

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 23 November 2020

MINUTES

Present: Councillors: K Blunt (Vice-Chairman), J Burn, A Hodgson, Mrs D Holl-Allen MBE (Chairman), D Howell, A Mackenzie, W Qais, R Sexton and A Adeyemo

Officers: Lizzie Edwards – Assistant Director, Adult Care and Support
Laura Harwood – Digital Programme Manager
Sangeeta Leahy – Assistant Director for Public Health
Joe Suffield – Democratic Services Officer
Sharon Wiggett - Assistant Team Manager, Online Customer Experience

External Witnesses: Birmingham and Solihull Mental Health Foundation Trust
Vanessa Devlin, Director of Operations
Dr Hilary Grant, Medical Director

Birmingham and Solihull Clinical Commissioning Group
Director of Joint Commissioning, Mental Health, Children and Maternity, Personalisation

1. APOLOGIES

No apologies were received.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

Councillor Tim Hodgson made a deputation in relation to the Specialist Psychotherapies Service, and the resumption of face to face appointments. Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) provided a response which explained that the service had to change to respond to the COVID-19 pandemic. Contact with patients continued throughout the crisis albeit virtually or in an alternative fashion. Steps were in place to increase the number of face to face appointments in a COVID-19 secure environment.

4. MINUTES

The minutes of the meeting held on 28th September 2020 were presented for approval.

RESOLVED

The minutes arising from the Health and Adult Social Care Scrutiny Board meeting held on 28th September 2020 were agreed as a correct record.

5. UPDATE ON MENTAL HEALTH SERVICES WITHIN SOLIHULL

The Director of Joint Commissioning, NHS Birmingham and Solihull Clinical Commissioning Group (BSol CCG) introduced the item and provided an update on the Solihull mental health system update. The following points were raised:

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- The impact of COVID-19 on people's mental health had a big impact, for example on service users, through the economic impact and those who suffered from long COVID.
- Initially, there had been reduced levels of admissions presented from March to May, however there was now a rise in demand and people presented with more complex problems.
- As a result, there had been a rapid transition to new ways of working such as a digital infrastructure to access care and to provide care in a COVID-19 secure environment. Throughout the system, they worked together to support service users and residents. This included with a 24/7 helpline number and a communications exercise to encourage residents to get support early.
- There was a significant impact on people who suffered bereavement during the crisis, which led to enhanced pathways for bereavement support.
- A Solihull Mental Health pod had been set up as a forum to have key stakeholders discuss shared priorities and concerns, to address concerns and encourage good practice and collaboration.

The Medical Director, BSMHFT, provided information on the support available to the collective workforce. The People Board of BSol Sustainability and Transformation Partnership (STP) received £2mill of funding to create a Health and Wellbeing Hub for staff and £500,000 for a mental health hub. This would cover both health and social care staff, and recognised the disproportionate impact on BAME staff.

The Director of Operations for BSMHFT delivered further details on the delivery of services during the COVID-19 crisis:

- It was highlighted that no services stopped during the crisis and services were open to referrals throughout. There had been an increased digital offer to service users and staff to enable continued engagement during the lockdown period.
- In Solar services, when there was a dip in referrals to the service, which led to closer links with schools to ensure there was continued engagement.
- The early intervention service for early onset psychosis had remained constant throughout the COVID-19, with continued contact both face to face and virtually.
- Increased demand in service users for SIAS services had been expected, and there had been changes to the way support was provided to respond to the challenges posed. Feedback from service users helped to inform how the changes were introduced or modified.
- The Community Mental Health Teams had to operate primarily a digital mode of operation, and reduce the footfall through the hubs as part of infection control.
- The Acute and Urgent Care inpatients had enhanced home treatments during the COVID-19 crisis to encourage individuals to stay in their homes. The Psychiatric Liaison Service had services at Good Hope Hospital, Heartlands Hospital and Solihull Hospital. There would be mental health hubs at both Good Hope Hospital and Heartlands Hospital for the winter period to better support mental health service users.

Members made the following comments and questions:

- Members enquired about what steps would be taken to ensure that people who did not use the internet were able to access care and what lessons had been learned so far. The Director of Joint Commissioning explained that the use of digital had been a big shift, however it was recognised this would not work for

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everybody. To support those without the internet, an example was that they provided leaflets and support in the food packages sent to those who shielded.

