

# HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 9 November 2022

## MINUTES

Present: Councillors: M Brain, A Burrow, Y Clements, Delaney, B Donnelly, S Gethen, D Gibbin, S Golby, B Groom, J Hamilton, R Holt, R Long, A Mackenzie, M McCarthy, R Sexton, Mrs G Sleigh (Vice-Chairman) and J Tildesley

Officers:

Apologies: Councillors: S Freeman and Mr B Hall

### **48. APOLOGIES**

Diocesan Representative Mr B Hall and Co-opted Member S Freeman submitted their apologies.

### **49. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **50. QUESTIONS AND DEPUTATIONS**

The Chairman advised that two requests to make deputations had been submitted.

The first deputation was read out by the Chairman, on behalf of a local resident, regarding a number of challenges they faced when attempting to secure EHCPs for their children. They also highlighted concerns from the wider SEND community on this matter. The deputation included a number of requests for further information to be provided on EHCP processes in the Borough.

The second deputation was made by a local resident, on behalf of the North Solihull Additional Needs Support Group, regarding mental health. They detailed how the group had seen a significant decline in the mental health of the parent carers they supported, as well as their children. The resident detailed their experiences when attempting to secure support, including via the Multi-Agency Safeguarding Hub, and emphasised the impact upon her own mental health, as well as her family.

The Chairman thanked the residents for making their deputations. He emphasised the role of Councillors in supporting residents and their families to secure the necessary help and services. It was also agreed for a written response to be provided to both residents.

### **51. MINUTES OF THE JOINT CHILDREN AND ADULTS SCRUTINY BOARD MEETING**

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The minutes of the Joint Children and Adults Scrutiny Board meeting held on 22<sup>nd</sup> September were submitted.

### **RESOLVED**

That the minutes of the meeting held on 22<sup>nd</sup> September be approved as a correct record.

## **52. SOLIHULL MENTAL HEALTH DELIVERY PLAN**

The Executive Director of Operations, BSOL Mental Health Foundation Trust, took Members through a presentation, outlining the proposals for the Solihull Mental Health Delivery Plan.

Members raised a number of queries and observations regarding the Delivery Plan, which in summary included the following:

- A Member made the following points:
  - Whether there could be further reference to supporting young people and adults to access and remain in employment.
  - Queried whether definitions of a crisis could be provided, to support early intervention and prevention.
  - They emphasised the importance of continuity of support, to help build understanding and ensure that people didn't have to repeat their stories.
  - They also stressed the importance of the transition from youth to adult services and welcomed the identification of specific actions on this in the Delivery Plan.
- A Member highlighted the existing high levels of demand and emphasised this was likely to increase – they queried the plans in place for this.
- The Executive Director of Operations explained how additional funding had been provided for the existing waiting lists and demand. Going forward, it was recognised this would be a challenge and emphasised the focus in the Delivery Plan on early help and prevention, including via schools, GPS and the voluntary and community sector.
- A Member noted the Delivery Plan detailed reviewing the Mental Health offer for Housing Tenants – they queried whether this could be expanded for parents and carers who were going through the EHCP process. They also requested for this to include parents and carers who had had a child placed with them through Social Services.
- A Member highlighted the Council's offer for residents requiring financial advice and support and requested for this to include signposting to the Mental Health services available.
- A Member flagged up how the Delivery Plan referenced support available via GP services – they emphasised the challenges people could face when attempting to access GP services.
- The Executive Director of Operation detailed the additional investment in ARRS roles, where specialists worked alongside GPs in Primary Care, to support the mental health offer.

