

# HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 27 February 2023

## MINUTES

Present: Councillors: M Brain, A Burrow, M Carthew, Y Clements, B Donnelly, A Feeney, S Freeman, S Gethen, D Gibbin (Chairman), B Groom, J Hamilton, R Holt, R Long, A Mackenzie, M McCarthy, J O'Nyons, W Qais, R Sexton, Mrs G Sleigh and J Tildesley

Officers:

Apologies: Councillors: S Golby, Mr B Hall, P Hogarth MBE, L McCarthy, A Rebeiro, S Sheshabhatte and A Wilson

### 68. APOLOGIES

Councillors L McCarthy and S Sheshabhatte. Co-opted Member Mr B Hall.

### 69. DECLARATION OF INTERESTS

Councillor W Qais made a declaration of interest, as an employee of the Department for Education.

### 70. QUESTIONS AND DEPUTATIONS

There were no questions or deputations.

### 71. UPDATE ON THE FAMILY HUBS PILOT

The Cabinet Member for Adult Social Care and Health and the Interim Head of Children's Public Health introduced and outlined the report, detailing the aims and objectives of the pilot Family Hubs programme, to provide a single-branded multi-agency family support offer from pre-conception to 25 years.

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

- A Member endorsed the emphasis on engaging with children and young people with additional needs. They queried what support could be provided for parents with additional needs. The Member highlighted, in particular, the support for parents who were neuro diverse, but may not have received a formal diagnosis.
- The Interim Head of Children's Public Health responded, outlining the following:
  - They detailed the quality assurance being undertaken to ensure the Family Hubs were accessible for autistic people and people with additional needs.
  - A wide range of experiences were going to be provided for families – including autism friendly environments and quiet hours.

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- All of the Hub buildings would have a minimum specification, which included a sensory room for both children and parents – these rooms were going to be multi-use, whereby they could be calming, as well as stimulating.
- Peer support groups were also going to be provided, to be available to everyone on basis of need, rather than diagnosis.
- A specific offer was going to be provided for young people with additional needs, ages 19-25 years – with a focus upon transition to adulthood, preparing for independence and life skills. This would be delivered in partnership with local schools that supported pupils with additional needs.
- A Member welcomed the locations identified in the report, including the outreach offer in Meriden. They queried how residents in Balsall Common and surrounding areas were going to be made aware of and be able to access this.
- The Interim Head of Children’s Public Health explained it was recognised there were pockets of need across the Borough – for Balsall Common and Berkswell, officers were actively looking at potential locations for outreach activity, acknowledging, in particular, the issue of social isolation. Family Hub branding throughout would be used, to help raise awareness. Schools would be a vital partner in sharing information on the Hubs, alongside other agencies, including the Health Visiting Service.
- A Member welcomed how it was proposed for a Full Hub offer to be provided via their Ward. They queried how this information was being communicated, explaining that the users of an existing community hub were concerned they may be impacted.
- The Interim Head of Children’s Public Health detailed how they were looking to ensure a clear dialogue with all stakeholders on the use of potential sites for the different Hub locations. It was emphasised that a number of the partners delivering existing support would form part of the future Hub offer.
- A Member queried how it was going to be ensured that the Family Hub offer complemented, rather than replaced, existing services.
- The Interim Head of Children’s Public Health outlined the key goals of the Family Hub offer – universal Start for Life services, such as antenatal and health visiting services, would be provided at all full Hubs. Alongside this, a range of complementary services would also be offered – these would be evidence based initiatives to improve child development and educational attainment. The VCSE sector had also welcomed how they would not be charged for using these spaces, as part of the wider service offer.
- Members highlighted how Solihull had been awarded transformation funding from the Department for Education, with a deadline of delivery of March 2024. They queried the work being undertaken to identify potential funding to support transformation and delivery after this point.
- The Director of Public Health detailed the focus on ensuring value for money, making best use of existing assets and effective partnership working. As part of the Medium Term Financial Strategy, a contingency

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fund within the Public Health Directorate had been established. She also outlined the ongoing dialogue with the Department for Education, whereby the outcomes from the pilot would be clearly evidenced and monitored.

