

SOLIHULL HEALTH & WELLBEING BOARD - 1 March 2022

SOLIHULL HEALTH & WELLBEING BOARD

1 MARCH 2022

Present: Councillor Karen Grinsell – Deputy Leader of the Council and Lead Member for Partnerships and Wellbeing
Ruth Tennant – Director for Public Health
Jenny Wood - Director for Adult Care & Support
Dr J Davenport – Bsol Clinical Commissioning Group
Karen Helliwell - BSol CCG
Carol Andrew – BSol CCG
Dr S Khanna – Solihull Primary Care Networks
Lisa Stalley-Green – University Hospitals Birmingham
Andy Cave – Healthwatch
Louise Minter – Schools Strategic Accountability Board
Fiona Hughes – Solihull Community Housing
Anne Hastings – Voluntary & Community Sector representative
James Voller – Voluntary & Community Sector representative
Councillor M Brain – Opposition Spokesperson
Councillor R Long – Opposition Spokesperson

The following Board Members joined the meeting remotely:

Councillor T Diccico – Cabinet Member for Adult Social Care and Health
Gianjeet Hunjan – Birmingham and Solihull Mental Health Foundation Trust
Superintendent Richard Harris – West Midlands Police

1. APOLOGIES

The following apologies were submitted:
Dr W Taylor (substitute – Dr J Davenport)
Chief Superintendent Ian Parnell (substitute - Superintendent Richard Harris)

2. DECLARATIONS OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

4. MINUTES

The minutes of the previous meeting, held on 25th January 2022.

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It was noted the minutes needed to be amended, to show that Dr S Khanna was in attendance.

RESOLVED

That the minutes of the previous meeting were approved as a correct record, subject to the inclusion of the amendment detailed above.

5. COVID-19 - CURRENT POSITION STATEMENT

Ruth Tennant, the Director of Public Health provided a verbal update, highlighting the following points:

- All Covid-19 legal restrictions had been lifted the previous week, as the Government introduced it's Living with Covid plan.
- In line with the national plan, the local contact tracing service had been stood down, which had been running for 18 months. Localised testing facilities would also be phased out over the next month.
- Also in line with the Living with Covid plan, there was the potential locally to step these arrangements back up, as required. Work was being undertaken across the whole system locally, including with NHS colleagues, to consider the different scenarios that may need responding to over the next 12 to 18 months.
- There were good rates of vaccination across Solihull – take up rates were slightly lower in the North of the Borough, so targeted communications to different groups here continued to be undertaken.
- The long term impacts of Covid would continue to be monitored and responded to – this included people who may have delayed seeking help and treatment for conditions, as well as older and vulnerable people whose physical condition and mental health may have been impacted by the need to isolate during the pandemic.

Members raised the following queries:

- Councillor Dicicco queried whether there may be spare capacity locally for lateral flow testing, in particular for staff and visitors at care homes.
- Ruth Tennant detailed how they were awaiting guidance from the Department for Health and Social Care about testing arrangements for local social care provision.
- Anne Hastings questioned whether there may be a booster vaccine for older and vulnerable people in the spring and, if there was, where this would be delivered from.
- Ruth Tennant explained that, as part of the Living with Covid Plan, the Government announced the delivery of the booster vaccine in the spring for the most vulnerable. Dr Khanna explained it was recognised this vaccine would be for housebound and vulnerable residents – within Primary Care, there was planning for how this vaccine would be delivered by Practices, in conjunction with Community Nursing teams.
- Councillor Long queried the advice issued to Council staff, following the lifting of restrictions. Ruth Tennant confirmed Public Health guidance continued to be issued to staff, including the need to get tested if they

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had Covid symptoms and to stay at home and limit social interaction if they felt unwell.

RESOLVED

The Health and Wellbeing Board noted the Covid-19 current position statement.

6. INTEGRATED CARE SYSTEM - UPDATE

Karen Helliwell, Accountable Officer, BSOL CCG, provided an update on the development of the Integrated Care System, detailing the following:

- There had been a number of areas of development, including the ongoing recruitment of the new Executive team for ICS, which would conclude in April, as well as the ongoing appointment to non-Executive posts.
- A work shop was being held for key stakeholders, to consider the development of the ICS long-term strategy. A work shop had been held around inequalities, a major areas of focus of the ICS.
- As part of establishing a new system and organisation – there was a lot of focus upon the vision, values and organisational development plans. This would reflect the greater collaboration across commissioners and providers.
- The ICS had published and was developing its Inception Framework, which detailed how the partnerships intended to achieve its vision and objectives. Here there was a focus upon subsidiarity and making decisions close to Place.
- The ICS would start in shadow form in April, with formal implementation on 1st July 2022.

