



DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

2020 - 2021

Counting the cost of Covid



Birmingham
Airport

JB

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DATA AND ANALYSIS LEAD:

Lucie Rowson, *Senior Public Health Analyst*

EDITORIAL LEADS:

Tom Knibbs, *Strategic Enabler for Resilience & Change*

Catherine Shuttleworth, *Public Health Speciality Registrar*

Neeraj Malhotra, *Deputy Director of Public Health*

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INTRODUCTION

2020 and 2021 have been years which none of us will forget. This year's Director of Public Health Annual Report pays tribute to everyone whose lives have been affected by the COVID-19 pandemic. The report paints a picture in words and numbers of the impact of the pandemic up to the end of 2021 and describes, through personal stories from people who were part of the local pandemic response, the less visible and often hidden aspects of the story that unfolded in the national news each day.

At the time of writing, whilst most of the restrictions that were in place to manage COVID-19 were lifted in the summer of 2021, we are now dealing with the impact of the fast-transmitting Omicron variant. COVID-19 will be with us for many years, and we are part way through the process of learning to live with COVID-19 as we do with many other infectious diseases.

Huge scientific advances over the last two years have brought us diagnostic tests for COVID-19, vaccinations, advances in medical treatment and in the care of people with COVID-19 as well as a much clearer understanding of how the virus is transmitted. Our understanding about which measures can help stop the spread of the virus – such as personal protective equipment, face coverings, ventilation, social distancing, contact tracing and lockdown - has also increased. We also know how rapidly new variants can emerge and spread. Everything we have experienced over the last two years provides important learning points for the management of future pandemics.

Equally, everything we have learnt about the need to harness the power of individual action and encourage behavioural change has important implications for how we should approach other major issues such as climate change.

COVID-19 was a public health emergency and as the case studies in this report highlight, responding to COVID-19 involved – and continues to involve - a huge range of people and skills. No-one will forget the images of hospitals caring for unprecedented numbers of seriously ill patients or the day the first COVID-19 vaccine in the world was given to a Coventry resident; the NHS has been rightly praised for everything it has done. But managing the pandemic has taken an army of people, and this report tells the story of those working in care homes, schools, businesses, community groups, and in local services that were established during the pandemic, such as local testing and contact tracing programmes and financial and practical help to support people self-isolating.

The health impacts of COVID-19 go far beyond the immediate effects of the virus and will be with us for years to come. We are learning more each day about Long COVID,

with services in place to support people experiencing the longer-term effects of COVID-19. We do not yet fully understand the impact on other diseases including chronic and preventable health conditions. But, as described in this report, we do know that there have been impacts on the wider health of the public and this is a key priority for recovery.

Everyone will have their own experiences of COVID-19. Alongside this report, we will be collecting local people's stories and memories of what it was like for them. We hope that this will be a lasting testament to the lives lost, the groups that were hit hardest by COVID-19 - as the impacts were not evenly distributed across society - and the disruption to daily activity experienced by everyone.

This report includes key recommendations for the future, building on both the best of our local response as well as the important things we learned during this period.

Throughout the pandemic, Solihull's Local Outbreak Management Board has provided oversight of our COVID-19 response and will continue to monitor the longer-term impacts of COVID-19 and the actions we need to take to enable our communities to thrive after COVID-19. The Health and Wellbeing Board

and the Health and Social Care Scrutiny Board have also regularly reviewed our local response in their public meetings.

I would like to pay tribute to the work of everyone who has been involved in the pandemic response, to remember the lives lost or changed and the huge impact it has had on the lives of everyone in the borough. I would particularly like to thank all the unsung heroes out there who worked relentlessly on our local COVID-19 response. There are too many to list here.

As we continue to chart our way out of COVID-19 and learn to live with its long shadow, it is not the right time to assess what

went right and what went wrong. But learning the lessons from COVID-19 is critical locally, nationally and internationally. Locally, we have already started to take steps to do this, and this work needs to continue.

As we look forward, we want to recognise and develop the best of our local response, so we can genuinely build back better.



Ruth Tennant

Director for Public Health

COVID TIMELINE

On 11 March, Solihull records it's first case, followed by the first Solihull Covid death on 20 March

The council begins contacting those on the Shielding list for Safe and Well calls, delivering food and medication, and other practical support.



MAR
2020

COBRA meets for the first time as the UK records its first Covid-19 deaths and case numbers rise into triple digits resulting in a national lockdown being enforced on 23 March along with a campaign to 'shield' and support the most vulnerable and an initiative to protect jobs known as 'furlough'



MAR
2020

Senior Officers from Solihull MBC take part in Exercise Black Swan – an emergency planning exercise hosted by the Coventry, Solihull & Warwickshire Resilience Team which focused on an enduring pandemic influenza scenario.



The Prime Minister begins daily press briefings

MAR
2020

Solihull along with partners from across the West Midlands & Warwickshire activates Strategic Coordination Groups in readiness to a potential emergency response to the evolving incident.

Locally Solihull MBC activates it's emergency plan and holds strategic & tactical meetings to agree triggers and escalation points if required

MAR
2020



WHO declares Covid-19 a pandemic

FEB
2020

JAN
2020

JAN
2020

The UK reports its first case of the coronavirus on 31 January.



JAN
2020



A pneumonia type illness emerges in Wuhan, China linked to a market place. The virus is identified as a novel coronavirus and fatalities begin to rise causing Wuhan to be placed in lockdown.

APR
2020

National PPE stockpiles & supply become headline news with widespread reports of PPE shortages. The Government begins to procure and distribute significant volumes of PPE



Public Health officers with support from military colleagues set up Mobile testing units across the borough with the largest unit established on Monkspath Hall Road Car Park. The units offered tests for symptomatic individuals which were then sent to laboratories with results sent back to the patients via text message a day or so later

APR
2020

PPE supplies are deemed critical across the West Midlands & Warwickshire. Officers quickly develop a logistics hub at the NEC for the delivery and onward distribution of emergency PPE supplies from the DHSC

The NEC Nightingale hospital is opened via video link by Prince William

The West Midlands & Warwickshire temporary mortuary facility at Birmingham Airport is opened

An NHS contact tracing app is piloted on the Isle of Wight

JUN
2020

MAY
2020

The Home Secretary introduces a 14-day quarantine for travellers arriving in the UK

Large protests are seen across the UK by 'Black Lives Matter' groups following the killing of George Floyd in the USA

Household bubbles are introduced for those living on their own

A national Test & Trace operation is introduced but the NHS Test & Trace App is delayed

JUN
2020

In England, after some weeks of debate, 'face coverings' become mandatory in public spaces

JUL
2020

The UK ends travel restrictions for 75 countries

Some lockdown restriction are relaxed. Pubs, bars, restaurants, hairdressers and other establishments re-open in England



The responsibility for community testing was handed over to the local level as military support for the mobile testing operation was removed

Solihull's Covid-19 Local Outbreak Control Implementation Plan was published, which complements the overarching CSW Beacon Outbreak Control Plan

Let's Do the Right Thing campaign launched across CSW with localised branded components

let's do the
right thing
for Solihull

JUL
2020

A 'backwards contact tracing' team was established with the aims of checking on the welfare of those testing positive for Covid-19, signposting them to support to enable them to complete their required self-isolation and identifying outbreak patterns within the borough.

The Rule of 6 comes into force limiting gatherings to no more than 6 people. 10pm curfews are imposed on the hospitality sector

The council developed the Community Champions network of 150 residents. Key information and advice is shared with this group, who then shared it with their community networks.



The Chancellor introduces the 'Eat out to help out' campaign, offering subsidised meal prices at restaurants to encourage people to support the hospitality sector

**AUG
2020**

**SEP
2020**

Monkspath Hall Road testing centre launches

**SEP
2020**



Second national lockdown from 5 November to 2 December

**OCT
2020**

The UK continues with a tiered system for covid restrictions with around 25% of residents under a local lockdown



The regional tiered approach becomes law with 4 levels, the most severe of which included instruction to 'stay at home'

**NOV
2020**

**DEC
2020**

A new regional tiered system comes into force following the lifting of the second national lockdown



The UK government is the first to authorise the use of the Pfizer vaccine with the first dose administered on 2 December, kick starting a national mass vaccination programme.

**DEC
2020**

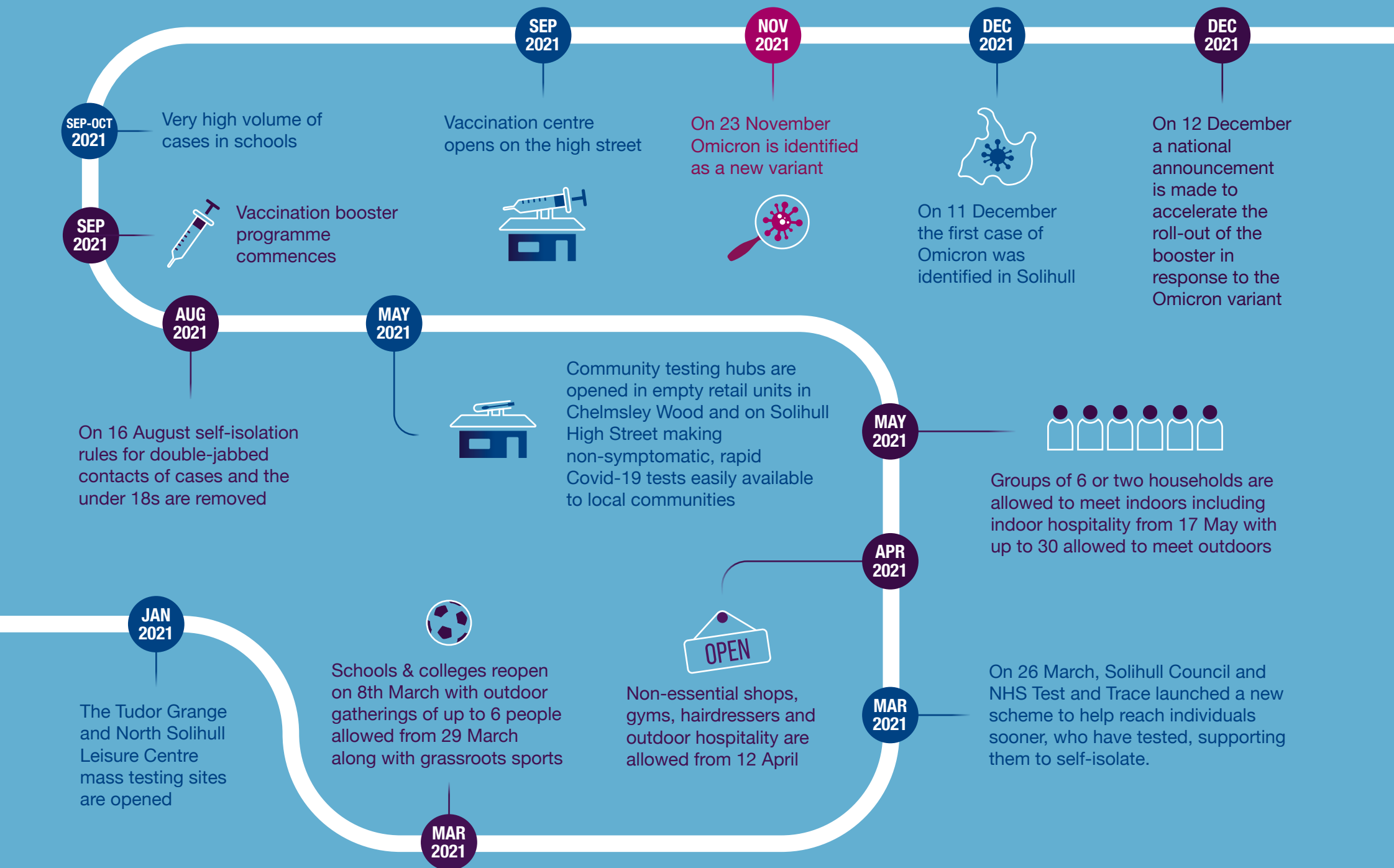
First lateral flow rapid testing centre is opened in Newington

**JAN
2021**

The AstraZeneca vaccine starts to be rolled out alongside Pfizer



With case numbers surging the UK enters a third national lockdown on 6 January, including the closure of schools.



COUNTING THE COST:

COVID-19 ACROSS THE BOROUGH

As of 28 December 2021, there have been a total of 42,004 cases of COVID-19 in Solihull residents, a cumulative rate of 19,413 cases per 100,000 population. Just over 700 people in Solihull are known to have died from COVID-19 (COVID-19 mentioned as a cause of death on the death certificate).

Not everyone in Solihull has been affected equally by COVID-19. The current pandemic has shone a light on health inequalities and, in some cases, has increased them. By health inequalities we mean the avoidable and unjust differences in health and wellbeing between different groups of people. They arise because of the conditions in which we are born, grow, live, work and become older. These conditions shape our physical and mental health and wellbeing. They also influence our exposure and vulnerability to COVID-19 and our ability to manage the consequences of the diseaseⁱ. The COVID-19 pandemic has exposed existing health inequalities and the interconnections between ethnicity, sex, occupation and geography. These inequalities were highlighted in the Public Health England (PHE) report “Disparities in the risk and outcomes of COVID-19”ⁱⁱ.