- A Member queried who could access the Family Hub support – whether it was specifically for Solihull residents, or could also be used by families from neighbouring areas. They also queried the digital support and questioned how this would be used to promote the Solihull Approach and the first 1001 days.
- The Interim Head of Children’s Public Health explained the focus on the digital offer – this included providing sessions via Teams meetings, for families who may find this more accessible than face-to-face meetings. There would also be strong emphasis upon the wide range of Solihull Approach online parenting courses available – these were already popular with 1800 families registered as active users.
- The Interim Head of Children’s Public Health detailed how the aim of the Hubs was to ensure a wide range offer for the families of Solihull. Strong cross-border working was already in place, so families from neighbouring areas would be able to use a range of services, if they wished. If families wanted to access a referred specialist service, cross-border arrangements would be in place, to ensure they accessed it at the correct location.
- A Member expressed some disappointment there were no Family Hub sites located in South Solihull, emphasising the amount of housing development, as well as the pressure on schools, in their area. They queried whether central locations in the Solihull could also be considered, noting how it offered strong transport links. The Member emphasised the pockets of need and deprivation across the Borough.
- The Interim Head of Children’s Public Health explained how they were actively looking for outreach locations across the Borough, including in the South and specifically Dickens Heath. This included the library, whilst schools in Dickens Heath were also keen to work in partnership to support the outreach offer.
- A Member highlighted the multi-agency information sharing outlined in the report, including the development of a joint system. They queried how this was going to be achieved.
- The Interim Head of Children’s Public Health detailed the work being undertaken to ensure robust multi-agency information sharing arrangements to support the delivery and aims of the Family Hub offer, which included the development of a shared module in Liquid Logic. This would be in addition to the existing multi-agency safeguarding information sharing arrangements, including via the Multi-agency Safeguarding Hub.
- A Member questioned the arrangements in place to ensure a consistent, quality service was delivered via different locations across the Borough. They also queried the arrangements to ensure effective partnership working and contribution. The Member also raised the evaluation of effectiveness of the pilot – they queried how this will specifically demonstrate the impact of the Full Hub and Outreach offers.

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- The Director of Public Health explained that, as part of the pilot, detailed monitoring and evaluation would be undertaken with the Department for Education, which would take into account how the Full Hubs and Outreach initiatives provided different offers.
- The Interim Head of Children's Public Health explained the robust governance arrangements in place, to ensure consistency and effective partnership working. This included hub offer being overseen by the new multi-agency Children and Families Prevention and Early Intervention Board. A Parent Carer Panel was also being established, with representatives from a range of parenting scenarios.
- In response to queries from Members, the Interim Head of Children's Public Health outlined how they were linking with the Inclusion Service to ensure an effective offer for both electively home education children, as well as children unable to attend school.
- A Member expressed their concern that, in some instances, families may be reluctant to seek help, if their details were going to be shared with other agencies. They queried how this had been taken into account.
- The Interim Head of Children's Public Health explained how there would be clear arrangements in place for consent and information sharing. It was confirmed that all partners would continue with their confidentiality and privacy impact assessments to support the delivery of services via the Family Hubs pilot.
- A Member queried how hard-to-reach groups would be encouraged to access the Family Hubs and Outreach offers.
- The Interim Head of Children's Public Health detailed how they were looking at learning from other areas with similar schemes in place. The use of concurrent timetabling had been successful elsewhere, to encourage families to access support they may not have otherwise considered – for instance scheduling a stay and play session at the same time as a mental health support offer.

The Chairman thanked the officers for the report and responding in depth to all the different points raised by Members. Members welcomed the update and it was recognised it was a major success that Solihull was one of 12 local authority areas, out of 84 applicants, to have been awarded funding for the Family Hub offer by the Department for Education.

### **RESOLVED**

The Joint Scrutiny Board:

- (i) Requested for a further report on the development and delivery of the Family Hubs pilot to be presented to the Children's Services, Education and Skills Scrutiny Board in November 2023. Members of the Health and Adult Social Care and the Stronger Communities and Neighbourhood Services to be invited to attend this meeting.
- (ii) Agreed for a site visit to the first Family Hub to be undertaken in November 2023. Site visit to followed by an informal discussion session.

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- (iii) Agreed that Members receive an update on the locations for the Family Hub sites, once confirmed, prior to wider communication. This will be a confidential update, prior to formal announcement.
- (iv) Agreed for a briefing note to be circulated to Members, outlining Scrutiny's statutory powers and best practice for engaging partner agencies.

