

SOLIHULL HEALTH & WELLBEING BOARD - 10 November 2020

SOLIHULL HEALTH & WELLBEING BOARD

10 NOVEMBER 2020

Present: Councillor Karen Grinsell – Cabinet Member for Adult Social Care & Health
Councillor K Meeson – Cabinet Member for Children, Education & Skills
Paul Jennings - BSol CCG
Dr John Davenport - BSol CCG
Ruth Tennant – Director for Public Health
Jenny Wood - Director for Adult Care & Support
Louise Rees - Director of Children's Services and Skills
Andy Cave – Healthwatch
Louise Minter – Solihull Schools Strategic Accountability Board
Gianjeet Hunjan - Birmingham & Solihull MH NHS Foundation Trust
Fiona Hughes - Solihull Community Housing
Anne Hastings - Voluntary & Community Sector representative
Councillor L McCarthy – Opposition Spokesperson
Councillor Dr R Sexton – Opposition Spokesperson
Councillor M Brain – Opposition Spokesperson

Officers: Steve New – Business Lead, Solihull Healthcare Partnership (SHP)
Dr Nish Patel – SHP GP Partner
Dr Kotecha – SHP GP Partner
Rob Davies – Consultant in Public Health Places & Communities
Tim Browne – Assistant Director - Inclusion & SEND
Caroline Murray – Domestic Abuse Co-ordinator
Mary Morrissey – Director of Economy and Infrastructure
John Pitcher – Team Leader - Policy & Delivery
Gemma Thompson – Housing Strategy and Commissioning Lead
David Peplow – Local Safeguarding Children Partnership (LSCP)
Independent Scrutineer
Joseph Bright – Democratic Service Officer

1. APOLOGIES

The following apologies were submitted:
Dr Peter Ingham – BSol Clinical Commissioning Group, (Dr J Davenport – substitute)
Superintendent Ian Parnell – West Midlands Police
James Voller – Voluntary & Community Sector representative

2. DECLARATIONS OF PECUNIARY OR CONFLICTING INTERESTS FROM MEMBERS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

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4. MINUTES

The Board received the minutes of the previous meeting held on 10th November 2020.

RESOLVED

That the minutes of the meetings held on 10th November 2020 be confirmed as a correct record.

5. COVID-19 OUTBREAK MANAGEMENT - UPDATE

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

- The current rate of Covid-19 was 278 per 100,000, representing a significant increase since the previous Board meeting.
- They were currently in the second wave of the pandemic, which was resulting in significant pressure on the NHS and hospital systems.
- The pattern of cases in hospital was very similar to that experienced during the first peak of the pandemic, in terms of the severity of the disease, as well as the age profile of the patients.
- There was widespread testing in place within the Borough – including home testing kits, as well as a mobile testing unit. They had also recently started a 'Drop and Collect Test' service in the North of the Borough.
- There were also routine Care Home testing, of both staff and residents.
- Within the Borough, at the start of September, they had also put in place a local contact tracing team, who contacted all cases within the Borough – this enabled staff to give advice around self-isolation, as well as check if the residents' had any welfare needs.
- Ruth Tennant emphasised the volume of work undertaken with schools to manage cases and outbreaks – she expressed her thanks to the whole school community.
- There was some evidence of outbreaks in Care Homes – it was emphasised how these were very tightly monitored and assessed.
- Ruth Tennant detailed the volume of communications and engagement work undertaken locally, to reinforce messages and understanding of the latest lockdown restrictions. She expressed her thanks to everyone involved in the Community Champions network.
- The recent news in respect of the vaccine was very positive; however it was emphasised the key messages to help control the virus still remained the same – hand washing, social distancing, getting tested when necessary, as well as self-isolating when required.

Jenny Wood also provided an update, highlighting the following points:

- In regards to Care Homes, one of the main changes concerned visiting. Under the new restrictions, the emphasis was on the providers having dynamic risk assessment arrangements in place, taking into account the advice of Public Health, as well as their own specific circumstances.
- Jenny Wood detailed the work undertaken to ensure Care Homes felt supported, to ensure effective infection prevention and control measures were in place for the new arrangements, whilst also allowing visiting in exceptional circumstances, such as end of life.
- Jenny Wood also detailed the work undertaken to support the clinically extremely vulnerable – this included emergency food support, as well as advice

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and support, including via Solihull Connect, as well as through the Council's Here 2 Help page.