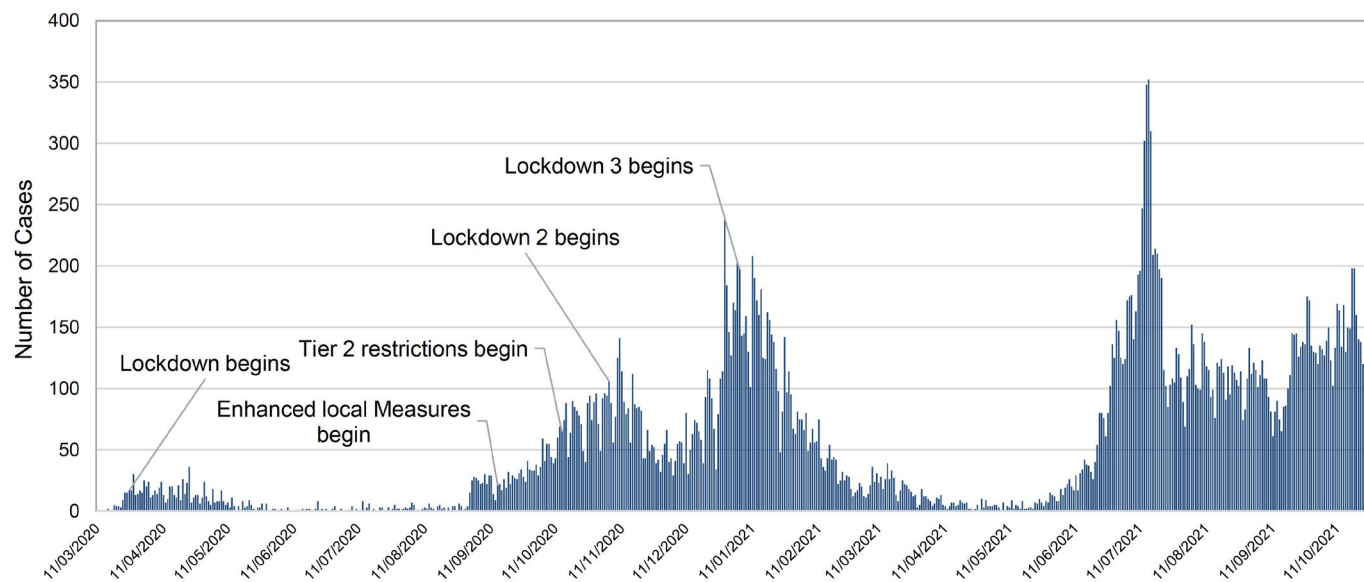


Figure 1: COVID-19 Epidemic Curve, Cases in Solihull residents over time, 11 March 2020 – 31 October 2021

Age and Sex

In the period March 2020 to October 2021, COVID-19 diagnosis rates were lowest amongst 70-79-year olds, with this age group experiencing diagnosis rates half that of the Solihull borough average. The highest diagnosis rates have been observed in 10-19-year olds who have experienced rates 63% higher than the Solihull average. The age profile of COVID-19 case has changed throughout the pandemic. In the autumn of 2020, the highest COVID-19 rates were observed in the older and working age populations, with rates remaining low in school age children and the very young. Since the roll-out of the COVID-19 vaccination campaign, rates of COVID-19 have fallen amongst the older population who have benefitted from being amongst the

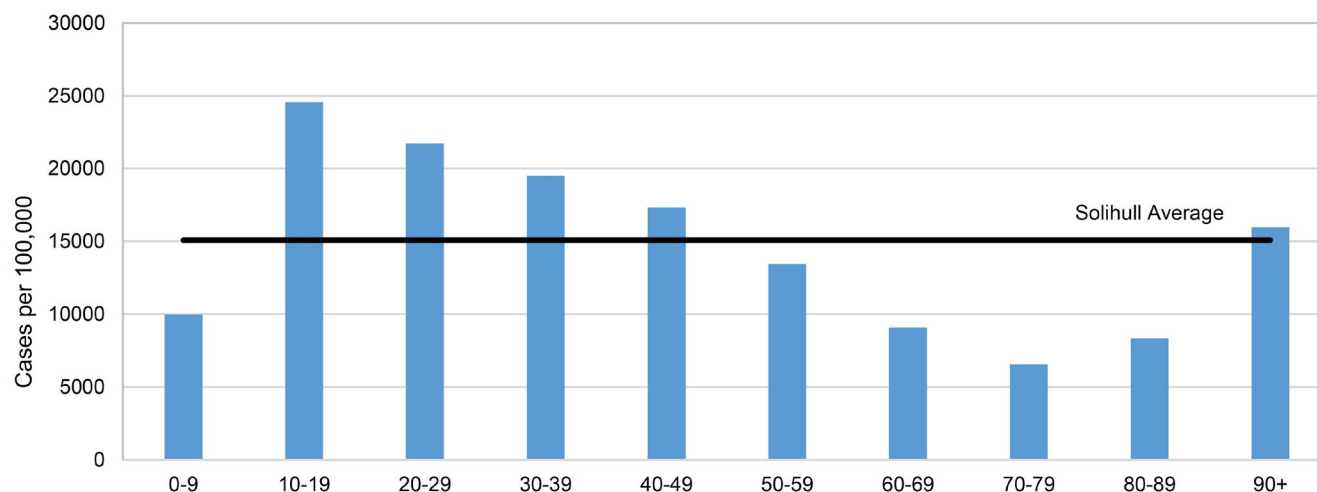


Figure 2: Cumulative Diagnosis rates by Age Group, Solihull Residents, March 2020 – October 2021

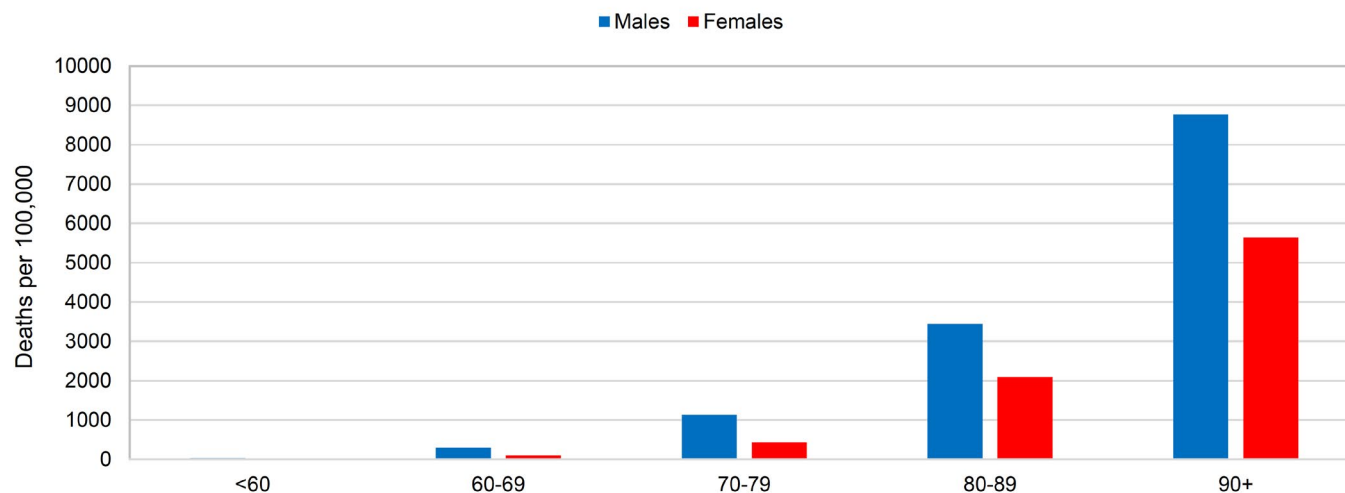


Figure 3: COVID-19 Mortality rate per 100,000 by age group and gender, Solihull Residents, March 2020 – September 2021

first eligible for vaccination. Since July 2021, COVID-19 rates amongst young adults and school age children have increased sharply, particularly since September 2021 when children returned to schools without the requirement to self-isolate if a fellow pupil tests positive.

There is little difference between the COVID-19 diagnosis rates for males and females but mortality (death) rates from COVID-19 are higher in men.

Nationally, COVID-19 deaths increased with age and working-age males diagnosed with COVID-19 were twice as likely to die as females. These inequalities are reflected in local Solihull data. Over 95% of deaths from COVID-19 in Solihull have occurred in residents aged 60 years and over. Mortality from COVID-19 increases with age, with men having a higher mortality rate than women across all age groups. The mortality rate in residents aged 90 years and over is 2.5 times higher than in those aged 80-89 and over 8 times higher than those aged 70-79. The COVID-19 mortality rate in men aged under 80 years old is more than double that of women of the same age.

Ethnicity

Nationally, during the first wave of the COVID-19 pandemic (January – 11 September 2020), people from all minority ethnic groups (except for women in the Chinese or White Other ethnic groups) had higher mortality rates involving COVID-19 compared with the White British population. The rate of death involving COVID-19 was higher for the Black African group (3.7 times greater than for the White British group for males, and 2.6 greater for females), followed by the Bangladeshi (3.0 for males, 1.9 for females), Black Caribbean (2.7 for males, 1.8 for females) and Pakistani (2.2 for males, 2.0 for females) ethnic groups.

In the second wave of the pandemic (from 12 September 2020), the higher COVID-19 mortality rate in people of Bangladeshi and Pakistani ethnic backgrounds when compared to that in the White British population increased even further. The Bangladeshi group had the highest rates, 5.0 and 4.1 times greater than for White British males and females respectively.ⁱⁱⁱ

Locally, data on mortality by ethnicity is not yet available. However, data on cases show that people from Asian and Black ethnic groups had the highest cumulative diagnoses

of COVID-19 per 100,000 population in the borough, 16,151 and 15,278 cases per 100,000, respectively, compared to 14,323 cases per 100,000 in White British population. This trend is not observed across all age groups however, with those from a White ethnic group having the highest diagnosis rates amongst children and young adults aged 12-19 years.

Occupation

In this context, occupation refers to the job that someone with a confirmed case of COVID-19 was known to be doing at the time of diagnosis.

The occupation classification is known in approximately 20% of COVID-19 cases in Solihull. This makes it very difficult to draw firm conclusions locally about which occupations have been at increased risk of infection. Where occupation is known, Solihull residents employed as teaching and educational professionals have had the highest number of COVID-19 cases. This is followed by those employed in caring occupations, health professionals and other frontline staff such as postal workers.

At a national level, the Office for National Statistics (ONS) reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, workers in construction and processing plants, and men and women working in social care experienced high rates of death from COVID-19.

Deprivation

Residents living within the more deprived areas of Solihull have experienced higher rates of COVID-19: 13,779 cases per 100,000 compared to 9,770 cases per 100,000 in the least deprived areas.

Comparing mortality rates between two or more populations can be misleading because the populations being compared may differ significantly, which could affect the overall rate of mortality. For example, a population with a larger proportion of older people will have a higher overall mortality rate than a younger population. To overcome differences in the age profile of populations, standardisation is used to make a valid comparison between areas.

Between April 2020 and September 2021, the age-standardised mortality rates from COVID-19 in the 20% most deprived areas of Solihull were 110% higher than (more than double) those living in the 20% least deprived areas: 445.8 cases per 100,000 compared to 212.0 per 100,000 respectively. In contrast, the gap for all deaths in the similar time period pre-pandemic (April 2018 – September 2019) was 75%: 1704.6 deaths per 100,000 in the

most deprived areas compared to 975.9 deaths per 100,000 in the least deprived areas. This indicates that there has been a greater inequality in death rates from COVID-19 than all causes.

Nationally, a similar study found that those living within the 20% most deprived areas had a COVID-19 mortality rate 132% higher than those living within the 20% least deprived areas. In summary, in the first year of the pandemic, people in deprived areas were more likely to be diagnosed and to have poor outcomes than those in less deprived areas. High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed. Nationally, it has been recognised that a more thorough analysis is required to fully understand the relationships between comorbidities (the presence of more than one illness or condition at the same time, such as obesity or dementia) sociodemographic characteristics (such as ethnicity and occupation), and disparities in the risk of diagnosis and death.

Geography

The ONS reported that local authorities with the highest diagnosis and death rates are mostly urban. Similar trends are observed in Solihull, with the highest number of cases occurring in the more densely populated wards of Smiths Wood and Kingshurst and Fordbridge. Bickenhill ward has also experienced high COVID-19 cases despite being largely a rural ward; however, most of these cases have been concentrated in the densely populated northernmost part of Bickenhill.

The directly age-standardised mortality rates from COVID-19 have been highest in the Smiths Wood, Shirley South and Chelmsley Wood wards. It has not been possible to take into account differences in death rates by ethnicity, comorbidities, occupation or residence in care homes, which may explain some of the differences between wards.

Legend

Cases by ward

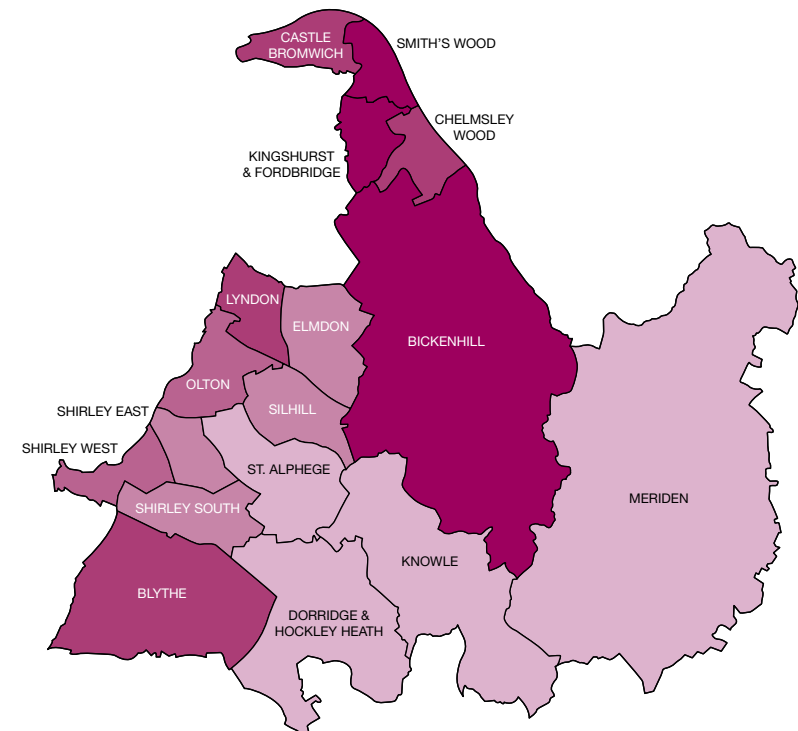
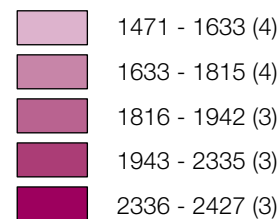


Figure 4: Number of cases by Ward (Number of Wards in each quantile), Solihull Residents, 11 March 2020 – 31 October 2021

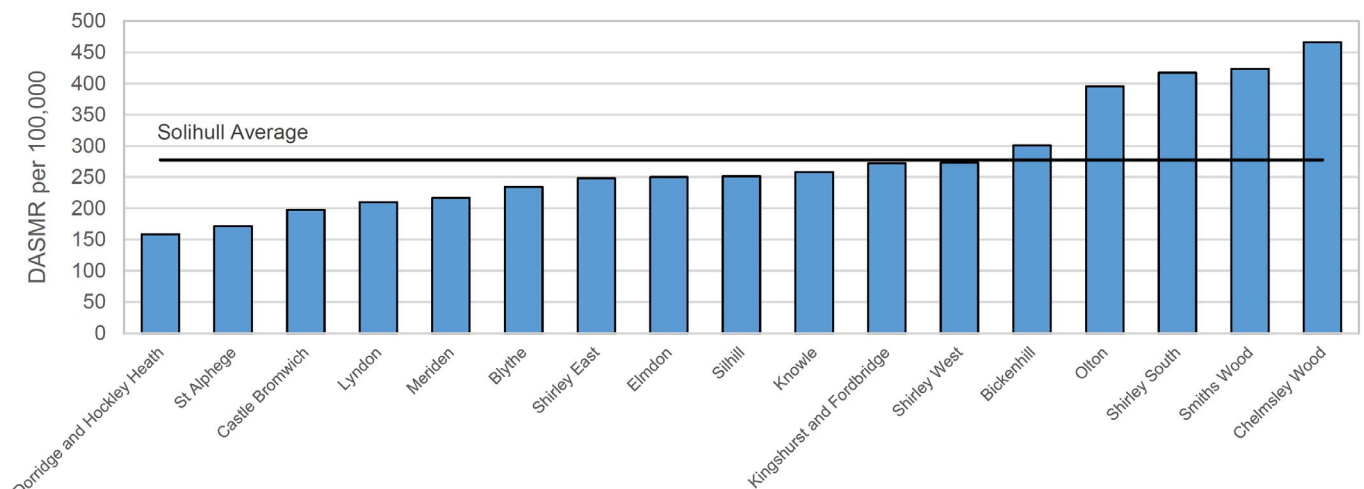


Figure 5: Directly Age-Standardised Mortality Rates from COVID-19 per 100,000 population by Ward, Solihull Residents, March 2020 – September 2021

Excess Deaths

Monitoring excess mortality provides an understanding of the impact of COVID-19 during the pandemic and beyond.