Members raised the following questions:

- Jenny Wood welcomed the update, and noted how, as part of the Inception Framework, there were helpful summaries of the vision and ambitions of the BSOL ICS – both at a BSOL and local place level. It was requested for this Framework to be presented at a future Board meeting, with a particular focus upon clarifying how the interaction between place-level decision-making and provider collaboratives' service delivery could work in practice.
- Andy Cave noted the intention to move the ICS into shadow form in April and queried the plans in place to communicate this to the public – in particular the visions and values of the ICS.
- Karen Helliwell explained there were communication plans in place to convey these changes to both key stakeholders and the public. She explained that she would get the BSOL ICS Communications team to liaise with Healthwatch about this.

RESOLVED

The Health and Wellbeing Board noted the update on the development of the ICS.

7. SOLIHULL TOGETHER - UPDATE

The Partnership Development Manager presented the report, which updated the Board on progress in a number of areas in Solihull's place-based arrangements, which included the following:

- Mental Health Delivery Plan for Solihull
- Integration at Place – Kingshurst and Anticipatory Care
- Children and Families Board
- Population Health Management project
- Health Inequalities Strategy
- VCSE event – 24 March

In regards to the Health Inequalities Strategy, it was explained how an online consultation had been held, over a 3 week period. Over 500 people participated in this survey and it was requested for the findings to be presented at the next Health and Wellbeing Board meeting.

It was noted there had been agreement to develop a new Children and Families Board for the Borough, which would focus on the delivery of the '1001 days' programme, early help and the development of Family Hubs. Related to this, £300,000 had been authorised by Public Health to pump prime the development of Family Hubs and an additional bid for £1m had been submitted to the Department for Health and Social Care, with the support of the local health and care system. Councillor Grinsell requested for further reporting on the development of the Family Hubs.

Jenny Wood welcomed how the report reflected the wide range of place-based activities currently taking place in the Borough. She queried whether it would be possible, at a future point, for a standardised template to be developed for Solihull Together reporting, to help review progress against all of the work streams and themed areas in a structured way. This approach was supported by the Board.

RESOLVED

The Health and Wellbeing Board:

- (i) Noted the Solihull Together update.
- (ii) Agreed for the findings of the Health Inequalities Strategy survey to be reported at the next meeting.
- (iii) Agreed to receive a report on the ongoing development of Family Hubs at a future Board meeting.
- (iv) Requested for a standardised template to be developed for future Solihull Together reporting, to help the review of progress against all of the work streams and themed areas.

8. JOINT TARGETED AREA INSPECTION - UPDATE

The Interim Director of Children's Services and Skills presented the report, which provided a summary of the Joint Targeted Area Inspection (JTAI) into the

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identification of initial risk and need regarding Children and Families within Solihull. The following points were highlighted:

- The findings of the JTAI were published on 21st February 2021. The key findings included the following:
 - That children in need of help and protection waited too long for their initial need and risk to be assessed. This meant that for a significant number of children, they remained in situations of unassessed and unknown risk.
 - Weaknesses within the joint strategic governance of the MASH (Multi-Agency Safeguarding Hub) had been identified, which had resulted in the lack of a unified response to both the structure and resourcing of the MASH.
- The priority action areas identified included for urgent action to be undertaken by the LSCP (Local Safeguarding Children's Partnership) to identify and understand the needs and risks of children presenting to our front door services.
- It was explained how there had been a major increase in demand for Children's Social Care services during the pandemic – it was detailed how additional monies had been allocated to fund additional staffing and oversight in Children's Social Care and increase the capacity of the MASH.
- Prior to the publication of the JTAI findings, it was explained how it was clear from the work undertaken by the LSCP organisations (Council, Police and Clinical Commissioning Group) that there were a number of areas that needed to improve.
- As a consequence, an Improvement Board had been established and an independent chair had been recruited to drive forward the necessary changes across all organisations involved.