6. BIRMINGHAM AND SOLIHULL CLINICAL COMMISSIONING GROUP - UPDATE

Paul Jennings provided a verbal update, highlighting the following points:

- Covid-19 infectivity rates were increasing in both Solihull and Birmingham.
- The age profile of residents infected with Covid-19 was changing, with an increase in the over 65s impacted.
- It was emphasised how the increase in cases impacted upon NHS workforce resilience, as well as the restoration of elective services.
- The learning from Wave 1 of Covid-19 was being applied to the current increase in cases. It was emphasised the essential tools for managing the virus remained the same – such as washing your hands, socially distancing and wearing a mask.
- Paul Jennings emphasised the volume of work to protect emergency acute hospital capacity.
- It was explained how, in addition to managing Covid-19, the CCG and its partners were focusing on winter pressures.
- Paul Jennings detailed the volume of work to support and protect the workforce, noting how many employees, including GP's, came under the higher risk groups for Covid-19.
- It was explained how additional primary care provision had been made available at Hobmoor Road, to help alleviate pressure on emergency services.
- Paul Jennings updated on the ongoing mental health and wellbeing support being made available to staff across the system. He also detailed the mental health support for the public, including younger people who may be struggling, as well as older residents experiencing isolation. It was anticipated there would be many long-term mental health implications stemming from Covid-19.
- The Board also received an update on the delivery of the flu vaccination programme – across the whole population, they had now vaccinated 10% more people, compared to the entire flu season last year.
- Paul Jennings noted the recent news in regards to the Covid-19 vaccination – he explained how the CCG and its partners were focusing on the significant logistical plans required to deliver the vaccine, once it became available. He detailed how delivery of the vaccine would be driven by priority groups.

Stephen New, Chief Executive of the Solihull Healthcare Partnership (SHP) detailed the work undertaken by the Partnership to address concerns regarding patients looking to contact their GP Surgery by telephone.

Members of the Board raised the following queries and observations:

- Councillor Grinsell emphasised how she had received a significant volume of concerns and complaints raised by local residents attempting to contact their GP Surgery by telephone. She thanked the SHP for the update and for the work undertaken to improve access. Councillor Grinsell raised her particular concerns for elderly and vulnerable patients having to spend long periods on the telephone in order to receive support.
- Councillor Grinsell also raised concerns regarding general communication with the public – it was emphasised how residents may not understand why their own GP surgery may not be open for general access, potentially causing frustration. Councillor Grinsell detailed how she had arranged a visit to the Blossomfield practice, to engage with the SHP further on these matters.

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- Stephen New explained how they had updated their SHP website to explain the current GP provision. He also detailed the significant volume of outgoing calls undertaken by the SHP – they had contacted 100% of patients who were shielding.
- Councillor Grinsell flagged up the issue of vaccines, noting some residents may struggle getting to Monkspath Surgery for the vaccination clinic. Stephen New explained how a flu vaccination van was provided, which collected residents from other local medical centres. It was detailed how they had contacted residents eligible for a flu vaccination who hadn't yet booked an appointment, to make them aware of the provision.
- Councillor Dr Sexton how she had liaised with SHP regarding individual cases and thanked them for their responses. Councillor Dr Sexton expressed her concern that the total triage system may be disadvantaging specific groups, such as people who don't have online access, or may struggle clearly explaining their symptoms. She raised her concerns there may be red flags missed, meaning some people may not be getting the required GP care. Councillor Dr Sexton queried the potential of setting up a separate meeting with SHP, to look constructively at how some of these issues could be addressed. Stephen New confirmed it would be possible to arrange this.
- Andy Cave explained how Solihull Healthwatch had heard from approximately 150 individuals, to gain their experiences about accessing Primary Care services during Covid-19. He requested to participate in the meeting being established with the SHP, to look at trends and potential learning.

RESOLVED

The Health and Wellbeing Board noted the update from Birmingham and Solihull Clinical Commissioning Group, as well as the Solihull Health Partnership.

7. HEALTH INEQUALITIES STRATEGY UPDATE

Rob Davies, Consultant in Public Health, presented the report, outlining the scope of the Health Inequalities Strategy and Action Plan, as well as updating on recent activities and proposed next steps.

Rob Davies explained how the Strategy would consider all four dimensions of inequality – socio-economic/deprivation, equality and diversity, inclusion health and vulnerable groups, as well as geography. He detailed how they were undertaking evidence gathering, consisting of national, regional and local information. From this evidence, they would look to work with partners to identify goals and priorities for action across different organisations, with future reporting on this to the Board.

Members highlighted how the report detailed that engagement had been taking place with groups most likely to be negatively impacted by Covid-19 – they requested further information on this. Rob Davies detailed how they were collating evidence via 'soft' intelligence channels, such as the Community Champions. He also explained how they were using existing channels, such as working with Solihull Healthwatch.