Excess mortality is defined as the difference between the actual number of deaths which occur in a specific time period and the expected number of deaths based on mortality rates in the preceding five years.

Excess mortality was highest during the first lockdown, peaking in the week ending 17 April with an additional 81 deaths above what would have been expected. To date, there have been a total of 622 excess deaths in Solihull, 19% higher than the expected number of deaths had the pandemic not occurred. This is higher than both the West Midlands and England

averages, where the registered number of deaths was 16% and 13% higher than expected respectively.

In some weeks, the number of excess deaths was higher than the number of deaths where COVID-19 was mentioned on the death certificate, suggesting that there are excess deaths from other causes or an under-reporting of deaths from COVID-19. It is important to note, however, that we have no way of knowing what would have happened had the pandemic not occurred. Mortality rates do vary considerably from year to year; the excess deaths are based on the assumption of an 'average' year.

Solihull played a significant part in preparing for and managing the increased mortality rates across the region. Solihull Council, along with the other local authorities across the West Midlands and Warwickshire, worked together with Birmingham Airport to provide a temporary, yet still dignified, body storage facility within the airport site. Thanks to the early planning and implementation of the West Midlands and Warwickshire Temporary Mortuary, everyone that passed away during the challenging peaks of the pandemic was treated with the utmost respect and dignity. You can read more about the West Midlands and Warwickshire Temporary Mortuary on pages 21 and 33, which contain case studies from Birmingham Airport and the Senior Coroner's personal reflections on COVID-19.

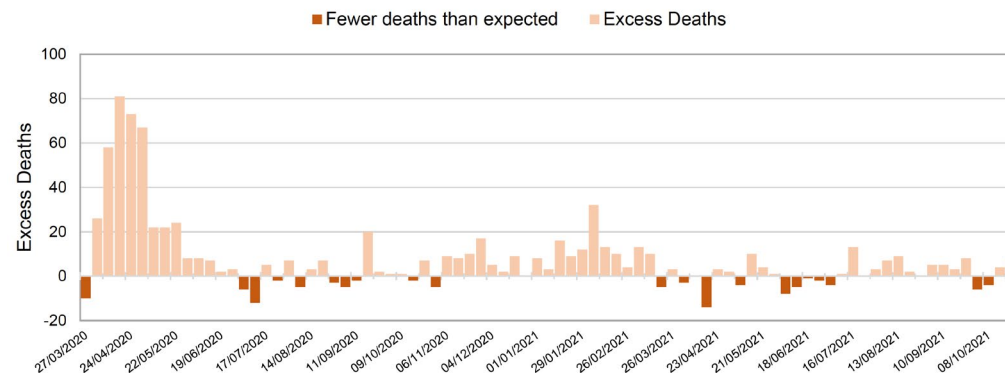


Figure 6: Number of excess deaths in Solihull, Deaths compared to 5-year average, Solihull residents, week ending 27 March 2020 – 22 October 2021

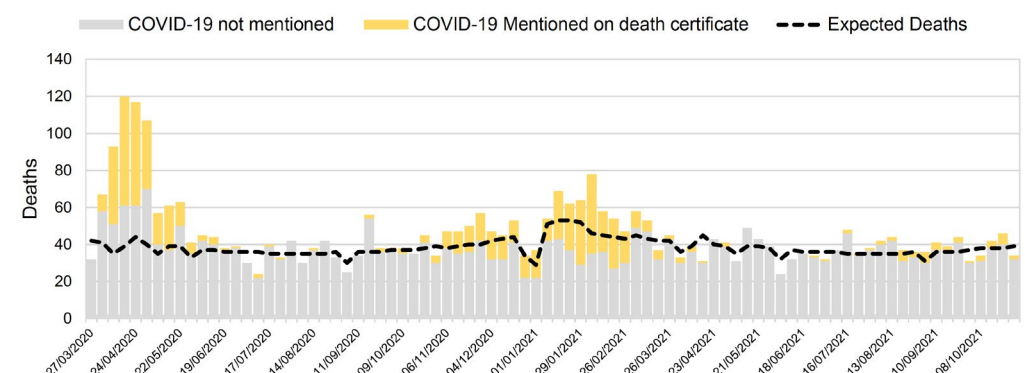


Figure 7: Weekly number of COVID-19 and Other causes of Death in Solihull residents compared to expected, week ending 27 March 2020 – 22 October 2021

PHASE 1:

FROM EARLY WARNINGS TO A NATIONAL LOCKDOWN

The pandemic, and our local response, can be divided into a series of phases, which we map out in this report. The first local warning of a new respiratory infection in China came in early January 2020. Public health systems are constantly scanning for new and emerging diseases and, with a major international airport situated in the borough and international travel a potential route for transmission, our local public health team were liaising very early on with Public Health England (now the UK Health Security Agency).

In the early days, very little was known about the virus and the focus was on trying to contain every case to stop it progressing into a full-scale pandemic. There were no easily available tests, data flows were limited and the science on how the virus behaves was still uncertain.

Early on, it was clear that although this was a public health crisis, the response would affect all aspects of society and the economy and therefore a strong

multi-agency response was required. From the early days of January when we tested our multi-agency response to a fictitious emergency (pandemic flu, which was then considered to be the most likely public health threat) to early March when we stood up our multi-agency emergency response structures, it was clear that we would need a wide range of skills and expertise to respond to COVID-19.

Our first local experience of COVID-19 came in February half-term, when parts of Northern Italy emerged as a hot-spot, seeding cases into the UK. We spoke to several schools who were concerned about pupils returning from trips abroad with respiratory symptoms. These did not turn out to be COVID-19, but from very early on, it was clear that schools –with the support of a dedicated local authority run education hotline - would be a critical part of the front-line response.

On 3 March, the government published its Coronavirus Action Plan. This set out four response phases: contain, delay, research and mitigate. The first objective was to contain any new cases by finding infected

people, supporting them to isolate them and tracing anyone who had been in contact with them. Locally, neighbouring areas were reporting cases, with small clusters emerging in Coventry and Warwickshire in the first week of March. Solihull recorded its first case on 11 March 2020. During this time, there was regular contact seven days a week between Local Authority public health teams and Public Health England to manage any local implications, follow national protocols for the isolation and management of cases and potential contacts and to manage any local communications.

By the 20 March, the UK had recorded its first death from COVID-19 and by the end of the month we were in a national lockdown. People who were particularly vulnerable to COVID-19 were also advised that they must take extra precautions to shield themselves from the spreading virus.

The Coronavirus Job Retention Scheme, also known as ‘furlough’, was introduced to help employers and employees. Whilst it did not save every job it did help to drastically reduce the number of potential redundancies

that may otherwise have been required at the height of the pandemic.

At this point, the power of our local communities and voluntary sector really came to the fore, as they worked with the Council to provide food, medicines and welfare calls to people who could not leave their homes. This was a huge operation and the first of a number of vital measures implemented locally to protect the most vulnerable throughout the pandemic.

Case Study: Planning for pandemics

Tom Knibbs is the head of a shared service Resilience Team which covers the three local authorities of Coventry, Solihull and Warwickshire. The Resilience Team's role is to ensure that the three local authorities have emergency and business continuity plans in place for a wide range of situations and can respond accordingly should an incident occur. Tom talks below about the work his team did prior to the emergence of COVID-19:

"Towards the end of 2019, my team started to plan an exercise which would explore the emergence of a fictitious influenza pandemic outbreak in Asia, which would eventually find its way to the UK. The exercise was titled 'Exercise Black Swan' and was designed as a training opportunity for senior officers from across Coventry, Solihull and Warwickshire (CSW).

The exercise began in early November with fictitious emails being sent to council officers, starting to drip feed information about this emerging pandemic scenario. The quantity of emails and the information increased over a period of months with the fictitious pandemic worsening, before eventually culminating in a day-long event on 8 January 2020 in

Coventry. The exercise allowed officers across the CSW sub-region to roleplay their individual and collective responses to such an event, focusing on themes such as command and control, business continuity, mortality and mutual aid.



Senior council officers from across Coventry, Solihull & Warwickshire in attendance at Exercise Black Swan

Exercise Black Swan provided important learning points for all involved, and the recommendations from the debrief report were a helpful prompt in February 2020 as we began to scope out our response to the emerging coronavirus.

As COVID-19 developed and with the exercise fresh in our minds, we quickly activated our Emergency Plan on 3 February 2020 and invoked the Council's response structure, with strategic and tactical meetings ramping up at pace.

As the situation worsened normal business was paused and officers were diverted to manage elements of the response. The willingness of staff to step up and tackle challenging issues like PPE distribution, shielding and mortality at a time when data was sketchy, and the virus was an unknown and scary entity, was commendable.

COVID-19 has been the most challenging incident I've dealt with during my career. It has changed the way we work and shone a light on the emergency planning profession."



Tom Knibbs

Head of the CSW Resilience Team

Case Study: Stepping up the local emergency response

Nick Page is the Chief Executive of Solihull Council. He acted as the Council's Strategic Commander throughout the pandemic response and also co-chaired the regional, multi-agency Strategic Coordinating Group (SCG). Nick reflects on how the early response to the pandemic was managed.

"Prior to the pandemic being declared our most senior officers, led by the Director of Public Health, met to think through the steps the Council would need to take if the COVID-19 pandemic made its way to the UK.

By the time an emergency was declared, the Council had established a rhythm of working and our command structure was swiftly implemented, consisting of strategic and tactical groups. The Council was also well represented at the Local (West Midlands) Resilience Forum with our officers taking on key roles for the region. A number of our senior staff have regional and national roles and so were well-placed to share the learning from experiences in Solihull nationally and in turn feed in national-level intelligence to elected members, MPs, the Mayor, key partners and local residents.

Getting the pacing of our response right was critical. We believed the right thing to do was to stand up our emergency response early to provide local direction at pace and in step with the rapid progress of the pandemic. Daily calls seven days a week became the norm for many of our staff and partners so we could provide rapid solutions and escalate issues to national teams. At a local level, we were clear that local government, working with local partners, was uniquely placed to understand what was happening in our communities, to deliver a last mile solution and to provide solution-focused insights to national teams.

The response of our local teams, our communities and voluntary sector was phenomenal. The commitment to 'get the job done', even when the solutions were not always at hand, was essential. I would like to pay thanks to the huge team effort, which often came at personal cost, and to everyone who has supported - and continues to support - our local response."



Nick Page

Chief Executive of Solihull Council

Case Study: Birmingham Airport

Despite the huge reduction in international travel due to the pandemic, Birmingham Airport has been a crucial part of the COVID-19 response. Mark Buckingham is the head of Fire and Emergency Planning for the airport and provides a personal insight into life at the airport in the early days of COVID-19.

"We began to recognise the scale of the virus in early January as the Foreign and Commonwealth Office began to impose conditions on flights to and from various parts of the world. At the time, our focus was on displaying signage and liaising with colleagues, both from the Local Authority and within the aviation community, to ensure that the message was clear and we followed established processes for managing anyone arriving with signs of illness."

Life at the airport changed significantly in the six-week period between early March and the middle of April.

During this time, we received the repatriation flight from the Grand Princess Cruise ship which was berthed off San Francisco. As crisis managers we are taught to 'overreact'



The Grand Princess cruise docked on the Port of Oakland, California

and so we rapidly treated this as a major incident, amassing a large team of people, all of whom had a big part to play, in safely and effectively managing the flight and its passengers. Incidentally, the plane landed on the day that WHO officially declared a global pandemic.

During the same period, the UK went into lockdown and Flybe went into administration. – These two events in quick succession marked the beginning of a massive ongoing impact on Birmingham Airport's workforce. I am responsible for the fire service at the airport and I had to ask my fire officers to work longer



Some of the initial response vehicles deployed to support the arriving repatriation flight

hours to ensure that we could continue to operate at a time when large numbers of staff were needing to self-isolate. This was critical, as without this resilience the airport would have had to close.

Towards the end of March 2020, I was invited into a conversation to review temporary mortuary capacity. Within a month of this discussion, with joint work across the airport with police, local authority,

military, and coroner colleagues, the West Midlands and Warwickshire Temporary Mortuary was opened. It was an incredible experience for so many reasons: from a personal perspective, the learning was beyond anything I could have imagined. Fortunately, the mortuary has never needed to get anywhere near the capacity that it was designed for, but as a region and conurbation we were prepared for this eventuality.

Following on from this, we worked with local and national agencies on other projects, including establishing a helicopter base to bring NHS supplies into the local NEC Nightingale hospital and, later on, repatriating over 8000 arrivals from Afghanistan. The airport also went on to play a crucial role in providing regional COVID-19 testing facilities, a dedicated terminal for high risk (red-list) international flights and even an inland border facility to support the UK's exit from the European Union.

Each project engaged many airport personnel in areas well outside of their normal comfort zones; many on furlough, and many under significant threat of redundancy. We had pilots overseeing the set-up of vaccine centres and other people using customer service skills to help with testing and contact tracing.

We're used to working together to test scenarios, but the reality and scale exceeded anything we could have predicted."