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- A Member flagged up how the plan referenced the provision of Mental Health Support Teams (MHST) in Solihull – they emphasised the importance of the support in place for non-MHST schools.
- A Member raised the following points:
  - The importance of the Plan reflecting how poverty was a major risk factor for Mental Health. They requested for the Plan to link with existing health inequalities work.
  - The need to ensure the MHST support in School was not provided in silo and that the whole school environment was taken into account.
  - The emphasis on early years and maternal mental health was welcomed. They requested for further focus on Autism, ADHD and other forms of neurodiversity, as part of the maternal mental health offer.
- A Member made the following observations:
  - They requested for a wider range of people and families to be engaged in the development of Plans and Strategies, from the outset.
  - They queried whether the Plan could take into account the impact of trauma, especially children who had experienced school trauma.
  - They questioned how therapies and support were being reviewed and changed to ensure residents were receiving the correct help, including children and adults with additional needs.
- The Head of Children and Young People Commissioning detailed how trauma informed practice was being offered to schools and this could be reflected in the Delivery Plan.
- A Member queried whether there could be further reference in the Delivery Plan to supporting people to build resilience and emotional strength.
- A Member highlighted Priority 5 – increase and improve crisis support. The resources detailed were largely Birmingham based and it was recognised this created travel and access issues for Solihull residents. They stressed the importance of local, accessible crisis support.
- The Executive Director of Operations explained there were crisis support services available in Solihull, including Home Treatment Teams. It was confirmed the Urgent Care Centre and a Psychiatric decision unit were based in Birmingham. Psychiatric liaison services were provided at sites in Birmingham and Solihull.
- A Member flagged up how the report made reference to suicide rates – they queried what new pieces of work and research were being undertaken to improve understanding of the triggers for people going into crisis and attempting to end their lives. It was agreed for an update on this to be shared with Members.
- A Member welcomed that, as part of the Family Hub offer, there was focus upon support for parents who were feeling isolated – they queried how this would be delivered. They also requested for the Hubs to provide baby classes, to offer further support for parents. The Member also emphasised how the timing of provision and appointments was critical, when providing Maternity Mental Health support.
- The Head of Children and Young People Commissioning confirmed mental health support, as well as maternity and parenting support, would

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be key elements of the Family Hub offer. The delivery details of the Family Hubs were currently being developed and there would be opportunities to influence this. In regards to timing and access to provision, it was noted out-of-hours and virtual appointments could be explored.

- A Member raised how a high volume of people in the criminal justice system had mental health issues. They queried what proposals were in the Delivery Plan to support these people at point of contact. The Councillor raised previous proposals for the Council, Police and partner agencies to provide a triage service for people with mental health issues and requested an update on this – it was confirmed this would be provided.
- A Member detailed research that found how investment in Mental Health services led to a significant net gain overall – they queried how this could be demonstrated as part of the Delivery Plan.
- A Member highlighted children and adults with neuro-diverse conditions or SEND – they queried how the needs of these people could be reflected in each of the Strategic Priorities in the Delivery Plan.
- A Member queried whether further detail on support for staff could be included, to help strengthen the recruitment and retention of staff, as well as continuity of service.
- A Member explained that in certain areas of the Borough, such as Meriden, residents may struggle to access services in Birmingham. They queried whether it could be possible to access provision in Coventry.
- Members queried how service user satisfaction levels could be taken into account as part of the Delivery of the Plan, especially in regards to access to services. They also emphasised how some communities may be reluctant to discuss mental health or access support and requested for this to be taken into consideration.
- A Member welcomed the ‘Think Family’ approach set out in the Delivery Plan and stressed the importance of Mental Health providers taking into account the impact on wider family members, including parent carers and siblings. They emphasised the volume of work currently being undertaken by the Voluntary and Community Sector on this.

### RESOLVED

The Joint Children and Adults Scrutiny Board:

- (i) Endorsed the proposed Solihull Mental Health Delivery Plan
- (ii) Requested for the key points raised by Members to be taken into account as part of the development and delivery of the Plan; and
- (iii) Agreed to receive future reporting on the Mental Health Delivery Plan in twelve months, including updates on the measures of success, as outlined in paragraph 1.1.6.

