeting, when the Place Survey was considered. The work being undertaken by the Community and Partnerships team to facilitate volunteering and social connectedness was highlighted.
- Proportion of adults who are not economically active in Solihull – this was at target and it was anticipated the pandemic would have an impact on these figures for the foreseeable future. As a consequence, this would be closely monitored over future months.
- Proportion of eligible homelessness approaches where prevention or relief is achieved – it was explained how, for this target, it was unlikely the annual target of 50% would not be achieved. This target had been effected by the continued impact of Covid-19 and the need to prioritise services to manage the crises response. However, it was explained how detailed work had been progressed, as part of a service improvement plan, and performance had increased during the last quarter.

Members raised the following questions and observations:

- Jenny Wood requested for future Scorecard reporting to include an explanation as to why the targets had been set at their respective levels. It was noted this could be included in the performance summary. Jenny Wood also requested for future reporting to include details about which groups maintained oversight of the indicators, outside of the Health and Wellbeing Board – it was suggested the co-ordination of this could be considered by Solihull Together.
- Councillor Sexton highlighted the indicator for proportion of eligible homelessness approaches where prevention or relief was achieved and queried why the target had been set at 50%. Fiona Hughes confirmed SCH did tackle every eligible homelessness application that was submitted to them. It was explained how the target was derived from a technical definition stemming from the Homelessness Reduction Act – it was confirmed a detailed explanation could be provided outside of the meeting.

RESOLVED

The Health and Wellbeing Board

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- (i) Noted the current developments and performance recorded in the Health and Wellbeing Strategy Scorecard for quarter 3 of 2020/21, and
- (ii) Agreed for future reporting to include an explanation as to why the targets had been set at their respective levels, as well as which groups maintained oversight of each indicator.

116. SOLIHULL SAFEGUARDING ADULTS BOARD UPDATE

It was agreed for this item to be deferred to a future meeting.

117. ACTIVE COMMUNITIES UPDATE

Karen Creavin, Chief Executive of the Active Wellbeing Society presented the report, detailing the following points:

- The Active Communities programme was a Sport England funded test and learn pilot. The pilot was focusing upon whether encouraging people to be more civically active led to higher levels of physical activity. It also considered whether increased levels of physical activity and citizenship led to more resilient communities.
- There were 6 target areas across Solihull and Birmingham – this included one area specifically in Solihull.
- Covid-19 had impacted upon the delivery of the pilot – Birmingham’s focus had been around food and befriending, whilst in Solihull the focus had been upon building and embedding new and existing networks.
- They were now reviewing the programme – to consider what had been learnt, how to build upon this, as well as take into account the impact of Covid-19. There would also be a continued focus upon linking the pilot with work being undertaken locally within Solihull.

Mark Sears, of the Active Wellbeing Society, also updated on the work being undertaken as part of the Pilot:

- One of the aspirations of Active Communities was to try and understand different relationships to place and how this could support better health and wellbeing outcomes.
- Mark Sears and colleagues had been working on a programme called ‘Reclaiming the Wild Commons’ which focused on creating a new relationship to place, as well as creating new spaces for social and physical activity. There was also an emphasis upon building capacity within communities, as well as influencing design
- There was also focus upon barriers to participation, as well as overcoming wellbeing inequalities.

Members welcomed the work of the Active Communities programme and queried whether there was potential to introduce it into further areas. Karen Creavin explained how there was scope within the programme to roll out the learning more widely across the Borough. Nick Garnett emphasised the potential of linking the learning from the programme with the Love Solihull

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initiative, which focused upon supporting communities in making a difference to the public realm.

In regards to future reporting, Karen Creavin confirmed it would be timely for the Board to receive a further update on the delivery of the programme in early autumn 2021.

RESOLVED

The Health and Wellbeing Board endorsed the work of the Active Communities Birmingham and Solihull Local Delivery Pilot.

118. FOR INFORMATION - UPDATE ON REDUCING RISK OF EXPLOITATION IN SOLIHULL

The report was noted for information.

119. FOR INFORMATION - UPDATE ON DOMESTIC ABUSE

The report was noted for information.

4.20 pm