RESOLVED

The Health and Wellbeing Board:

- (i) Noted and endorsed the scope of the Health Inequalities Strategy and planned activity.
- (ii) Agreed to receive the final Health Inequalities Strategy at the next meeting.

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8. HEALTH AND WELLBEING BOARD STRATEGY - SCORECARD REPORTING

Rob Davies provided a verbal update, explaining how, due to the Covid-19 pressures and redeployment, it had not been possible to present the scorecard at this meeting. He emphasised they were prioritising this and an updated scorecard would be reported at the next Board meeting.

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

In presenting the report, Louise Rees expressed her thanks to the Borough's school leaders and staff, for all their efforts during the pandemic. She highlighted how the high attendances recorded at local schools reflected all the work undertaken. It was noted the Regional Schools Commissioner had viewed Solihull's response as class-leading. Louise Rees also highlighted the Council's support for vulnerable children and families, detailed how they were now delivering the majority of services face-to-face.

Louise Minter also provided an update on the work undertaken in schools for the re-opening in September, highlighting the following points:

- Whilst all schools faced significant challenges, the pupils returning in September was a hugely positive experience for all schools.
- Dealing with the pandemic was an enormous and at times exhausting daily challenge for school leaders which was detrimental to their and to their staff's wellbeing.
- All schools continuously reviewed and updated their risk assessments – Louise Minter welcomed the support of the Local Authority, in providing regular, timely information and guidance.
- A significant challenge for schools was maintaining staffing levels, taking into account employees who had been advised to shield, as well as staff required to self-isolate.
- A cause for concern was the volume of time many children had had to spend out of school – especially for pupils facing exams over the next few months.
- It was emphasised how the pandemic had had a significant impact upon school finances – this included additional staffing costs, as well as loss of income stemming from school-run childcare provisions.

Members of the Board expressed their thanks to the Schools and Council officers, for all the work in supporting the successful re-opening in September.

Members emphasised the potential impact remote learning may have on inequalities, with children from more affluent households having access to better technologies, as well as greater support from parents – it was noted how such trends would be subject to on-going monitoring.

RESOLVED

The Health and Wellbeing Board noted the update on the Council's support to schools/early years, children and families since the announcement that all schools would be open for all pupils from the start of the new academic year.

10. DOMESTIC ABUSE BILL UPDATE AND LOCAL IMPLICATIONS

Ruth Tennant introduced the report, updating the Board on the current provisions outlined in the Domestic Abuse Bill and the implication for key partners in Solihull. She

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detailed how she chaired a multi-agency group on domestic abuse, which reported to the Safer Solihull Partnership Board. It was also recognised there was a major health and wellbeing impact stemming from domestic violence, which was why the report was also being presented to this Board.

Ruth Tennant explained how they were awaiting clarification of the financial allocation to support the additional activities. It was noted how Caroline Murray, Domestic Abuse Co-ordinator had been undertaking detailed modelling work to estimate the potential cost implications of the new responsibilities.

Caroline Murray explained that, during the passage of the Bill through Parliament, there had been a significant number of additional clauses and amendments. It was noted how clause 23 had been introduced, which placed a requirement for LA's to commission sufficient specialist support that was capable of meeting the needs of all victims. Caroline Murray detailed how, whilst they were awaiting further clarification regarding a number of aspects of the Bill, they were working with partners to help understand the potential resource implications.

Councillor Meeson emphasised how the Bill had potential implications for Children's Services, as well as other agencies. He queried the future reporting arrangements for the introduction of the Bill.

Ruth Tennant explained how the multi-agency group reported to the Safer Solihull Partnership Board, noting how it included a range of partners, including community safety and the Police, as well as health representatives. It was agreed that, as part of future reporting, the Health and Wellbeing Board would also receive an update on the Bill in January.

Fiona Hughes also provided an update, detailing how SCH was working closely with Caroline Murray and Public Health, in order to understand the accommodation requirements stemming from the Bill.

RESOLVED

The Health and Wellbeing Board:

- (i) Noted the local implication of the DA Bill and the work that is being undertaken to prepare for implementation.
- (ii) Noted the role of the Domestic Abuse Partnership Group in taking this work forward and to ensure there is senior partner commitment to this group.
- (iii) Noted the additional resources that are expected to be required.
- (iv) Agreed to promote and encourage engagement in the domestic abuse 2021 agenda within their own organisations.
- (v) Agreed to receive a future update on the the DA Bill in January.