Members raised the following points and observations:

- Karen Helliwell confirmed the CCG was fully committed and involved in the Improvement Board and the development of an Improvement Plan. Further to this, they were bringing in additional expertise and resource into the organisation, particularly around ensuring sufficient support for the new Integrated Care Board arrangements. Also, all the Chief Nurses were currently reviewing the findings of the JTAI, to support improvements in safeguarding arrangements.
- Councillor Grinsell requested for further reporting on the delivery of the Improvement Plan to future Health and Wellbeing Board meetings.

RESOLVED

The Health and Wellbeing Board

- (i) Noted the findings of the JTAI and action being taken to respond to the issues identified.
- (ii) Agreed for the Improvement Plans to be presented to the Health and Wellbeing Board at the earliest opportunity.

9. DELIVERY OF THE PLACEMENTS AND SUFFICIENCY STRATEGY FOR CHILDREN LOOKED AFTER AND CARE EXPERIENCED YOUNG PEOPLE 2020-2024

The Head of Service for Commissioning for Children and Young People presented the report, which updated the Board on the delivery of the Placements and Sufficiency Strategy for children looked after and care experienced young people. It was explained how the strategy identified the following key priority areas of work:

- Support more children who are cared for by connected carers, and mainstream carers where appropriate, to move to permanent arrangements in a timely way.
- Increase the availability of local foster carers to offer more local family-based placements.
- Increase the availability of local residential placements for those children and young people who need a residential placement for a period of time.
- Clarify the housing options for our care experienced young people, working in partnership with Solihull Community Housing and Adult Care and Support Directorate.

The Board was also informed how the delivery of the strategy had been affected by the ongoing Covid pandemic, as well as various areas of progress over the last 12 months.

Board Members raised the following queries and observations:

- Councillor Grinsell welcomed the establishment of a Council wide project to develop a foster care friendly Solihull approach and to explore different opportunities to support the recruitment of foster carers to foster for Solihull Council. She queried the potential for partner agencies to engage with this project.
- Lisa Stalley-Green emphasised the potential support local large organisations could provide to this project, noting how University Hospital Birmingham employed people from 6% of households across Birmingham and Solihull. She confirmed she would be happy to take this project forward within UHB, as well as with colleagues across the local health sector.
- Fiona Hughes also explained SCH would be happy to link with this project, including in regards to exploring housing options for people who may wish to become foster carers. She confirmed she could engage with the Head of Service on this, outside of the meeting.
- Councillor Grinsell explained how she welcomed the work being undertaken to support the recruitment of foster carers within Solihull – she queried the communications being undertaken for this. She also queried how the lived experience of foster carers was shared.
- The Head of Service for Looked After Children and Adoption explained how they were developing their marketing strategy to encourage people to become foster carers. She explained how the current focus was upon the National Review and the Children's Improvement Plan and they were intending to launch a marketing campaign in late summer/early autumn.

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In regards to lived experience, it was explained how information and links were provided via the Council's Fostering and Adoption webpage.

RESOLVED

The Health and Wellbeing Board:

- (i) Confirmed that the strategy remained relevant, and the four key areas of work identified within the strategy continued to be the priority areas for focused activity.
- (ii) Agreed to support the project to develop a foster care friendly Solihull approach, to be taken forward through the Council Plan.

10. CORPORATE PARENTING IN SOLIHULL

The Head of Service for Commissioning for Children and Young People presented the report, updating Members on the progress and current position in relation to corporate parenting in Solihull. She outlined how the Council and its partners had supported our children in care and care experienced young people, by striving to be excellent corporate parents, taking corporate parenting into service areas and ensuring that teams understood what it was and how they could support.