Mark Buckingham

Head of Fire & Emergency Planning at Birmingham Airport

Case Study: Shielding

Roger Catley works in Solihull Council's Adult Social Care directorate. Roger was tasked with leading on measures to support 'Clinically Extremely Vulnerable' people within Solihull.

"I was asked to lead Solihull's response to 'shielding' and supporting vulnerable residents in March 2020. At this point, the number of people in Solihull affected and the details of the support required were unknown, but we needed to be ready to help residents access food, essential supplies and well-being support. We immediately set about establishing an infrastructure to deliver the support required to the clinically extremely vulnerable (CEV) people of Solihull.

At the time there was an issue with panic buying at the supermarkets, which meant that access to food was a real issue. We quickly took responsibility of North Solihull Sports Centre and established a 'hub' to receive food and respond to emergency food deliveries. We made contact with the manager of a local supermarket who allowed us access to their store on the Monday morning at 7am to

purchase initial supplies for emergency food provisions, including food for pets.

In Solihull, 5,700 CEV people were initially asked to isolate at home, and providing wellbeing contact was a critical component of the support required. We established a team to make calls to people identified as CEV to find out if they had any support needs, help them access priority on-line shopping slots and provide emergency food parcels where needed.

We worked with colleagues to develop a specific database that enabled us to manage the multiple daily update files from the government for the shielding cohort, who numbered over 13,500 individuals. This included tracking and recording contact and outcomes and reporting to the local Strategic Command and national government.

At a time of national anxiety about COVID-19, and the government advice being to work from home, we created a Shielding Team of over 100 staff from across the Council, Solihull Community Housing and West Midlands

Fire Service to deliver the support required. Whilst many staff worked from home, we needed staff to help pack and distribute food to people's homes. It was important that we supported staff and discussed their anxieties and the arrangements we had put in place to protect them.

The shielding support has been one of the most rewarding things I have worked on in my local government career. This feeling was echoed by staff from the team and evidenced by their collective determination to ensure that the people shielding in Solihull were supported. The consistent theme of the feedback received from the people we supported was 'thank you for caring', which is a fantastic reflection of the approach and principles of the team."



Roger Catley

Governance Lead
Adult Care & Support

The voluntary and community response

Throughout the pandemic, local voluntary and community groups have been essential, providing hands-on, practical support across the borough, often in difficult circumstances. When shielding started, many local organisations stepped up to help, quickly mobilising their contacts and connections. There are too many groups to name in this report, but we have included three examples here from Age UK, Solihull Faiths Forum & Cars Area Together.



Age UK

Age UK is a national charity that provides a range of services across Solihull. In the early stages of the pandemic it was clear that people aged over 65 were at higher risk of COVID-19 morbidity (illness) and mortality. This resulted in the instruction for older people to shield

during the first lockdown and this created real challenges in accessing food and medicines.

Age UK responded rapidly to the situation and provided an emergency response to support elderly people who were shielding. A team of Age UK staff were supported by the Council to adapt their office space at The Core into an emergency foodbank. A team of amazing, supportive volunteers also helped manage the foodbank.

In the first six weeks of the emergency response, the team logged 10,765 contacts (a 30% increase on the previous six week period), packed and delivered 3,000 food parcels with the help of volunteers, made 900 befriending calls, moved to a seven day emergency service, collected and delivered over 100 prescriptions, provided 560 daily welfare calls, recruited 180 new volunteers, completed 318 volunteer shopping trips and provided additional support to sixty of the most vulnerable older people.

Despite the immediate threat of the coronavirus, the pandemic brought out the best in many people, who came forward in

droves to add their support, many of them turning up day after day to deliver food parcels and bring a welcome measure of comfort to many who were alone and anxious.

Anne Hastings,
Chief Executive Officer of Age UK Solihull

Solihull Faiths Forum

The Solihull Faiths Forum (SFF) is an interfaith organisation that aims to build bridges between faiths and is a resource to the Council on faith matters. The Forum was instituted by Solihull Council in 2006 and includes various faith groups, including The Christian Renewal Centre, The Hub (a Muslim organisation which runs food banks) and smaller church groups.

At the height of the pandemic, SFF provided food parcels and delivery services to vulnerable people, bolstering the Council's own response. They also contacted individuals who were living alone to check in on their welfare.

SFF researched and provided an up-to-date list of faith groups (80+) and their contact leads so that Solihull Council could send out weekly updates to all faith-based organisations during lockdown. This line of communication is still regularly used by the Council and was a help during the arrival of Afghan refugees at Birmingham Airport in August and September 2021.

Pat Wilkinson
Chair of Solihull Faiths Forum



Cars Area Together

Cars Area Together is a 10-year Lottery funded project based in the Smith's Wood community that began in 2014. From 2025 onwards, there will be a continuation of partnerships to ensure that the community is represented and that the community work continues.

During the pandemic, the small team of four at Cars Area Together, along with volunteers, continued working within the community and focused on frontline support where food and other services were needed. The team provided a wide variety of support to community members including food collection and delivery, supporting people to get on line to access support, befriending, delivering activity packs, taking people to vaccine appointments, health checks and door step checks.

Judy, the Project Manager for Cars Area Together, noted that the digital divide in the community was very clear. Those who did not have the knowledge or equipment to access the internet could not order food shopping. Families with school age children at home also struggled without

access to digital equipment, meaning their learning was disrupted.

Judy reflected that the team had to be very organised in order to respond to the pandemic. They became part of effective partnerships, such as the food network, which will continue after the pandemic has ended. She also noted that the Board had been supportive of the team's work, helping the team to feel valued and continue with their crucial support in the community.

Judy Tullett,
Project Manager for Cars Area Together, Smith's Wood Big Local



Solihull High Street COVID-19 Vaccination Centre

NHS
COVID-19
Vaccination Centre

COVID-19 Vaccinations

First, second and booster
doses are available here.

Eligibility criteria applies.

For further information visit:
www.birminghamandsolihullcovidvaccine.nhs.uk



COVID-19
Vaccinations
No appointment necessary



Hands



Face



Space



Fresh air



G

let's do the
right thing

let's do the
right thing
for Solihull

If you have symptoms of COVID-19
such as a high temperature
a new cough or loss of taste or smell

PHASE 2:

THE FIRST WAVE AND REOPENING AFTER LOCKDOWN 1

On 23 March, in the face of rapidly rising COVID-19 rates, the Prime Minister announced the first national lockdown which came into force that evening. This was the most significant of all the pandemic lockdowns and was in place until June. All but essential businesses were shut, as were schools, colleges and universities. People were only permitted to leave their homes for essential purposes such as buying food, medical reasons or once a day for exercise. The lifting of the lockdown happened gradually.

Lockdown required a huge shift in how services were delivered. Many front-line services continued to run with careful processes in place to protect staff and the public from the virus. Councils and the NHS continued to provide critical face to face services and shifted to online services where these could be delivered safely. Local business continuity plans – which set out how services would operate safely and manage issues such as staff sickness, and identified how staff should be moved to support critical activities – were mobilised and reviewed regularly.

Primary care moved to a new way of delivering services with the establishment of a 'red' site to see and treat suspected COVID-19 patients in a dedicated facility

at the National Exhibition Centre (NEC) in Solihull, with a green zone to maintain essential services such as routine vaccination and cancer screening.

Plans also needed to be made to manage, with compassion and dignity, a potentially very large number of deaths. This work symbolised the practical issues of having to plan for what was a largely unknown scenario: early modelling pointed to very large numbers of deaths if measures such as lockdown were not introduced or did not work as planned. This resulted in the opening of the West Midlands and Warwickshire Temporary Mortuary, which was based in Solihull at Birmingham Airport.

It was during this period, perhaps the most intense and shocking phase of the pandemic, that we saw the highest number of deaths. We saw the full impact of COVID-19 on some of our most vulnerable populations, particularly those living in care homes. Supporting care homes to manage complex outbreaks remains one of the defining features of our local response and we would like to pay tribute to the care home staff, residents and families, as well as the local public health, social care and NHS infection control teams, who were on the front-line of trying to manage the devastating impacts of COVID-19.

Outbreak management has been a key element of our local response throughout the pandemic. Working with specialist support from the regional team at Public Health England (now UKHSA), the local public health team established seven day working and the capacity to stand up multi-agency Incident Management Teams to manage complex outbreaks. Initially, the focus was on care homes, but the same approach has been used to manage outbreaks in schools and workplaces. Since July 2020, the team has provided support to address more than 1,000 clusters and outbreaks.

This period also saw the race to secure adequate and good quality personal protective equipment (PPE) nationally and at local level. Early in February 2020, Solihull Council set up a small supply of PPE for local use and as the pandemic took hold, a local distribution hub was set up with a small team of drivers to make sure that critical deliveries, including to care homes, could be provided when national stocks ran out.

PPE stockpiles and supply became headline news with widespread reports of nationwide PPE shortages. Regionally, emergency planning teams from local councils worked to put in place a logistics hub at the NEC in Solihull for the delivery and onward

distribution of emergency PPE supplies from the Department of Health and Social Care. Local joint working arrangements between councils and the NHS, through our integrated care system arrangements, meant that local NHS partners - led by University Hospital Birmingham's procurement team - were able to establish a shared supply which could be drawn upon to support the wider care sector. The Council also put in place quality control mechanisms to make sure that stocks met quality standards and that staff across a range of council services were trained to use PPE in front-line roles. Upscaling testing, securing access to local testing and making sure that COVID-positive cases and their contacts were isolating was essential to the rapid detection of COVID-19. It was also a critical national challenge. Locally, part of Birmingham Airport was put to use as a regional testing centre, seeing high volumes of tests carried out throughout the pandemic. It was initially run nationally, and it was some time before more local autonomy was given to establish locally-run testing centres, which came on-stream in November 2020.

Supporting social care

In the early stages of the COVID-19 pandemic, care homes faced the huge challenge of protecting vulnerable groups of residents in a rapidly changing environment, having to adapt quickly to new guidance as the scientific understanding of the virus grew.

Care homes closed to visitors in March 2020 to help reduce the risk of infection. This was difficult for residents as they also had to isolate in their rooms resulting in little social contact. Also, some residents with certain conditions (such as dementia or a learning disability) struggled to understand the situation.

As the risks to residents became clear, some staff moved into the care homes they worked in to reduce the risk of transmission to residents and their own families. This was understandably a frightening time for both staff and residents, compounded by shortages of PPE. This was particularly challenging in places that cared for people with learning disabilities or dementia, who may have found the restrictions of PPE particularly unsettling.

At a similar time, hospitals were instructed to clear acute wards and discharge patients back into care homes in preparation for managing the unprecedented numbers of acutely ill patients needing hospital care. At its peak, University Hospitals Birmingham were treating 171 patients in intensive care across Birmingham and Solihull.

At this stage of the pandemic, there was not sufficient testing capacity in place to regularly test care home residents, NHS and care staff, and staff and patients moving between sites. This meant that COVID-19 outbreaks in care home were a reality of this phase. On one day towards the end of April 2020, there were ten very significant outbreaks, with some care homes recording between 10 and 20 deaths and very high case rates among staff and residents. In advance of a fully mobilised testing system, care staff used rapid in-reach testing to identify residents and staff with COVID-19, so they could properly isolate to minimise the risk of transmission.

Case Study: Support to Care Homes

Karen Murphy is Solihull Council's Assistant Director of Adult Social Care. She praises the staff working in care homes across Solihull:

"Care homes really stepped up, with staff never failing to put the residents first, even at the cost to their own lives. With residents unable to see relatives and loved ones for months, care home staff became everything to their residents, providing personal care and supporting Skype and Facetime calls between residents and families. Staff experienced a significant amount of bereavement as vulnerable residents passed away as a result of COVID-19. Staff also had to work to keep residents with complex needs, that they weren't trained to deal with, out of hospital. To support staff, counselling and wellbeing was provided as there had been such a large number of deaths in quick succession, with some of those being particularly difficult cases.

We also owe thanks to Care at Home (also known as domiciliary care) workers who continued to work throughout the pandemic, providing support in vulnerable people's homes. This sometimes included providing

support to people who had tested positive for COVID-19 but still required support.

As businesses, care homes have been operating with lower numbers of residents and have felt the financial impact of this. The lower numbers are not only due to the increased number of deaths as a result of COVID-19, but also the fact that people are scared to move into homes due to the perceived increased risk COVID-19. Homes are therefore carrying large numbers of vacancies.

A daily call was set up between Public Health England, Solihull Public Health, Clinical Commissioning Group nurses and Social Care colleagues to provide a multidisciplinary response to care home queries. A robust contact system (consisting of Public Health, Adult Social Care, social workers and commissioners) was implemented to ensure that care homes had access to support seven days a week. The support provided included infection prevention and control (IPC) guidance, distributing PPE and funding to recruit extra staff.

In December 2020, vaccinations became available and care home residents and staff were the first priority group to receive the vaccine. Locally, SoliVac provided excellent support to care homes, providing information, answering queries and vaccinating onsite within care homes. It is a real testament to the vaccination programme that it has massively reduced outbreaks in care homes and that where there have been outbreaks, they have been much less severe.

The law requiring mandatory vaccination amongst care home staff was passed in July 2021. Care home managers have encouraged staff to receive both doses of the vaccine and highlighted the importance of keeping people safe."



Karen Murphy

Assistant Director –
Commissioning (Adult Social Care)

Case Study: Support to Care Homes Team (SCHT)

Ursula Hare is the Deputy Director of Nursing for University Hospitals Birmingham. She talks below about the role of the Support to Care Homes Team.

"Prior to the pandemic, the Support to Care Homes Team (SCHT) provided coaching and mentoring support to care homes which meant that there was already a positive relationship between nursing staff at University Hospitals Birmingham (UHB) Community Services and local care homes. When COVID-19 cases started to appear in care homes, the SCHT was able to provide infection prevention and control guidance tailored to COVID-19 and information about the additional requirements around personal protective equipment (PPE).

The SCHT also attended care homes in person, "walking the walk" with care home staff to deliver guidance and support. This allowed SCHT staff to identify any clinical needs of residents, providing feedback to community nursing teams that could then attend the homes and deliver appropriate care. In addition, healthcare assistants

provided support with swabbing for COVID-19 testing which helped speed up the process, meaning results came back quicker.

As and when a home was identified as experiencing an outbreak, UHB was able to provide additional PPE, training and community nursing to support the response. Nurses or a community matron reviewed patients in these homes to provide clinical support to residents who had become ill and identify early any patients who were becoming unwell.