### **72. PLEASE NOTE - THE FOLLOWING ITEM IS SCHEDULED TO BE CONSIDERED BY THE HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD**

### **73. SOLIHULL SUICIDE PREVENTION STRATEGY 2023-2026**

The Senior Public Health Specialist presented the report, summarising the key outcomes of the Solihull Suicide Prevention Strategy 2017-2021, as well as outlining the proposed refreshed Suicide Prevention Strategy 2023-2026.

Members raised the following queries:

- A Member welcomed the report – they particularly welcomed how the Strategy reflected key points previously raised by Councillors. They highlighted how the report referenced reducing the risk of suicide in key high-risk groups. The Councillor sought assurances that all individuals with suicidal ideation would receive the necessary support, irrespective of whether they belonged to a high-risk group.
- The Senior Public Health Specialist confirmed this was recognised. She detailed how they were looking at the introduction of an orange button scheme, a way of identifying people that had undertaken suicide prevention training and could offer support. Mental Health Navigators were also being employed within Primary Care, to support people with non-clinical needs and ensure escalation, where necessary. The greater data collection outlined in the report should also help inform where to target support.
- A Member raised how financial instability and significant debt could increase suicide risk. They noted how the Council offered debt advice and support – they queried whether the staff delivering this service had received mental health training.
- The Senior Public Health Specialist detailed how front-line staff were increasingly supporting members of the public with anxiety and mental health issues and this, in turn, was impacting on their own wellbeing. Public Health had worked with the Organisational Development Team on this, outlining good practice and trauma-informed training. There was also corporate mental health training and support for Council staff.
- A Councillor highlighted how, nationally, male suicides were significantly higher than females. They also detailed how men who died from suicide were less likely to be known to, or have sought support from, Mental Health services.
- The Senior Public Health Specialist detailed how there had been focus upon targeting support for higher risk groups, including men. Examples

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of this included Men's Sheds, a community initiative for men to meet others and help reduce isolation.

- A Member highlighted the priority to learn from those who had died by suicide. They queried how there could also be learning from, as well as support for, family and friends of people who had died by suicide.
- The Senior Public Health Specialist detailed how they had secured funding through the National Suicide Prevention programme for bereavement support. Here, as part of the real-time surveillance system, Public Health would be working with the Police to ensure those bereaved by suicide received the necessary specialist support. This would include help to access counselling, as well as ongoing postvention support.
- A Member raised the volume of agencies referenced in the report and queried how the multi-agency Steering Group worked together to support delivery of the Strategy.
- The Senior Public Health Specialist detailed how the Steering Group was developing an action plan for the Strategy – this included setting up task and finish groups for key priorities, to ensure partners supported delivery and were held to account.
- A Member questioned the support for people who had been sectioned under the Mental Health Act, especially in regards to social isolation, as well as returning to work.
- The Senior Public Health Specialist detailed how the Mental Health Trust was represented on the multi-agency Steering Group and all relevant aspects of their service would be reviewed as part of the delivery of the Suicide Prevention Strategy. The Mental Health Trust had also developed their own Mental Health Delivery Plan and this included a priority to increase and improve support for rehabilitation.
- In response to a Member query, the Senior Public Health Specialist confirmed approximately 400 people had signed up to the Solihull Zero Suicide Pledge, including from a range of public and private sector organisations.
- A Member queried how the Strategy linked to the availability of services via the NHS and Mental Health Trust, in particular for children and young people.
- The Senior Public Health Specialist outlined how the Strategy linked to other existing strategies, including the Mental Health Delivery Plan. There was focus upon ensuring the consistent messaging, with clear signposting to enable people to access support, as well as maintaining links across Primary and Secondary Care.

The Chairman thanked officers for the report and responding to all Member queries. Members also expressed their support for the proposed priorities, as set out in the Strategy.

### **RESOLVED**

The Health and Adult Social Care Scrutiny Board:

- (i) Endorsed the content of the Solihull Suicide Prevention Strategy 2023 - 2026 prior to sign off and endorsement at the Health and Well-being Board.

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- (ii) Requested that the key points raised by Members be taken into account as part of the delivery of the Strategy.

Time Not Specified