11. STRATEGIC HOUSING FRAMEWORK

Mary Morrissey, Director of Economy and Infrastructure presented the report, providing an update on the delivery of the Strategic Housing Framework (SHF), in particular supporting residents at risk of homelessness and the development of a new Solihull Local Plan. The points raised included the following:

- The Board was informed of measures to prevent evictions from the private rented sector and support households at risk – this included support for people experiencing financial hardship, as well as ongoing work with private landlords.

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- Mary Morrissey also updated the Board on the further work prioritised as part of the Solihull Homelessness and Rough Sleeping Strategy.
- Officers were working with the Solihull Observatory to monitor and predict unemployment levels, taking into account the potential impact on homelessness.
- The Board also received an update on the Local Plan – it was emphasised how a number of Local Plan policies were important to health and wellbeing, including Climate Change and natural environment.

Members raised the following queries:

- Members highlighted the Local Plan and queried the arrangements for the introduction of Health Impact Assessments (HIA), whereby applications for significant developments would be required to submit a HIA, to consider issues such as access to health facilities.
- Paul Jennings detailed how the CCG looked at the larger schemes on a locality basis, whereby they linked with Public Health colleagues. John Pitcher, Team Leader for Policy and Delivery, detailed how a key document was the Infrastructure Delivery Plan, which provided evidence to support the Local Plan review. It was explained how Council officers have worked closely with BSol CCG colleagues on the development of this plan.
- Members highlighted section 21 notices, whereby landlords could begin the process of taking possession of their property, without providing a reason. It was noted this was a matter previously considered by Central Government and it was queried whether there would be any future lobbying on this.
- Gemma Thompson, Housing Strategy and Commissioning Lead, detailed how the Council had participated in a formal consultation on the introduction of the Homelessness Reduction Act, where it flagged up the impact of loss of private rented sector tenancies on residents.
- Members queried the work undertaken locally to improve private rented housing conditions. John Pitcher detailed how the Council's Enforcement team was now focusing on collecting intelligence on housing conditions in the private rented sector and pursuing enforcement action, where required – examples included investigating complaints against a landlord across their property portfolio.
- Members highlighted concerns raised at a local Full Council meeting, regarding the consultation arrangements on developments within the Borough with health colleagues, including the primary care sector. Mary Morrissey confirmed that, following the Council meeting, she was meeting with the CCG Locality Director, to ensure local robust consultation arrangements.

RESOLVED

The Health and Wellbeing Board noted and endorsed the development of the Strategic Housing Framework.

12. LOCAL SAFEGUARDING CHILDREN PARTNERSHIP - ANNUAL REPORT

David Peplow, the Local Safeguarding Children Partnership (LSCP) Independent Scrutineer invited the Board to consider the Annual Report for 2019-20.

David Peplow detailed how the Report covered a period of change, whereby the LSCP replaced the previous Local Safeguarding Children Board (LSCB) and now consisted of three safeguarding partners – the LA, Chief Officer for Police and the CCG. It was explained how Partnership had requested to continue to present its Annual Report to

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the Health and Wellbeing Board, as well as Full Council, to support safeguarding activity across partnerships.

David Peplow detailed how Solihull LSCB had set three key priorities for 2019 – 2020 – Early Help, Neglect and Exploitation, with the Annual Report setting out the work undertaken by key partners to focus on these priority areas. It was explained how the LSCP had agreed that its strategic priorities for 2020/21 would be children and young people at risk of neglect and children and young people at risk of exploitation.

David Peplow stressed it was recognised that Early Help was still extremely important – he emphasised how the Annual Report took into account the progress on the delivery of targeted Early Help through the re-structuring of children’s social care teams, and also that Ofsted inspection recognised the Early Help offer as a strength.

David Peplow explained how a further major area of focus for the LSCP was diversity – he detailed how the LSCP had a role in ensuring all practitioners considered fully the impact of covert, as well as overt, forms of discrimination in their work with children and families.

Councillor Grinsell expressed her thanks, on behalf of the Board, to David Peplow for all the work he had undertaken during the years he had been Independent Scrutineer.

Members welcomed exploitation being identified as a key priority by the LSCP, noting recent reports that the age profile of young people being targeted, as part of county lines, was getting much younger. David Peplow confirmed there had been reports of primary age children being targeted – he detailed how an area of focus was communicating appropriate, clear messages to this age group.

RESOLVED

The Health and Wellbeing Board:

- (i) Endorsed the LSCP annual report as a transparent account of the work of the LSCP in 2019 - 2020.
- (ii) Requested to continue receiving the LSCP annual report at future Board meetings.

13. FOR INFORMATION - HEALTH AND WELLBEING BOARD WORK PLAN

The current version of the Health and Wellbeing Board work plan was noted for information.

End time of meeting: 4.25 pm