Members raised the following queries:

- Councillor Grinsell noted how the report outlined Christmas voucher costs for care experienced young people had not been met this year and queried the actions being undertaken.
- The Head of Service for Commissioning for Children and Young People confirmed they did ensure that all our care experienced young people received a £20 voucher. She also explained they were developing a policy, for approval, to ensure all our care experienced young people were offered a standard amount at Christmas and that any money raised beyond this was an extra. It was also confirmed they were exploring opportunities for people to contribute money via credit card, or electronically, including via Just Giving pages.
- Fiona Hughes also confirmed SCH were happy to continue to support this Strategy, including identifying housing options for care experienced young people, as well as linking with other Social Housing providers.
- Jenny Wood highlighted how both the Corporate Parenting strategy and the Local Offer were currently being reviewed. She requested for this to be reported to Solihull Together, for further consideration of what it means to be a Corporate Parent in Solihull now and consideration of how partner organisations could take an active role in supporting. Jenny Wood also requested for a summary of today's report to be taken to the Council's Directorate Leadership teams, for consideration, confirming she would take this to the Adult Care and Support Directorate.

RESOLVED

The Health and Wellbeing Board:

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- (i) Received the report, noted the current progress and agreed to take relevant actions to support the development of corporate parenting in Solihull.
- (ii) Noted the current issues experienced by children looked after and care experienced young people and agreed to explore how they may be able to support and find solutions for them.
- (iii) Requested for the Corporate Parenting Strategy and Local Offer to be reported to Solihull Together, for further consideration of what it means to be a Corporate Parent in Solihull now and also consider how partner organisations could take an active role in supporting.
- (iv) Requested for the Corporate Parenting Strategy to be reviewed by the Council's Directorate Leadership teams.

11. UPDATE ON PROGRESS OF THE EXPLOITATION REDUCTION BOARD AND DELIVERY GROUP

Officers presented the report, outlining the progress being made by the Exploitation Reduction Board (ERB) and the Exploitation Reduction Delivery Group (ERDG). Board Members raised the following queries and observations:

- Members noted the Communication Plan detailed in the report and queried how this would be shared and advertised, including via social media.
- The Exploitation Reduction Lead explained how there was a joint website with the Local Safeguarding Children's Partnership (LSCP) and the Solihull Safeguarding Adults Board, which highlighted this information. Posters, leaflets and social media templates had also been designed to be used widely. There had also been an e-communications launch, with letters, information and links sent out to local organisations. It was also noted that the communications were being adapted to target a range of local businesses.
- Members queried the work being undertaken to engage with and share information and learning with schools.
- The Exploitation, Missing and Youth Justice Services Manager detailed how they had worked with the designated safeguarding leads in schools and joint training sessions had previously been held with schools. It was also explained how Children's Services were represented on the Exploitation Reduction Delivery Group. Also, on the LSCP website, a number of modules were provided, including on exploitation reduction, which could be accessed by anyone working with children and young people.
- Members queried the co-ordination with other Local Authorities and agencies, cross-boundary, on exploitation reduction.
- The West Midlands Police representative explained how there were established links across the West Midlands area. The role of the Regional Organised Crime Unit (ROCU) was detailed, which covered the four Police forces within the West Midlands area and linked, nationally,

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with other ROCU's. The work undertaken in regards to County Lines was highlighted – National County Line intensification weeks were held, where West Midlands Police worked in conjunction with other Police forces across the UK, to identify and respond to where children and young people may be at risk of exploitation, including cross border drug supply. It was confirmed the issue of exploitation was considered from a local, Solihull perspective, as well as from a regional and national viewpoint.

- The Exploitation Reduction Lead detailed how there was a Regional Safeguarding Group in place, whilst ongoing cross-boundary work was undertaken with neighbouring Authorities. She also explained how she and the Exploitation, Missing and Youth Justice Services Manager attended the West Midlands Violence Reduction Unit.
- Members queried how children and young people with long term conditions and needs, who may be at risk of exploitation, were considered.
- Jenny Wood explained the role of the All Age Screening Tool, which supported professionals working directly with individuals, such as Social Workers, Nurses and Occupational Therapists, to focus on the individual needs of children and adults who may be at risk of exploitation. The role of the Commissioning Group was also highlighted, which had been established to look at service provision in place for children, young people and adults at risk of exploitation and identify any areas for further development.
- The Exploitation, Missing and Youth Justice Services Manager detailed how there were well established processes in place, whereby the Screening Tool was used to understand the individual needs of a children or young people at risk of exploitation, as well as determine the level of multi-agency support they may require.

RESOLVED

The Health and Wellbeing Board noted the progress being made by the Exploitation Reduction Board (ERB) and the Exploitation Reduction Delivery Group (ERDG).