**53. PLEASE NOTE - THE FOLLOWING AGENDA ITEMS ARE SCHEDULED TO BE CONSIDERED BY THE HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD**

**54. MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD MEETING**

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The minutes of the Health and Adult Social Care Scrutiny Board meeting held on 22<sup>nd</sup> September were submitted. It was requested for the minutes to be amended, to show that Councillor A Wilson had joined the meeting

### **RESOLVED**

That the minutes of the meeting held on 22<sup>nd</sup> September be approved as a correct record, subject to the amendment to show that Councillor A Wilson had joined the meeting.

### **55. UPDATE ON ACCESS TO PRIMARY CARE AND THE REPROVISION OF SERVICES AT SOLIHULL HOSPITAL**

#### **UPDATE ON ACCESS TO PRIMARY CARE**

The Chief Officer for Partnerships and Integration, BSOL ICS, took Members through the initial report, updating them on access to Primary Care services.

Members raised a number of queries and observations, which in summary included the following:

- Members expressed their thanks for the report and to all staff in Primary Care, recognising the significant challenges.
- A Member raised the following points:
  - They noted the update on demand and activity – they questioned how many people may have stopped attempting to arrange an appointment, due to difficulties in accessing services.
  - The latest average call waiting time in Solihull was 24 minutes – they queried what further measures could be undertaken to help reduce this down further.
  - They questioned whether a call-back service could be used to help reduce call waiting times.
- The Chief Officer for Partnerships and Integration explained how, across Birmingham and Solihull, 95 per cent of practices had Cloud-based telephony. This enabled greater functionality to provide additional services, such as a call-back option. Work was being undertaken at a BSOL-level, to support practices to make further use of this technology. The Cloud-based telephony also provided opportunities for further data collection, to help assess services and monitor trends. The Chief Officer for Partnerships and Integration detailed the work being undertaken on this with the GP teams.
- The Chief Officer for Partnerships detailed how phone calls could take 4-5 minutes, due to the triage process. This was to determine the order of treatment of patients, to ensure those in most need were seen first and refer people to the appropriate support.
- In response to a Member query, the Chief Officer for Partnerships and Integration confirmed the GP sites advised the triage system added value. The Member queried whether any local Universities had undertaken research on the efficacy of the triage system - the Chief Officer for Partnerships and Integration explained national research had been undertaken and it was confirmed this request could be looked into.
- A Member detailed the challenges they faced recently when attempting to get a family member a triage appointment.

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- The Chief Officer for Partnerships and Integration confirmed they would be happy to have a further conversation with the Councillor, to gain further understanding of their experience and learning. It was explained how GP sites were a multi-disciplinary environment and all staff were trained and supervised to support the triage system.
- A Member expressed concern at non-GP staff determining whether people should receive an appointment, as part of the triage system. They also raised their concerns that, during the pandemic, systems had been rapidly put in place. The Member queried what assessments were being undertaken to ensure these systems were robust.
- The Chief Officer for Partnerships and Integration agreed it was correct that, in a number of instances, systems had been rapidly put in place to initially offset the impact of the pandemic. However, he explained that, prior to Covid, there had been national initiatives to expand digital services in Primary Care. It was noted that a significant proportion of Primary Care appointments were now face-to-face. He also highlighted the explanation previously provided, on working with the GP teams to maximise data collection, to help assess the effectiveness of services.
- A Member requested further details on the winter plans in place for GP teams across the Borough.
- The Chief Officer for Partnerships and Integration detailed how there were 2 elements to the winter plans. The first part was a national NHS initiative to help boost GP services for the winter. As part of this, all local GP teams had submitted their plans, which would generate approximately 6000 additional appointments over this period. For the second part, BSOL ICS had asked all GP teams to work in collaboration, alongside other partners, to provide additional capacity – to help relieve pressures on Primary Care, as well as other providers, such as Emergency Services.