All this additional support helped care home staff during a very difficult time. Having a clear point of contact helped reassure staff that they could access support when they needed it.

The UHB community nursing team was also engaged with Incident Management Teams (IMTs) on a regular basis. These multi-disciplinary meetings reviewed COVID-19 outbreaks across the borough and this insight helped the nursing team to

understand the wider picture of cases. The insight gained through IMTs meant that they could direct resources where needs were greatest at the time. Ursula reflected that the large amount of "honest communication" between health, social care and public health "worked really well", enabling them to provide a robust response to support care homes in their fight against COVID-19."



Ursula Hare

Deputy Director of Nursing

Case Study: University Hospitals Birmingham (UHB)

Lisa Stalley Green is the Chief Nurse for University Hospitals Birmingham. Her case study below gives an insight into the work that was undertaken within hospitals before and during the most difficult phases of the pandemic.

UHB serves the populations of both Birmingham and Solihull and other surrounding areas. The numbers cited in the testimony below refer to patients in the hospital, regardless of where they came from.

Initial planning

We had seen it coming. We had seen the picture unfolding in China and Italy. We first saw suspected cases in February, and these started to increase. So, when the pandemic was declared, we were already up to 100 inpatients and the number was growing every day. We knew lockdown needed to happen before it was announced.

We set up daily meetings and started to track numbers. We were clear on what was needed in terms of infection prevention and control and protecting patients and staff.

The supply chain was really important, and we had already worked through what was needed to obtain stocks of PPE. This meant we were able to support the wider system: we found care homes did not have PPE and, in partnership with Adult Social Care, we started supplying care homes.

When PPE started to run low, we had already set up local supply chains; we felt lucky to be near a local manufacturing base. Jaguar Land Rover started to make visors and gowns for intensive care out of air bag fabric which were very well received by staff. Talking of local manufacturing, the hospital was very happy to receive Easter Eggs from Cadbury's!

Pregnant women and people from black and minority ethnic backgrounds

The pandemic hit Birmingham, Solihull and surrounding areas hard. UHB has seen the highest numbers of patients in the country – at the time of writing, that total figure is at more than 17,000.

As the numbers increased, clinical staff started to understand the impacts of

COVID-19 on pregnant women in the third trimester and on our Black and Asian populations. This had implications on both patients and the workforce.

There was a maternal death from COVID-19 in the first wave of the pandemic. As a result, the hospital established a COVID-19 surveillance pathway, which involved calling any COVID-positive pregnant women every day to check how they were and to ascertain if there were any reduced foetal movements. If the pregnant women felt unwell, they were quickly brought into hospital.

It became apparent that if women got infected with COVID-19 in the third trimester, they were becoming unwell. Staff quickly learned that the best outcome for pregnant women was to deliver their baby prior to intubation and then get them transferred to intensive care. No longer pregnant, they were laid face down to give their lungs the best chance of recovery. The hospital saw a number of successful recoveries as a result of this practice. Staff won an award for maternity safety.

Other innovative ways of working

Lots of outpatient appointments were delivered virtually, and care pathways were changed to make best use of hospital resources. Solihull Hospital was set up as a COVID-19-free site. 7,000 surgeries were completed there over the 12-month period from summer 2020 to summer 2021. 1,400-1,500 of these would have been Solihull residents.

Importantly, changes to ways of working have remained in place where they have helped hospital staff to be as efficient as possible while still achieving the best outcomes for patients.

Impact on staff

Understandably, COVID-19 brought about a lot of anxiety amongst staff looking after patients, who worried not only about becoming infected but also transmitting the virus to household contacts. As has been shown in national and international media, staff did become infected and some did have to receive intensive care and some members of staff did die. This was incredibly tough.

It has been very important to acknowledge such losses with staff. Memorials have been held in small teams, which have included

moments of silence and tree planting. These events have involved family members and they continue to happen. Going through these experiences has improved conversations with staff about health and wellbeing, as well as highlighting the place of compassion in leadership.

Partnership working and next steps

The collaboration across Health, Social Care, Public Health, military and other sectors has been amazing. These strengthened connections need to continue in the context of new pressures and the inequalities in accessing services and in outcomes that have been so stark throughout the pandemic.

We are now dealing with complex issues and pressures in the system, such as poor mental health, extended waiting lists and the impact this has on people with long term conditions - who gets a good start in life and who does not. The partnership working will be invaluable in dealing with these challenges."



Lisa Stalley Green

Chief Nurse

Case Study: Managing Excess Deaths

Louise Hunt is the senior Coroner for Birmingham and Solihull. Louise led a multi-agency group of partners to manage the increased mortality rates across the West Midlands and Warwickshire. Louise oversaw the opening of the West Midlands and Warwickshire Temporary Mortuary and, with great support from local partners, ensured that the death management process across the region was resilient. Louise reflects on her involvement in the pandemic response.

“We had for many years been preparing for a mass fatality incident with partners from across our Local Resilience Forum. The COVID-19 pandemic brought new and previously unexplored challenges which rocked the whole world.

When dealing with the excess deaths that occurred due to COVID-19, we set clear principles to ensure that people who lost their lives were treated with dignity and respect throughout and that their families were treated with care and compassion and kept fully informed at all times.

In March 2020 I began chairing the Mortality Working Group for Warwickshire and the West Midlands which oversaw and coordinated the multi-agency response to fatalities during the pandemic. Our priority was to maintain the ability for families to hold funerals and to provide mortuary resilience. This was provided in a cross-regional initiative with a temporary mortuary facility being constructed at Birmingham Airport.

I was immensely proud and humbled by the dedication and hard work of all involved in the temporary mortuary facility. Words cannot express my gratitude for the way that everyone involved in the response embraced the challenges and successfully maintained dignity and respect throughout. The West Midlands and Warwickshire Temporary Mortuary was open throughout both the first and second waves of the pandemic.

Alongside excess death planning, my team had to manage a large number of death referrals, many COVID-19 related. In the early stages of the pandemic, when COVID-19

testing was being developed, it was at times challenging to determine a cause of death. With excellent leadership from the Area Coroners, the Coroner's Service was able to quickly establish new procedures to enable us to deal with the increased volume of cases that were received.

Over the summer of 2020, work life did return to a more normal position, but we then experienced the second wave. Our existing new procedures were all firmly in place, allowing the team to continue to provide an excellent service to newly bereaved families. I would like to thank the team again for their hard work and dedication throughout both COVID-19 waves. They were simply excellent.”



Louise Hunt

Senior Coroner for Birmingham & Solihull

Case Study: Policing a pandemic

Ian Parnell heads up Solihull's Neighbourhood Policing Teams (NPT). The team have approximately 100 staff that cover the borough with additional teams providing services such as response policing, investigation, safeguarding and specialist support, which contributed to the pandemic response. Ian gives an insight into the role of the police during COVID-19.

"When lockdown measures were first introduced, there were over 100 pieces of new legislation that policing teams had to read, understand and enforce in a short space of time. The NPTs took a '4 Es approach' (Engage, Explain, Encourage and Enforce). This approach focused on working positively with people, engaging with them to follow the regulations. Overall, the public responded well to the police's approach, with very few serious breaches across the borough.

However, there were instances where legislation did need to be used and the police worked with public health and licensing teams from the Council to enforce COVID-19

legislation and prosecute where repeat offending took place.

The police are part of 'Solihull Together', a partnership that aims to improve the lives of people from the borough through joined up care between health and social care services. The police were also invited to the Council's daily strategic meetings along with other stakeholders. These meetings proved to be an excellent forum for understanding the local threat of COVID-19 and helped decide how best to direct different agencies' resources to support the response. For example, if an outbreak occurred, the NPTs could provide additional support in that location, advising the public and businesses of the increased level of threat and ensuring restrictions were followed.

In the first six months of the pandemic, there was a significant reduction in crime and disorder as people were staying at home. However, 'hidden crimes', such as domestic abuse, were a challenge.

I started this role during the pandemic, and I've been really impressed by the strength of the Solihull partnership and the willingness of partners to support each other and see things from each other's perspective."



**Chief Superintendant
Ian Parnell**

*West Midlands Police,
Neighbourhood Policing*



PHASE 3:

REOPENING AFTER LOCKDOWNS 2 AND 3

Throughout the summer of 2020, a phased lifting of restrictions took place, starting with the reopening of schools and non-essential shops. A national Test and Trace service was in operation to follow up cases and their contacts to ensure they were self-isolating. 'Whole-home testing' for care home staff and residents was in place.

As a result of lockdowns, COVID-19 rates had fallen, reaching a low of 3.1 per 100,000 in late July and the R rate (reproductive rate) – the average number of people that one infected person would pass the virus on to – was 0.89 for the West Midlands. However, national modelling showed clearly that there would be further waves of cases. The first 'local lockdown' was introduced at the end of June in Leicester in the East Midlands, but rates continued to be low in the West Midlands and in much of the country until early September.

During this period, data on cases became available at local level, with strict data protection rules in place. This was a huge benefit to the local response, allowing teams to identify hotspots and put in place near real-time surveillance. This in turn was used to develop local messaging which was shared through a new network of over 150 community champions, and a local public engagement team worked across the borough to encourage people to follow national guidance

and to promote initiatives such as local testing centres and, later on, vaccination.

With the re-opening of retail, close working with local businesses was important to support the safe opening up of the local economy. The Council and local stakeholders worked with retailers to help them follow 'COVID-Secure' guidelines to keep their staff and customers safe and confident. The development of a business charter with the neighbouring areas of Coventry and Warwickshire, in collaboration with the local Chamber of Commerce and Business Improvement District, was a key way of communicating the twin goals of protecting public health and the economy.

Businesses were also encouraged to report clusters of cases early and given support to manage outbreaks rapidly to help limit the spread of the virus. Over time, they were also encouraged to sign up for workplace testing schemes or to promote regular testing. Jaguar Land Rover was an early national pioneer for daily contact testing, which allowed workers who had been in close contact with a workplace case to stay in work if they had a daily negative test as part of a closely monitored national evaluation. You can read more in their case study on page 40.

The Council's newly established local advice line also took calls from the public, including

reports of non-compliance with national legislation and reports of outbreaks. This was also used to shape our local response and, as a last resort, to target enforcement action with West Midlands Police.

Over the summer, Solihull also produced its first Local Outbreak Management Plan, which set out what the continued local response to the pandemic would look like as we moved into the next phase. It also saw the development of more locally responsive and flexible contact tracing and testing services, which were delivered by local staff. The aim of this was not to replace the high volume national system but to provide more of a wrap-around support package that could quickly link people into a wider range of services, which would help them to successfully self-isolate. These services included locally administered self-isolation payments, practical support from local community and voluntary groups and, on occasions, mental health and safeguarding support.

On 24 August 2020, Solihull recorded its 1000th case, and towards the end of the month rates were starting to increase again. In early September, the Council established its own localised contact tracing service to identify where people had been in the few days before they tested positive, a feature which was later built into national contact

tracing services. Within a day of being established, this had identified a major outbreak linked to a hospitality venue and a rapid local testing service, using facilities provided by Solihull Healthcare Partnership, was set up within 24 hours to test over 90 people who had been in close contact with cases linked to this outbreak. Shortly after, the Council negotiated a new local Mobile Testing Unit on Monkspath Hall Road with the Department of Health and Social Care.

On 14 September, rising local rates meant that Solihull became an area of enhanced local restriction along with Birmingham and Sandwell, which meant that socialising with other households was not permitted. Similar restrictions followed for other areas and on 14 October, a three-tier national restriction system was introduced with most of the country moving over time into higher tiers. This was followed on 5 November by a second national lockdown, where non-essential businesses were shut down and restrictions on meeting people indoors (with the exception of designated 'support bubbles') were introduced.

The rapid continued spread of the Alpha variant, first identified in Kent, led to a third lockdown in January 2021, just as the vaccine roll-out was beginning.

Keeping the economy and society running

One of the major challenges of the pandemic has been to maintain the economy and keep COVID-19 at a manageable level. At times, these have been regarded as competing priorities, but at local level, much of our response has focused on how to get the right balance between the two. Strong relationships with key economic players and ensuring that the best possible public health advice could be used to support businesses to run safely have therefore been critical. Equally, many local businesses contributed to the wider pandemic response, for example by opening up spaces for use as vaccination or testing centres. The next few case studies are from key business leaders within Solihull, including stories from the National Exhibition Centre, Jaguar Land Rover and Touchwood Shopping Centre.

Case Study: Managing Excess Deaths

The NEC Group is a large business providing products and services including exhibitions, conferences, hospitality and catering. Paul Thandi is the Chief Executive Officer at the NEC and discusses the impact that the pandemic has had on their business and how they supported the national emergency response.

“Pre-pandemic, the NEC Group generated a £160 million annual turnover with approximately 750 - 800 events taking place each year across its two sites and five venues. These events bring approximately seven million people into the area and it is estimated that this results in a £3 billion economic impact to the region. At the time of the first lockdown, the NEC Group employed 858 full-time and approximately 1,300 casual and/or part-time staff. The business closed on 27 March 2020, with all staff sent home. A small team of just over 200 staff continued to manage core elements of the business, with remaining staff being paid as normal and then placed on furlough once the scheme came into place. The Chief Financial Officer developed a plan to reduce costs for the lockdown period and liaised with suppliers to negotiate delaying payment until the

end of the year. As Chief Executive of the NEC Group, I identified the importance of communications with staff, noting that for a lot of people, the work environment is key, as it sustains important social interactions. Work provides purpose and a sense of belonging, which as a CEO you must encourage and foster. With lockdown being a potentially isolating experience, I sent out a video to staff every week, providing them with honest and frank updates about the current position with regards to the pandemic. At the start of the pandemic I was contacted about setting up a Nightingale hospital at the NEC, and wanted to ‘do the right thing’ - offering our facility without charge. This was a difficult plan to sell to the board; the business was effectively closed, generating no income, spending cash just to survive, including paying staff (prior to the furlough scheme), with around £30 million owed to suppliers. However, after discussions, it was agreed that the NEC would host a Nightingale hospital at no charge to the NHS. Working closely with University Hospitals Birmingham and the army, the Nightingale facility was created in just 14 days. This resulted in the equivalent of 12 Critical Care Units being created on site, with capacity for 2,000 beds. The wider



infrastructure that the hospital would require was also put in place – from financing, to clinical governance processes, to ensuring there would be food and drink available to staff. Although the Nightingale facility was not used during the pandemic, it demonstrated successful partnership working between public bodies and the private sector. As well as the Nightingale hospital, the NEC also hosted a COVID-19 referral centre, a testing centre and a hub for regional PPE deliveries, which all provided additional support and

capacity to the COVID-19 response. The events industry was eventually able to reopen in the summer of 2021. The NEC Group developed a protocol to allow for safe reopening which was shared with the government and then agreed as an industry standard. Our close working relationship has built trust between the events industry and Directors of Public Health, who have provided support and guidance throughout. I cannot praise the efforts of my staff enough: the reopening of NEC venues was thanks to

the hard work of teams working throughout the pandemic. You are only as good as your team, and the team has been outstanding over the past two years.”