12. SOLIHULL HEALTH & WELLBEING STRATEGY PERFORMANCE SCORECARD Q3 2021/22

The Consultant in Public Health, Places and Communities, presented the Scorecard for Quarter 3, which detailed performance against the Health and Wellbeing Strategy priorities. He took the Board through the Scorecard, highlighting that, overall, 16 of the indicators were green or exceeding the target, 4 were within a reasonable pre-agreed margin, whilst 11 indicators were below target.

In regards to Priority 1 – Maternity, Childhood and Adolescence – the consultant in Public Health highlighted indicator 1.02 – proportion of face to

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face new birth visits undertaken between 10-14 days by a health visitor. He explained that, whilst this indicator was below target, there had been a notable increase on the previous quarter, following a recruitment campaign. He detailed how a full recovery was anticipated for quarter 4, as new staff were embedded and able to take a larger proportion of cases.

Members raised the following queries and observations:

- Ruth Tennant highlighted Priority 1 and noted the impact of the pandemic upon young children, in regards to school readiness and wellbeing. It was noted how there was additional support and booster programmes available for families of children who were not at their expected developmental milestones. It was also explained how this cohort of young children would continue to be assessed, to identify any additional support they may require to achieve their expected outcomes.
- Louise Minter explained that schools were really seeing the impact of the COVID-19 pandemic through the children's behaviours as well as their learning. She emphasised the need for early intervention and how access to effective mental health and wellbeing support for all children was crucial.
- Dr Khanna detailed how mental health support had been considered at Solihull Together. She requested for the Mental Health Delivery Plan, the Family Hubs, Primary Care and Schools to all be linked and considered further at Solihull Together, to enable targeted support for this cohort of young children. Jenny Wood requested confirmation on how this would be taken forward via Solihull Together, including whether it would be focused on by the Mental Health Delivery Group.
- Carol Andrew explained she would link with key partners on this, including linking the Mental Health Delivery Plan with the Mental Health in Schools Group, to enable reporting at Solihull Together.
- Councillor Grinsell raised the indicators for Priority 2 – Adulthood and Work – welcoming that they were all green. She queried whether these indicators could be considered further by Solihull Together, in particular ensuring local people were able to gain the skills and experience to fulfil the jobs opportunities that were becoming available.
- Jenny Wood detailed how the Health and Social Care Integration White Paper had recently been published – this included the proposals for the development of a national framework for outcomes at place level. In addition to this, it was anticipated that further local outcomes for place would have to be developed also. It was requested for the scorecard to be reviewed, once further information was published by Central Government.

RESOLVED

The Health and Wellbeing Board noted the current developments and performance recorded in the Health and Wellbeing Strategy Scorecard for quarter 3 of 2021/22.

13. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2021: COUNTING THE COST OF COVID

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The Health and Wellbeing Board was invited to receive the Director of Public Health's statutory Annual Public Health report. Ruth Tennant explained how the report looked to tell the story of the pandemic, with the impact of and response to Covid-19 in Solihull. The Annual report outlined the impacts of the pandemic on the population, as well as the multi-varied responses from across all sectors of society.

Members raised the following observations and queries:

- Councillor Grinsell welcomed the report, explaining how it had also been presented at Full Cabinet. She detailed how it had been requested for a case study on the Councillor response to the pandemic to also be included.
- Karen Helliwell stated how she believed it was an excellent report, which clearly conveyed the response to Covid-19 from across the whole community. She requested for further details to be included on the public response to the pandemic, including the self-help and support provided by local communities.
- Councillor Diccico also welcomed the report and expressed his thanks to all the authors involved. He highlighted the higher mortality rate for some ethnic communities and requested for further consideration of this from an inequalities perspective, in particular through the Health Inequalities Strategy.
- Andy Cave requested for further information to be included in the report, from a Healthwatch perspective – in particular the improvements made around public engagement and understanding the experiences of local communities. It was also requested for an explanation as to how this learning would be built into the development of the ICS.

RESOLVED

The Health and Wellbeing Board:

- (i) Endorsed the Director of Public Health Annual Report.
- (ii) Noted the amendments that would be made to the report following discussion at Cabinet on 10th February 2022.
- (iii) Agreed the inclusion of the changes, as outlined above, to be made ahead of the report being finalised for approval at Full Council in April 2022.

End time of meeting: 4pm.