### **UPDATE ON THE RE-PROVISION OF A MINOR INJURIES UNIT (MIU) AT SOLIHULL HOSPITAL**

The Chief Operating Officer, University Hospitals Birmingham (UHB) presented the report, which updated Members on the measures that were proposed to support the recovery of hospital services across Birmingham and Solihull, specifically the re-provision of a Minor Injuries Unit (MIU) at Solihull Hospital.

Members raised the following queries and observations:

- Members welcomed the re-provision of a MIU at Solihull Hospital and expressed their thanks to all staff at UHB in supporting this. Members also welcomed the re-provision of the MIU as soon as possible, in accordance with statutory requirements and good practice.
- The Chief Communications Officer for UHB confirmed there wasn't a statutory requirement to undertake a consultation, as it was the re-provision of a service. The focus was upon communicating to patients and the public on the recovery and improvement of services and this wouldn't impact on timescales.
- Members noted UHB was collaborating with the ICB regarding the reinstatement of an urgent treatment centre (UTC) for patients with urgent primary care concerns. Members requested further information on this.
- The Chief Operating Officer for UHB outlined how he was now the lead officer on the Urgent Care Strategy for the BSOL system, where there was focus upon future provision arrangements.
- A Member noted MIUs were nationally classified as type three departments, led by emergency nurse practitioners, supported by other clinical and non-clinical

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staff. They queried how this would work for complex cases, including where patients may have a background of ill health.

- The Chief Operating Officer for UHB confirmed the emergency nurse practitioners would be trained and working according to the scope of a type three MIU. As part of the governance arrangements, they would be working under the broader Emergency Medicine Team, which included a range of senior staff and healthcare professionals.
- A Member highlighted how it was proposed the MIU would operate between 08:00 and 22:00 hours, seven days per week. They queried whether 24 hour provision had been considered over the weekend period, including to help reduce pressures on other services.
- The Chief Operating Officer for UHB detailed how they had reviewed overnight attendance levels at the MIU pre-pandemic, which showed a very low number of patients had been presenting. This would be kept under review, taking into account demand levels going forward.
- A Member queried whether a pharmacy would be on site at Solihull Hospital. It was confirmed a written update would be provided on this. It was also emphasised Solihull had a high level of pharmaceutical provision across the Borough.
- It was confirmed future updates on the re-provision of the MIU could be provided to Members, as required.

### RESOLVED

The Health and Adult Social Care Scrutiny Board:

- (i) Noted the update on access to GP Services for Solihull residents and agreed that a response to the report be recorded as part of agenda item 9 – Motion from Council.
- (ii) Noted the update on the re-provision of services at Solihull Hospital and endorsed the option, as set out in the report, to re-provide a Minor Injuries Unit on the Solihull Hospital site, in line with the national service specification.
- (iii) Agreed to receive a future report on the re-provision of an Urgent Treatment Centre at the Solihull Hospital site.
- (iv) Endorsed the Communications and engagement plan for the Recovery and Proposed Configuration of services across University Hospitals Birmingham NHS Foundation Trust.

## 56. MOTION FROM COUNCIL

The Chairman proposed the following response to the referred motion from Council, on access to GP Services for Solihull residents, as well as the re-provision of a Minor Injuries Unit at Solihull Hospital:

‘The motion was originally considered by the Board at the meeting on 8<sup>th</sup> June 2022. It was noted Members would be provided with a further update at their meeting on 9 November 2022, on GP Access and Urgent Care and the Board agreed to defer consideration of the motion until then.

### Access to GP Services for Solihull Residents:

The Health and Adult Social Care Scrutiny Board welcomes the update on how Solihull General Practice (GP) teams are responding to ongoing operational

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pressures. It is recognised the NHS and GP teams continue to experience severe pressures, with significant increases in demand levels.

Demand and Activity - the Scrutiny Board endorses the increased volume of appointments offered by GP teams in Solihull.