Paul Thandi

Chief Executive Officer
NEC Group

Case Study: Jaguar Land Rover

Jaguar Land Rover (JLR) is a large employer in Solihull with around 10,000 employees, with around 6,000 to 8,000 of those on-site at one time. Dr Steve Iley, JLR's Chief Medical Officer, talks about how COVID-19 has been for them.

"As a global employer with operations in China, the organisation had experience of working with COVID-19 long before it arrived in the UK. A multi-disciplinary governing body was set up to coordinate the global response, followed by local incident management teams (IMT) to manage each site.

In March 2020 the Solihull site ran out of parts due to a global shortage and production was stopped shortly before the first national lockdown. The following fortnight was spent revising start up plans which were put into place when the site reopened in April 2020. Being one of the first businesses to reopen (that was not in the health or food sector) was a challenge in terms of risk management and public relations. JLR worked closely with colleagues from Public Health England (PHE), NHS Test and Trace and local government to ensure their processes to

reduce the transmission of COVID-19 were as robust as possible. Having not worked with these organisations before, it was difficult to understand 'who was who', but the ability to talk to the Director of Public Health was key to successfully navigating the system.

If at any point JLR or Public Health England thought there was a potential outbreak or cluster of cases at the site, an additional call would be held to discuss the issue. Membership of the call included PHE, Solihull Public Health, the Health and Safety Executive (HSE) and JLR staff. The principle of 'go fast, go wide, go early' was used to ensure any cases were picked up quickly to reduce the risk of onward transmission.

In May 2020 JLR started onsite testing and fed the data into NHS Test and Trace and PHE. This was paid for by JLR and included both lateral flow device (LFD) and polymerase chain reaction (PCR) tests. Between September 2020 and April 2021, 1,116 PCR tests were conducted onsite, and between September 2020 and September 2021 77,740 LFD tests were conducted. Building on this positive work, the Director of Public

Health supported JLR to be a participant on a national, government-led Daily Contact Testing (DCT) trial from January 2021.

JLR was also able to administer vaccinations on site in April 2021, which was beneficial as sites have high numbers of employees and a high risk of transmission of COVID-19. As vaccinations could be linked to safety and subsequently production, a return on investment exercise was used to show the value of a vaccination programme. Vaccines were trialled for all age groups that were on site and data was fed into the NHS system to support intelligence about vaccine efficacy and uptake.

Steve noted that the strength of the organisation's pandemic response was in part due to JLR's large in-house Occupational Health team, something that most other organisations do not have. The team, made up of doctors, nurses and physiotherapists, were able to facilitate testing and vaccination on a large scale.

Reflecting on inequalities, Steve noted that staff employed directly by JLR found it easier to self-isolate if they had symptoms or were a contact of someone who had tested positive for COVID-19. This was due to a generous sickness policy that allowed staff to continue to be paid whilst off sick. In contrast, agency or contractor staff did not always have such favourable conditions, meaning it was harder for them to self-isolate due to the subsequent lack of income.

Finally, Steve highlighted the importance of communication in the pandemic response. Having open communication with mutual trust allowed different organisations to work together effectively to develop and implement COVID-19-secure measures as well as testing and vaccination programmes.”



Dr Steve Ily

*Chief Medical Officer
Jaguar Land Rover*

Case Study: Business Improvement District (BID)

Solihull Business Improvement District (BID) is a not-for-profit organisation, funded by 478 local businesses through a levy, that carries out business projects primarily in the town centre. Melanie Palmer is the Chief Executive Officer of Solihull BID.

“When the first national lockdown came into place, Solihull BID chose not to furlough staff and focused on supporting businesses in the area, diverting funding from projects that could no longer run. This included providing goody bags to key workers, issuing communications to keep organisations informed and creating an online COVID-19 hub which provided support for businesses such as guidance on grant applications.

The BID was also able to keep the town centre security function running to ensure that closed businesses weren't being vandalised. Key workers who were still working in the town centre fed back that this helped them feel safe at a time when the area was deserted.

I worked with the Leader and Chief Executive of Solihull Council to support the Council's

COVID-19 recovery plan, sharing a Blueprint to Recovery that had been developed by Solihull BID. This ensured that the voice of businesses was included in recovery.

Prior to the easing of lockdown restrictions, the BID developed a 'Welcome Back' campaign, highlighting how the town centre had introduced COVID-secure measures. The team had a stand in the town centre each week handing out masks and sanitiser to residents. The BID also introduced floor stickers marking out 2m distances, picket fences to facilitate queuing and "Be Kind" stickers for businesses. The BID also successfully applied for funding to recruit COVID-19 marshals who provided support in the town centre to ensure that shoppers complied with social distancing and mask wearing.

The impact of COVID-19 on the retail industry was significant, and accelerated what was likely going to happen in four years' time for retail with increased closures and a repurposing of the town centre. This prompted the BID team and I to research

what residents wanted from the town. Surveys highlighted that residents wanted to return to the town centre in a safe way, with plenty of outdoor space to socialise. This led the BID to invest in the town centre, installing seating hubs with planting, festoon lighting and astro-turf for community groups to perform on. This has helped to encourage people to come into the town and further work is planned to continue to develop the centre into a destination, mitigating against retail closures.”



Melanie Palmer
CEO Solihull BID

Case Study: Touchwood Shopping Centre

Touchwood Shopping Centre is at the heart of Solihull's town centre. Tony Elvin is the General Manager of the Centre. Here he talks about the initial and ongoing impact of the pandemic on Touchwood.

"In the weeks leading up to the first lockdown, Touchwood and similar shopping centres found themselves in a limbo period; government advice was for people to not go out, but there was no support for businesses at this time should they choose to close. As a shopping centre, had we closed when our tenants wanted to trade, we would have been liable for their loss of revenue. It was a very difficult time as we were being accused by other tenants of being reckless in allowing trading to continue. We anticipated that a lockdown was on the way and the management team at Touchwood were invited to work with our management company to develop a lockdown plan for the whole group.

In order to prepare for the lockdown and subsequent reopening, we did as much research as we could by looking at

examples in other countries such as China, Korea and Italy.

Once the first lockdown was announced, there was more clarity about what retail and hospitality businesses could do, but due to the unprecedented nature of the situation, this information was often being drip fed without supporting documentation.

We shared our lockdown plan with all businesses within Touchwood and outlined what responsibilities they had and relevant government guidance. This was particularly helpful for independent businesses who did not have access to the same level of management functions that the large chain businesses did. During this period, a small operational team remained onsite at Touchwood and two key businesses remained open throughout the lockdown: Superdrug and Vision Express. As businesses began to adapt, some of the restaurants in Touchwood started to provide takeaways and food for key workers.

Prior to the easing of restrictions, a plan was developed to ensure that businesses within Touchwood could reopen safely. The plan included one-way systems, door access, a live footfall counting system, converting equipment to contactless (e.g. car parking machines), restricted lift capacities and the introduction of alcohol gel dispensers. This also included recruiting more staff to ensure that measures such as the one-way system and our reduced COVID-19 capacity could be safely managed.

Once Touchwood reopened in June there was a quiet, subdued feeling as only retail businesses were open. We noticed that some of the COVID-secure measures (e.g. one way only doors) didn't really work and were causing difficulties for shoppers. We contacted Solihull's Director of Public Health, Ruth Tennant, who was able to provide support and advice around more appropriate COVID-19-secure measures. Touchwood was also able to provide support back to Solihull Council by providing a vacant unit to be used as a temporary community testing hub.

Touchwood footfall in September 2021 was at 77% of the same period in 2019. Sales for businesses are trending at 84% of the same period in 2019 but this does not tell the full story: some businesses are at 150% with others at 50%. The pandemic helped some independent businesses as they have been able to move quickly to fill vacant units at a time when many of the larger companies are contracting. Independent businesses have also benefitted from more people shopping locally and spending their money with a greater level of social conscience.

Reflecting on the pandemic, we think it has brought together partners such as business, chambers of commerce, police, the Council and Solihull BID. There is now much more cohesive working between partners, and we feel that Solihull overall has had a positive, proactive response to the pandemic. The response of Touchwood has been recognised regionally and has been cited by the West Midlands Combined Authority Economic Impact Group as best practice for peers”.



Tony Elvin

General Manager
Touchwood Shopping Centre



Case Study: Management of Events

Helen Varah is a Public Health Consultant at Solihull Council. She was tasked with supporting event organisers in delivering safe and COVID-secure events in the borough once restrictions were eased.

“Following the easing of the first lockdown restrictions in August 2020, a local team was put in place to provide expert advice to organisations planning events in Solihull. This has built on the existing local multidisciplinary Safety Advisory Group which includes the police, fire service, environmental health and, since the pandemic, public health. This group advises on the safe management of local major events such as football matches.

Events were limited and of a small size during the summer period but over subsequent months the team have dealt with events of different sizes, ranging from fewer than 100 to those with over 10,000 attendees. Examples include supporting young drivers’ courses, cycling events, festivals and Solihull Moors Football Club. Whilst the majority of events have been able

to proceed, some events that the core team reviewed had too many risks that could not be safely managed.

As a leading international events facility, there has been very close work with the NEC. In preparation for the Festival of Quilts event, significant work went into ensuring the event was COVID-safe, including developing a COVID-19 Code of Practice for contractors and attendees, ensuring attendees’ vaccine status or negative LFT before entry to the event was checked, and developing a self-testing area for attendees who had not been vaccinated or completed an LFT. Following the efforts of the event organisers and core team, the event ran over two weekends and saw 27,000 visitors, with only 12 attendees subsequently testing positive for COVID-19.

Events are complex, but good planning and attention to detail helps save time over the long run. Organisers that we have worked with have been brilliant in going the extra mile when asked to ensure their events are COVID-secure. This has meant that although there have been legal powers to limit or prevent

events that create a substantial risk to public health, we have not had to use these to stop an event taking place at any point during the pandemic.”



Helen Varah

Covid-19 Support Officer
Solihull Metropolitan
Borough Council

Case Study: Education

Across Solihull there are 84 local authority funded schools with 39,785 pupils, as well as four independent schools, two further education colleges and a large number of nurseries and childminders. Denise Milnes works in Solihull Council's Public Health team and specialises in Children and Young People.

"In March 2020, schools and other education and childcare settings were given two days' notice prior to full closure due to the national lockdown. Early in the lockdown period, children of key workers and vulnerable children were allowed back into school, and our local response team provided support to create environments for these pupils that were as 'COVID-safe' as possible. This included information about social distancing, cleaning, ventilation and hygiene. For special schools, this included specialist advice on PPE use to further reduce the risk of virus transmission.

There were major concerns about digital exclusion and the inability of vulnerable children to access the remote learning that schools had begun to provide. However, schools either provided equipment themselves or received support from the

Department for Education to supply IT equipment to children with no access.

Over the summer of 2020, schools worked with the Public Health team to prepare for reopening in September, with the primary aim of minimising the transmission risk at a time of increasing COVID-19 rates in the community. We delivered training and guidance to schools in conjunction with Public Health England (PHE) and as children returned to schools, an education COVID-19 response line was set up to support schools with advice about cases and managing outbreaks. An outbreak rota (made up of both Education and Public Health staff) was drawn up and covered both the daytime and out of hours, ensuring that schools had support 24/7.

Schools responded positively and proactively and only seven schools were fully closed during the pandemic due to outbreaks, although many schools had partial closures due to staff sickness. School leadership teams worked tirelessly in ensuring outbreaks were managed thoroughly and effectively and isolations were swiftly enacted, which had a positive impact on reducing the COVID-19 risk on site and in the community.

Testing was introduced in schools in January 2021 and schools responded positively to implementing it at pace. After reopening for one day, increased rates of COVID-19 in the community meant that a third national lockdown was announced, which included the closure, once again, of schools, with the exception of vulnerable and key worker pupils. As schools returned in March, testing was continued, with the Department for Education providing testing kits. These have been an important tool in picking up asymptomatic cases of COVID-19, preventing pupils from bringing the virus into school.

There was a large and complex COVID-19 Delta variant outbreak at a primary school in March 2021. Cases in the school rose rapidly and pupils, staff and parents were all tested for COVID-19, resulting in 58 cases being identified. The outbreak team responded quickly, conducting a risk assessment at the weekend and ensuring that those who tested positive (and their contacts) isolated. Testing and contact tracing teams at Solihull Council were also able to offer additional support through providing a nearby mobile testing van and food parcel and white goods deliveries

for families who needed them to support isolation. The response resulted in COVID-19 rates at the school reducing quickly and it was an important example of collaborative working to address community transmission.

The impact of the pandemic on schools has been intense and challenging but it has been a privilege to work closely with school leaders and partner agencies. There has been a huge collective effort with genuine joint ownership between education and public health colleagues in supporting schools. The increased contact with schools enabled positive relationships to develop between Council education colleagues, public health and schools, who have appreciated the support provided by the Council with managing COVID-19 outbreaks and implementing national guidance.”



Denise Milnes

Senior Public Health Specialist-
Children and Young People



Case Study: Solihull College

Peter Haynes, Vice Principal for Solihull College, reflects on the challenges faced by students in the borough.

"When the first national lockdown was implemented, Solihull College moved to providing remote provision for learners. This was a difficult transition for both staff and students, with the college keenly aware that some were experiencing negative mental health impacts due to social isolation. The college's team of student support and safeguarding officers were in contact with vulnerable learners to ensure remote learning could be tailored to their needs as much as possible.

The college also worked to make sure students and staff felt supported and safe. They circulated surveys to gain feedback, provided regular communications from the Principal and Heads of School and provided laptops to students without access to their own at home.

In the run up to the autumn term of 2020, Solihull College prepared to welcome back students and staff in person. Solihull Public

Health provided support to ensure that classrooms, entrances and signage were as COVID-19 secure as possible. Students also began working in bubbles, stuck to clear seating plans and adhered to social distancing to help mitigate the transmission of COVID-19. Peter noted how proud he was of the students who had followed the regulations well.

When there were cases in college, staff worked with the local public health team to agree a targeted response to isolating contacts of cases to avoid having to isolate whole year groups. Seating plans and the bubble arrangements allowed for individuals who needed to self-isolate to be identified quickly.