- A Member asked what triggers were in the system to identify people who were at risk and what access there was to psychological therapy. The Medical Director explained there was a lot of work undertaken in Community Mental Health teams to identify those in the community at the greatest risk, and to ensure they received timely and effective interventions. The Director of Joint Commissioning confirmed that there continued to be access to psychological therapies.
- A Member raised concerns about the difficulties in access to face to face contact, such as for primary care services. The Director of Joint Commissioning highlighted the current circumstances made face to face contact challenging, which was why the 24/7 phone line was in place with improved expertise involved. The Medical Director also stressed that there was a considerable amount of work to decide how to deliver the service to protect service users, families and staff, while to continue to provide high level care. The Director of Operations confirmed that after the initial assessment, they would enable service users to have a face to face appointment if that was required.
- A Member asked how staff would access the services, would it be through self-referral or by a manager. The Medical Director responded that the mental health support offer was in place prior to the first wave, and this was supplemented with psychological first aid rolled out to staff to ensure people could be signposted. The final part of the offer was to ensure there was infrastructure in place to support middle managers to increase their confidence to look after their team.
- A Member enquired whether there was links with physical healthcare pathways, for example for Long COVID. The Director of Joint Commissioning explained that there were links in place to support people who had long term physical conditions. The work on Long COVID was ongoing.
- A Member raised a number of queries with the local Lyndon clinic where there was inconsistent communication, users who had been taken off the list without being made aware and users received shorter, more impersonal sessions which had a negligible impact. They also explained that there had been delays in the roll out of digital sessions. The Director of Joint Commissioning requested that the Member shared their concerns with officers, who would take it to the Solihull pod to be considered in greater depth. The Director of Operations apologised for the problems raised and continued to look to improve the service, the comments would be taken to the Lyndon clinic to ensure these problems would not persist.
- A Member queried why it had taken until COVID-19 to recognise the distinct nature of Solihull through the Solihull Pod. The Director of Joint Commissioning explained that the Solihull pod helped to formalise the engagement between stakeholders that was already in place to ensure Solihull's interests would be considered.
- Members asked what the gap was between referral and to access support from the Bereavement Team and wider support for bereaved individuals. The Director of Joint Commissioning outlined that there was initial low level support and signposting which was available immediately. They would confirm the details about waiting times. There was an expanded offer available for those who had been bereaved as there was a recognition of the challenges posed by COVID-19.

RESOLVED

The Board made the following **RECOMMENDATIONS**:

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- The Scrutiny Board noted the steps taken to ensure that there was sufficient mental health support during the COVID-19 pandemic. They particularly wished to recognise and thank staff for the work undertaken by SOLAR during the pandemic.
- That the self-help pack referenced in the PowerPoints were circulated with Members.
- To circulate the information on waiting times between being referred to bereavement services and being able to access the support.

6. DIGITAL AND TECHNOLOGY USE IN SOCIAL CARE

The Assistant Director for Adult Care and Support introduced the item and explained that the Digital Strategy involved the use of digital to help people understand social care, improved contact with the Council and better supported in their own home. There was a recognition that digital contact would not always be appropriate and other methods of engagement remained available. COVID-19 helped to accelerate this agenda, as it forced staff to operate differently.

The Digital Programme Manager outlined a number of key highlights from the report:

- A Shared Care record was in the process of being created which would enable information on people who used the services to successfully and securely be shared between health organisations and the Council. This should be in place by the next financial year.
- The Council webpages for Adult Care and Support have been updated, and this will continue with the development of the new corporate website.
- Portals were being developed, which included online forms which enable individuals to complete forms required by the Adult Care and Support. This would also include links to information and advice within the website, and linked to Liquid Logic. There had been substantial work undertaken to ensure these would be accessible for individuals. There was work undertaken to identify how providers would be able to use portals as well, to share key information and upload invoices.
- Steps have been taken to improve customer service, which has included the procurement of an online booking service, which would give residents more choice when they make an initial assessment. It had a triage system which ensure the correct people were still prioritised.
- There had been more technology introduced to the smaller sites and day centres to prevent errors and ensure information was available in real time.
- Commissioners had also used information from national data collections to see wider trends with providers. They also worked with Birmingham to ensure there was information online for roles available within the care sector.
- A lot of work had taken place as a result of COVID-19 to ensure that staff were able to operate remotely, and still remained engaged with their team. Training was available online. In the future, they would look to introduce an online care management system and a virtual adult care and support conference.

Members raised the following comments and questions:

- A Member asked whether it would be possible to get tablets available in care homes permanently for residents. The Assistant Director explained that there were some tablets available to care homes as a result of NHS X. Once these had been provided, the Council would assess the effectiveness of this programme, and whether it should be used more widely.

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- A Member expressed concern of the negative impact on mental health for residents if technology was used as a substitute for day to day interactions. The Assistant Director highlighted that digital would be used to enhance the offer for residents, rather than replace a service.
- A Member queried whether the data collected from the digital services could be used for commercial use. The Assistant Director clarified that any contracts had been subject to information governance scrutiny, and ensured residents were aware of how their data was used for apps.
- A Member asked what steps were taken to review the digital agenda. The Assistant Director outlined that there was a weekly Transformation Board which would be updated on the steps taken or that would be taken on the Digital Programme, with measures in place to assess how effective the programme was.
- Members raised queries about whether users who could not use digital would be treated differently, and what alternatives would be available. The Assistant Director explained that they checked resident's ability to use digital methods and would always use alternative approaches if they could not use digital.

RESOLVED

The Board made the following **RECOMMENDATIONS**:

- They noted the report and requested to be kept updated on the major changes undertaken over the coming months.
- The simplified forms about technology data sharing to be circulated to the Board.

7. HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD WORK PLAN

The Board were presented with the updated Health and Adult Social Care Scrutiny Board.

Councillor Dr Sexton requested that a Task and Finish Group would be set up to look at the issue of Primary Care services within the Borough. The Chairman recognised the importance of this problem and expressed that a Task and Finish Group would be difficult to organise at present.

The Members debated whether to create a Task and Finish Group which would consider Primary Care. Councillor Dr Sexton stated that this was an urgent problem that the Board was required to consider. It was proposed that instead the issue of Primary Care would be considered at a separate future meeting.

RESOLVED

The Board noted the changes made to the Work Programme, and requested an additional meeting would be organised to consider Primary Care services during COVID.

The meeting finished at 8.25 pm