Recruitment, Retention and the Additional Workforce – the Scrutiny Board recognises recruitment and retention in general practice have been challenging both nationally and locally. Members welcome that, in response, there has been a focus on recruiting additional health professional roles to support staffing levels, with Solihull identified to benefit from 68 Full Time Equivalent Primary Care Network roles.

Solihull Healthcare Partnership – Members note an Intensive Support Plan has been developed and agreed between NHS England Primary Care Transformation Team and Solihull Healthcare Partnership, with the aim of improving services to SHP patients. Members endorse the actions undertaken by SHP and the ICB, as outlined in the report.

Proposed next steps – the Scrutiny Board endorses that the ICB is engaging with GPs, community teams and University Hospitals Birmingham to design an Integrated Neighbourhood Team exemplar in Solihull, to support improved access to primary care and same day urgent care. Members also recognise the ICB support for the PCNs and GP teams through additional managerial and clinical leadership resources.

The Scrutiny Board welcomes the actions undertaken locally to increase the volume of appointments and support offered via GP teams and Primary Care services in Solihull. It is also recognised that complaint numbers are reducing. Members express their thanks to all staff involved for their continued commitment.

Overall, it is also important to take into account that many local residents continue to contact their Councillors raising concerns on access to GP services. It is recognised that the Health and Wellbeing Board will continue to monitor the delivery of these services. In addition, there will continue to be future reporting on access to GP services at the Birmingham and Solihull Joint Health Overview and Scrutiny Committee.

### **Update on the re-provision of services at Solihull Hospital:**

The Health and Adult Social Care Scrutiny Board endorses the option, as set out in the report, to re-provide a Minor Injuries Unit on the Solihull Hospital site, in line with the national service specification.

The Scrutiny Board agrees to receive a future report on the re-provision of an Urgent Treatment Centre on the Solihull Hospital site.



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Members endorse the Communications and engagement plan for the Recovery and Proposed Configuration of services across University Hospitals Birmingham NHS Foundation Trust.'

### **RESOLVED**

The Health and Adult Social Care Scrutiny Board endorsed the proposed response to the referred motion from Council

## **57. DEVELOPING THE BIRMINGHAM AND SOLIHULL INTEGRATED CARE STRATEGY**

The Chief Executive of BSOL ICS and Chief Officer for Strategy and Partnerships, BSOL ICS presented the Integrated Care Partnerships ten year strategy.

Members raised the following queries and observations:

- A Member questioned how the delivery of the Strategy would take into account patient experiences. As examples, they raised patients' experiences of knowing how to access different services, arranging appointments, as well as travelling to different sites to receive the service.
- The Chief Officer for Strategy and Partnerships explained how the metrics identified in the report were largely outcome measures. She detailed the role of the ICB on focusing on input measures, such as patient experience and access to services. The Chief Executive of BSOL ICS detailed how the ICS Strategy was an overarching Master plan for local NHS services for the next 10 years. The ICB would be required, in response, to produce a plan setting out how they would deliver their functions and this would take into account the points raised by the Councillor.
- A Member responded to a key question outlined in the report on making the strategy real for people – they stated the importance of residents receiving a quality service, when they needed it, with proactive ongoing support. They welcomed the metrics outlined in the report. They emphasised how the key outcomes for residents in Solihull were around living longer, living without ill health, alongside a major focus on reducing health inequalities across the Borough.

### **RESOLVED**

The Health and Adult Social Care Scrutiny Board:

- (i) Endorsed the proposed vision, ambitions, objectives and principles for the ICS ten year strategy.
- (ii) Requested that the points raised by Councillors be considered as part of the development and delivery of the ICS ten year strategy
- (iii) Agreed to take into account the priorities of the ICS ten year strategy as part of its future work planning.

## **58. HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD WORK PROGRAMME**

The latest Health and Adult Social Care Scrutiny Board Work Programme was presented to the Board.

### **RESOLVED**

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That the latest version of the Boards Work Programme be noted.

9.45 pm