Before the third lockdown, Solihull College made a joint decision with Birmingham Metropolitan College and Birmingham South and City College that they would not continue with January exams due to the high rates of COVID-19 circulating in the community and the risk that this would pose to students and staff. This decision was received positively by students, families and members of the public.

As the third lockdown restrictions eased, colleges began implementing tests for students. Initially it was planned for there to be a testing centre at the college but, with 4,000 students, this proved to be logistically difficult. The Council gave priority access to their testing sites at the two local leisure centres. From the autumn term in 2021, students have started to test themselves at home.

Both staff and students worked hard throughout the pandemic. Whilst nothing beats face to face teaching and it is what students want, there were positives that came out of the lockdown periods; the use of technology and agile working has improved at the college since the pandemic began."



Peter Haynes

Vice Principal for HR and
Student Services
Solihull College

Case Study: Localised Test, Trace & Self-isolation

During the autumn of 2020, Solihull Council set up its localised Test and Trace service in dialogue with national Test and Trace. The aim was to create a more holistic and flexible way to support people to successfully test and self-isolate. Using local staff who knew the area well, we were able to mobilise local relationships and remove any financial or practical barriers that prevented people from self-isolating. Kate Woolley was tasked with leading on Test and Trace for Solihull Council, with support from officers including Nick Laws. Kate and Nick talk about the work that was undertaken to quickly ensure that Solihull had a robust local Test and Trace capability.

Local Test

“Using national funding, Solihull developed a seven day a week clinically assured testing service, working with a wide range of local partners. As the course of the pandemic has changed, the testing service has adapted, supporting the stand-up of 26 different locations between September 2020 and September 2021 and delivering over 30,000 tests.

When school outbreaks were increasing in September 2020 and before rapid tests were widely available, our teacher testing at the San Souci training venue and the mosque on Hermitage Road sought to mitigate and reduce transmission risks for a significantly affected workforce. Similarly, with other major school outbreaks, on-site testing facilities were provided within 48 hours of request, with 780 pupils, parents and staff tested across sites to identify positive cases rapidly and stem transmission. We supported college and school testing in March and September 2021, completing 7,920 tests in March and 3,606 in September across three sites. Our community testing team have also provided assisted testing outreach to Special Educational Needs schools and children across the borough.

A pilot ‘drop and collect’ scheme at the end of October 2020 for ten days was an escalation response to outbreaks in the north of the borough, delivering 3,100 tests to household members over two years old and collecting 1,636 tests. During the pilot, testing rates increased from around 40 per day to over

200 each weekday. Working with RE:ACT, a veterans charitable organisation and the Red Cross, we trained over 80 volunteers to engage with residents, and had the honour of Sir Nicholas Parker, KCB CBE, working with us as a volunteer between 2 and 4 November. We provided a symptomatic testing centre during November and into January 2021 at a local day centre, and our pilot experience enabled a surge plan to be produced quickly in response to variants of concern (Kent and Delta). Our experience of ‘surge mode’ has informed our ongoing approach to targeted testing.

Lateral Flow Devices (LFD) enabled mass testing to be introduced in November 2020. Effective collaboration saw the Council’s Hurst Lane site become an NHS red site facility for urgent care and Birmingham and Solihull’s Mental Health Foundation Trust (BSMHFT). Newington Resource centre become our first LFD testing centre. Mass testing commenced in January 2021 across the borough in Tudor Grange Leisure Centre and North Solihull Sports Centre. Using over 150 newly recruited and trained agency staff, we developed a

high performing team of all ages, experience and backgrounds. The introduction of home testing increased our reach to the public with 24,000 test boxes issued by September 2021.

We supported Jaguar Land Rover to implement a National Daily Contact Testing Pilot in January, where contacts of positive cases tested daily using an LFD device and with a negative result were able to continue working. The pilot reduced JLR's sickness absence rates by around 50%. In March we trained over 50 staff across airside fire and rescue crews and terminal staff at Birmingham Airport to carry out their own on-site testing.

On 26 March 2021 our 'Testing on the Move' strategy was realised, and we became Agile, Mobile and Targeted, travelling to high prevalence locations, seven days a week, offering a local and convenient testing option. A 20-foot adapted racecourse commentator vehicle and a 12-foot trailer with five testing stations, electricity and a generator, gained DHSC national recognition as a best practice example of targeted testing.

On 14 May we opened our first testing hub on Solihull High Street and one in Chelmsley Wood Shopping centre on 26 May to improve access, awareness and twice weekly take up of testing in high prevalence areas.

Carrying out quality assurance visits in June and July at Managed Quarantine hotels (which you can read more about on page 55), the testing team reported findings and recommendations to PHE and DHSC, which were then successfully implemented and reduced staff and resident transmission."



Kate Woolley

Solihull Council Public Health
Lead Officer for Community Testing

Local Trace

"An enhanced contact tracing service was set up in early September 2020, where every person in the borough who tested positive for COVID-19 was contacted by the team. People who tested positive were sent letters reminding them of their legal obligation to isolate and about the additional support available during isolation, ranging from general advice to specific information about the £500 Test and Trace Support Payment Scheme. This has been in place from 28 September 2020 to assist those who either test positive for COVID-19 or who are told to self-isolate and who are on a low income.

A payment of £500 is made to those that are eligible. The scheme is in place until March 2022. Since the scheme began, 2,899 payments have been made to eligible residents, totalling £1,449,500.

The calls are a conversation, personalised to the individual. Feedback from residents was that they were surprised that the Council had done this. It makes people feel that the Council cares about its residents.

The team had seen more cases of COVID-19 in the north of the borough. However, this disparity is down to people's individual circumstances, not just where they live. Through the calls, the team were able to see that residents who had a good social network were able to cope better if they had tested positive as they had better support. It was also clear that people on zero-hour contracts found it harder to self-isolate due to the financial impact of not being able to work and not having a stable income.

After starting with a team of six, the enhanced contact tracing team grew to around 20 members and has dealt with over 10,000 calls. During this time, the team have helped people access isolation payments, provided assistance with medical emergencies, provided support to people who were struggling with their mental health and in one

instance supported an elderly couple who had had their gas cut off.

Everyone has stepped up and understood the importance of the work. The team have developed good relationships with partners that will be utilised and benefit the wider public health team moving forwards. When we work together jointly, there is nothing we can't do."



Nick Laws

Senior Public Health
Specialist (Healthy Places)
Solihull Metropolitan
Borough Council

Communications and engagement

Although much of the communication across the pandemic has been nationally driven, working with local communities and organisations to share key messages, receive feedback to help improve our local response and to answer questions as national guidance has changed has been crucial.

Our community champions network was set up in August 2020, and met weekly via Zoom to review the local picture, share key messages about how to stay safe and hold specific sessions on topics ranging from testing to vaccine development to Q&As with a local MP. A weekly e-bulletin gave key information such ward-level COVID-19 rates, updates on local services such as new testing centres and information about the community support available locally, which was promoted via local networks such as Facebook groups. Community champions also provided vital local intelligence on problems people were experiencing and soft intelligence around places that were not complying with COVID-19 legislation. Many community champions were involved in local

food deliveries, volunteered at vaccination centres and helped vulnerable or isolated neighbours.

As organisations and the public adapted to using online meeting platforms, this opened up new opportunities to rapidly share guidance and run Q&A sessions for a wide range of local audiences. This has included weekly briefings for school leaders and online webinars for care homes, other local care providers, schools and colleges on a range of topics including new guidance on infection prevention and control and vaccination. Weekly e-bulletins for schools, early years and care providers were issued summarising the latest guidance, key facts around local COVID-19 rates and information such as testing centre availability and how to access vaccinations.

Case Study: Public engagement team

Using national funding, the Council set up a Public Engagement Team of around 40 staff, which included local people who had lost their jobs as a result of COVID-19. Gabrielle Whitehouse from Solihull Council was tasked with establishing the team and she talks about their role below.

“The team was out and about across the borough, visiting areas with the highest rates. Case rates varied from week to week and having a flexible workforce meant that team members could be deployed quickly to areas with the greatest need.

The role of the Public Engagement Team has been to engage directly with communities and share information and advice about COVID-19. This has included visiting businesses and providing resources such as leaflets, face masks and hand sanitiser. The team has been able to bring real time intelligence to colleagues about how communities are responding.

As part of their work, the team found a significant number of people were isolated and lonely, particularly older people. Team

members were trained to identify services, many provided by local community or voluntary groups, to support vulnerable people. They also made safeguarding referrals if any residents were felt to be at risk.

A number of inequalities also became apparent as the team worked with residents. It was evident that people employed via zero hours contracts were at higher risk of contracting the virus. This was due to working in jobs where they were more exposed to the virus compared to people working in other industries who could work from home.

People on zero hours contracts also found it much harder to self-isolate if they had contracted COVID-19 or been a close contact of a positive case. This was due to the potential loss of income they would experience if they did not attend work. The Public Engagement Team were able to provide people who needed to self-isolate with information about the self-isolating payment scheme, managed by the Council, increasing their likelihood of self-isolating and reducing the transmission of COVID-19.

There have been unexpected benefits arising from the creation of the Public Engagement Team and the daily injection of very local intelligence that it provides. It has helped to further understanding of the mood in local communities and to understand if national messages are landing locally. The team has also been able to check on COVID-19 compliance measures in shops and other venues, giving informal advice to keep venues and their customers safe.”



Gabrielle Whitehouse

*Group Leader of Development Services
Solihull Metropolitan Borough Council*



PHASE 4:

VACCINATION ROLL- OUT AND LIVING WITH COVID-19

In December 2020, the Pfizer vaccine was licensed for use by the UK Medicines and Healthcare products Regulatory Agency, with the first dose administered on 2 December, kickstarting a national mass vaccination programme. Margaret Keenan, aged 90, became the first person in the world to receive a first dose of a COVID-19 vaccination at nearby University Hospital Coventry and Warwickshire on 8 December, and the first four Solihull residents were also vaccinated that day.

On the advice of the Joint Committee on Vaccination and Immunisation, people were called forward for vaccination in age group cohorts, prioritising groups most likely to benefit and at greatest risk of dying from COVID-19. Health and social care workers were also prioritised. Over time, and with the release of more clinical data, vaccination was extended to 12-15-year olds, drawing on evidence of clinical benefits as well as the negative impacts of lost education.

Over the course of 2021, real-life evidence of the impact of vaccination on immunity became apparent, as well as evidence on the level of protection it offers against new variants. Changes were brought into the programme as a result, including booster doses.

Our local vaccination programme is run by a team led by University Hospitals Birmingham and local Primary Care Networks. This saw the establishment of mass vaccination centres - including one on Solihull High Street - mobile units deployed to lower uptake areas and very high volumes of vaccinations carried out by Solihull's Primary Care Network sites. Solihull piloted the first ever national workplace vaccination scheme for workers at the Jaguar Land Rover sites, and later worked with Jaguar Land Rover to establish a jointly-run vaccination pop-up site for community and worker use. School nursing teams have also been deployed into secondary schools to vaccinate 12-15-year

olds. Outreach programmes to vaccinate people who may not be able to access the main sites, such as people who are homeless, in temporary accommodation or in local asylum seeker facilities, have also been put in place.

At the time of writing, just over 424,000 vaccinations have been given to Solihull residents, including first, second and booster doses. Although the Omicron variant has had a significant impact, with clear evidence that a booster is needed to provide high levels of protection, vaccination has made a huge difference to mortality and severe disease. There is more to be done to achieve maximum protection across all residents, but vaccination has very clearly changed the course of the pandemic.

Starting in February 2021, Solihull played a leading role in supporting national efforts to limit the spread of COVID-19 variants coming into the country from abroad. Solihull

was home to five Managed Quarantine Hotels, in which travellers could isolate for 10 days if arriving into the UK from a country on the Red List (i.e. a COVID-19 hot spot). Working closely with Birmingham Airport and other local partners, Solihull made every effort to support the quarantine hotels and their guests. The managed quarantine process and infrastructure would go on to be invaluable during the national response to the evacuation of Afghanistan citizens in August 2021, with the hotels providing an initial place of safety for many evacuees.

Case Study: Primary care during the Vaccination Rollout

Dr Shah is the Clinical Director for North Solihull's Primary Care Network (PCN) and she acted as the COVID-19 Vaccination Clinical Lead

"Following the authorisation of the Pfizer COVID-19 vaccine in December 2020, GPs were handed the challenge of developing and implementing the COVID vaccination programme. Locally, the primary care networks (PCNs) in Solihull came together to create the Solivacc project through the already established Place Based Provider, Solihealth.

Setting up the vaccination programme was exciting, exhausting and incredibly rewarding. It was fantastic being able to work in partnership with colleagues from across the whole of Solihull, rather than just within local PCNs, and being able to share learning and ideas. It is worth acknowledging that it was the existing Primary Care workforce that were pulled into this project – these same staff had to continue to provide GP services in their day jobs at the same time.

Four vaccination sites were set up to cover the whole of the borough: Chelmsley Wood, Monkspath, Balsall Common and Richmond Road. Each site has a clinical lead (GP), manager for the hub, a team of pharmacists, nurses, admin staff and volunteers. The Chelmsley Wood site was a 'wave 1' site, one of 15 in the country, that went live first. The first cohort was the very elderly and for many of this group, getting their vaccine was the first time they had left their house in nearly a year. It was so rewarding to do something of value for all these people who had been sat at home, not wanting to cause a fuss. They were so grateful and braved the ice and snow to get their vaccines so they could be one step closer to being able to interact with their loved ones again.

The vaccination programme was an opportunity to address the many health inequalities that exist in Solihull. Vulnerable groups, such as those with a learning disability (LD), people with severe and enduring mental illness (SMI) and people from a Black, Asian or Minority Ethnic background

were given additional focus to ensure that they received the vaccine as soon as they were able to. Teams ran weekly audits on uptake throughout all cohorts and actively pursued those who weren't vaccinated to encourage them to book their vaccine. This resulted in uptake being above the national average for people with LD in North Solihull.

It took approximately nine months to work through the 12 cohorts: uptake was high (95%+) in the early cohorts but reduced to around 50-60% in Cohort 12. It wasn't plain sailing, with guidelines changing and last-minute vaccine delivery changes (which on more than one occasion resulted in needing to rebook over 1,000 patients with only a few days' notice). On top of this, GP practices still had to run and provide services to Solihull residents. This has undoubtedly had an impact on staff, with fatigue and morale being a concern. Praise is owed to all those colleagues who put in many extra hours to implement the vaccine programme and highlighted that they are dedicated to protecting the health of their patients.

When the first national lockdown was announced, GPs had to quickly change and adapt to new ways of working, making fast decisions about how to implement evolving NHS England guidelines. On top of this, staff started to be infected with COVID-19 or were a close contact of a positive case and had to isolate, creating very significant staffing pressures. A Red/Amber/Green hub model was set up across Solihull, and staff relied heavily on triaging to ensure patients were seen safely and in the most appropriate way.

The dramatic shift to a majority of online and telephone consultations was a steep learning curve for both patients and staff and was an ever-evolving system as lockdowns ended and restrictions lifted. Getting the right balance between the colossal demand for appointments and ensuring patients can be treated as safely and effectively as possible is a challenge that primary care constantly works with.”



Dr Tara Shah

*GP Principal,
Bosworth Medical Group*

WIDER IMPACTS OF COVID-19

The COVID-19 pandemic and response to prevent and mitigate the harm that it can cause radically changed the function of society and has had wide impacts on health and wellbeing. Lockdowns, social distancing and isolation measures resulted in significant changes to daily living for the majority of the population.

Early Years

The first two years of life are an important time for a child's development, which is dependent upon experience, particularly social experience. A stimulating varied and responsive environment supports the development of language, cognition, and emotional and social skills. The national lockdowns and social distancing have significantly disrupted the opportunities for babies and young children to experience variety, stimulation and opportunities for learning.

Research from The Sutton Trust^{iv} found that, of 570 parents of children aged 2-4 years old, 20% of parents felt that their child's physical development had been negatively impacted. 25% felt their child's language development had been negatively impacted and 52% felt their child's social and emotional development and wellbeing had been negatively impacted.

Further research from Oxford Brookes University^v found that, between March and December 2020, children (aged between 8 and 36 months) who spent two or more days per week at nursery or with a childminder, developed stronger language and cognitive skills. Therefore, disruption to childcare during the pandemic may have impacted children's development.

Physical Health

Locally in Solihull, the proportion of two-year-olds on track with their development was 88.6% in 2019-20 and 89.2% in 2020-21. However, the most recent two-year-olds to have their development check are those who would have missed out on socialisation and access to early years education (e.g. childminders and nurseries) during the first national lockdown at a crucial time in their development. The latest data on child development at two years is showing 1 in every 5 children is delayed in their developmental milestones, with a reduction to 80% being on track with expected development. Solihull Council are offering booster catch-up sessions for families to address this and ensure that children are supported to flourish following this challenging start.

When people test positive for COVID-19, we know there is a large range in the severity of symptoms that people experience. Our understanding of the direct health impacts of the virus have advanced throughout the pandemic:

- › Most people who test positive for COVID-19 will experience mild to moderate illness and will not require additional treatment.
- › Approximately 10-15% of cases progress to severe disease and about 5% become critically ill.^{vi}
- › It is estimated that up to one in three people who have COVID-19 are asymptomatic, where people will experience no symptoms and be unaware that they have the virus unless tested.^{vii}

Typically, people recover from COVID-19 after two to six weeks but for others, including those with mild disease, some symptoms may linger or recur for weeks or months following initial recovery. This is called Post-COVID Syndrome, but many with the condition call it 'long COVID'. Current estimates are that around 1 in 5 people have symptoms that

last longer than five weeks and 1 in 10 have symptoms that last longer than 12 weeks.

^{viii} In some cases, patients develop medical complications that may have longer lasting health effects, including heart damage, lung damage, brain and nervous system impacts, mental health difficulties and musculoskeletal problems.

In addition to physical health impacts, there is evidence that diagnosis with COVID-19 results in an increased risk of developing mental health problems such as depression and anxiety.^{ix} For severely ill patients who have survived an intensive care admission, up to 50% of patients may experience a form of post-traumatic stress disorder.^x Further research and evidence in this area is required to understand the long-term impacts on mental health and wellbeing.

Mental Health and Wellbeing

National research has demonstrated a worsening self-reported mental health and wellbeing during the first national lockdown of the COVID-19 pandemic, with symptoms peaking in April 2020^{xi}. This was followed by some improvement in July 2020, which was sustained until September. Subsequent data suggests that self-reported mental health and wellbeing worsened again between October 2020 and January 2021.

The Health Foundation launched a COVID-19 impact inquiry in October 2020, which highlighted that high levels of anxiety and depression in April 2020 lessened for some groups (attributed to resilience and coping mechanisms) while others experienced sustained distress or deterioration in mental health^{xii}. This reflects accounts of lived experience. Some people benefited from the removal stressors, such as school classrooms or the daily commute, and experienced unexpected benefits such as enjoying more time in nature or new family routines. However, others experienced negative impacts from bereavement, furlough and unemployment, disruption to schooling, loneliness, digital exclusion and domestic abuse.

Certain groups experienced more of an impact on their mental health and wellbeing than others; in particular, people who are unemployed, from an ethnic minority, LGBTIQ+, young people, older adults and those living with existing physical or mental health conditions.

The PHE **Wider Impacts of COVID-19** (phe.gov.uk) dashboard highlights some of the changes in mental wellbeing experienced by the population over the past two years.

Analysis of data from the Opinions and Lifestyle Survey undertaken by the Office for National Statistics shows a higher number of respondents reporting low life satisfaction and high anxiety in 2021 compared with a 2019 baseline. Across all age groups there was an increase in the percentage of respondents reporting low happiness apart from those aged 75+. This increase was largest in younger age groups (notably 16-24 years old and 25-34 years old).

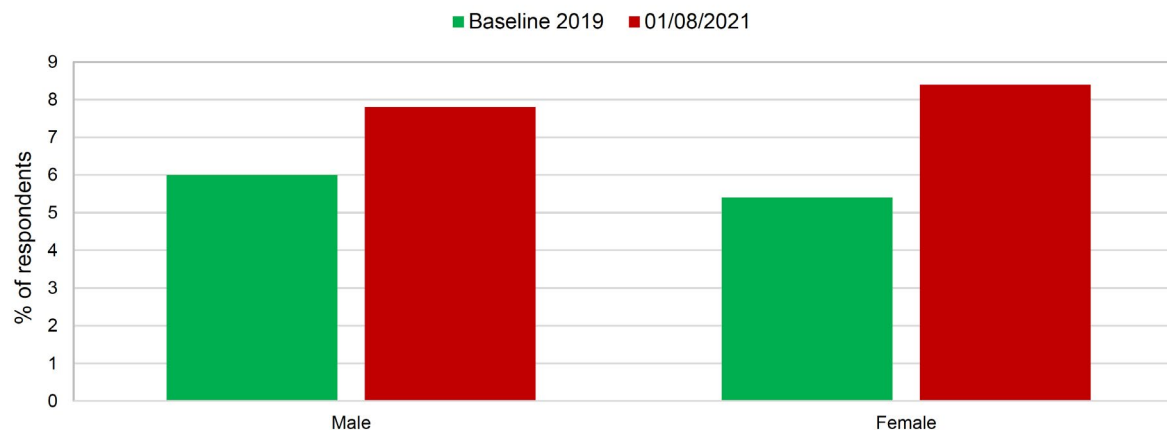


Figure 8: Percentage of respondents with low life satisfaction in England, by sex, 2019 compared to August 2021.

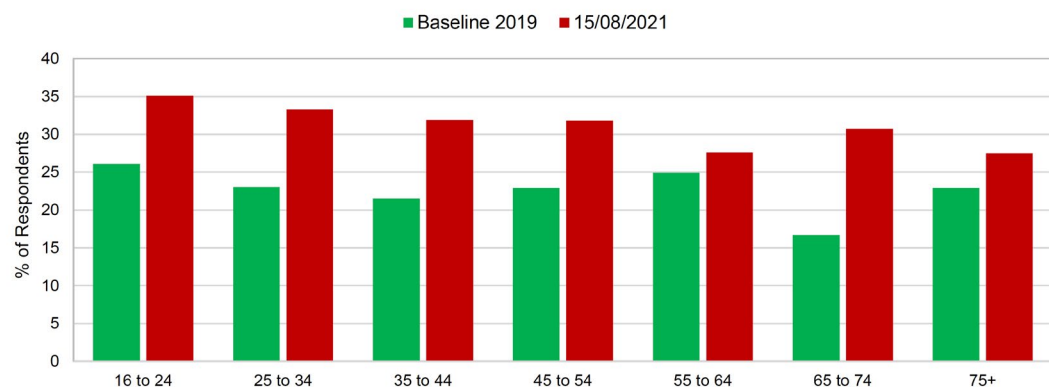


Figure 9: Percentage of respondents with high anxiety in England, by age group, 2019 compared to August 2021

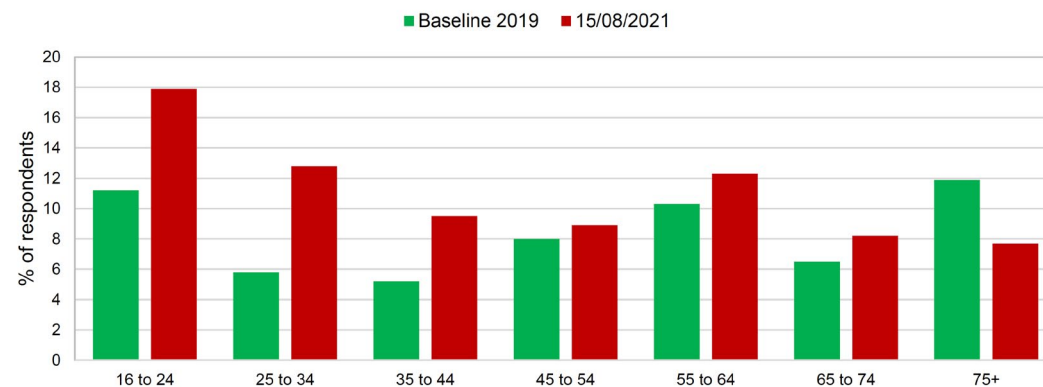


Figure 10: Percentage of respondents with low happiness in England, by age group, 2019 compared to August 2021

Locally, Birmingham and Solihull Clinical Commissioning Group (CCG) commissioned Birmingham Mind to provide a Mental Health Helpline from 30 March 2020. The graph below highlights the increasing number of calls over the period that the service has been running. It is notable that calls increased in January 2021; this was after the third national lockdown and, whilst the number of calls has reduced slightly, numbers are still higher than in 2020. This may reflect an increased awareness of the service and increased openness to accessing support.

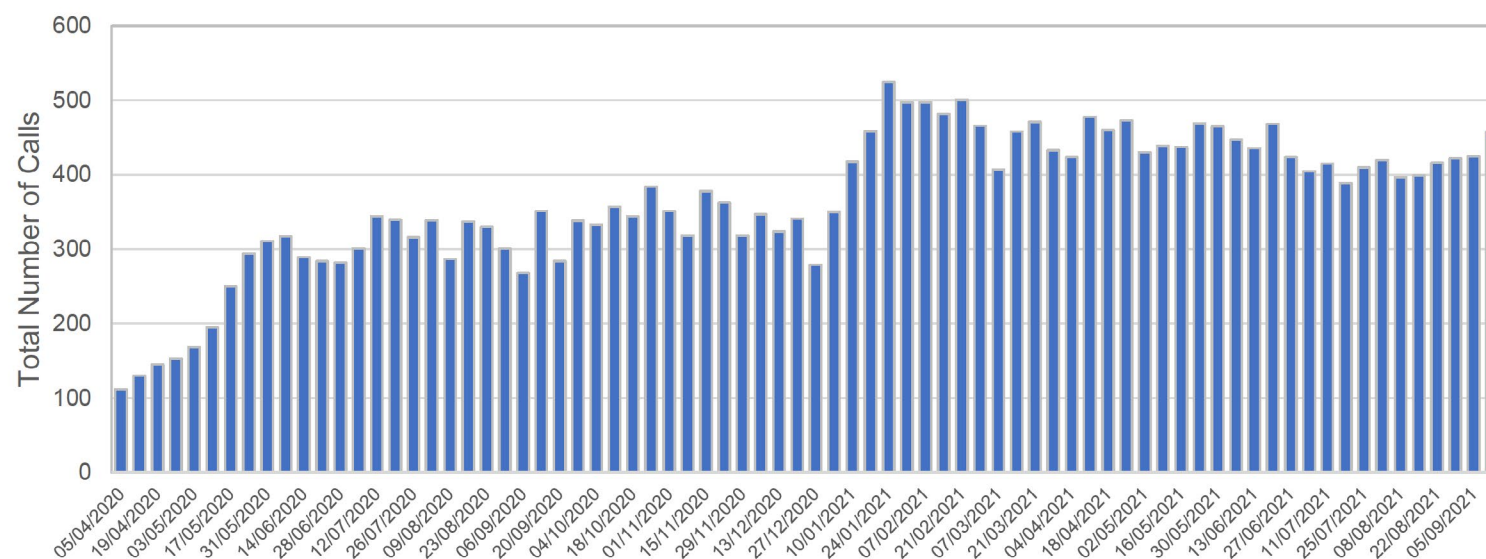


Figure 11: Number of calls to Mental Health Helpline, Birmingham and Solihull CCG, 30 March 2020 – 12 September 2021

Children and young people's mental health and wellbeing

The COVID-19 pandemic has caused unprecedented disruption in children's lives, potentially unsettling their emotional, cognitive and social development. Many known risk factors for child mental health disorders have intensified, such as socioeconomic disadvantage, social isolation and bereavement. Additionally, access to many sources of support, including friends, school and leisure activities, have been reduced. As a result, there is real concern that the pandemic may have long-lasting negative impacts on child mental health.

National referral data shows the number of children and families seeking mental healthcare reduced at the start of the pandemic. However, as the pandemic progressed, referrals to child mental health services reached record highs, with the latest NHS England data (May 2021) showing the highest ever recorded monthly referrals. From April 2020 to March 2021, there was a 37% increase in child mental health service referrals and a 59% increase in referrals for child eating disorder issues, compared with the previous year.

This national picture is reflected locally. Solar, which provides emotional wellbeing and mental health services for children and young people in Solihull, continues to receive high levels of referrals. In the first four months of 2020/21 there was a 35% increase in the number of accepted referrals into Solar compared with the same period in 2019/20. The annual figures show that high referral rates in recent months are not just making up for families delaying seeking help early in the pandemic but reflect greater demand.

It should be noted that whilst mental health services adapted to offer remote appointments during the pandemic, and continue to offer a blended model, there is currently little evidence available on the effectiveness of remotely delivered child mental health treatments. Research studies in this area are underway.

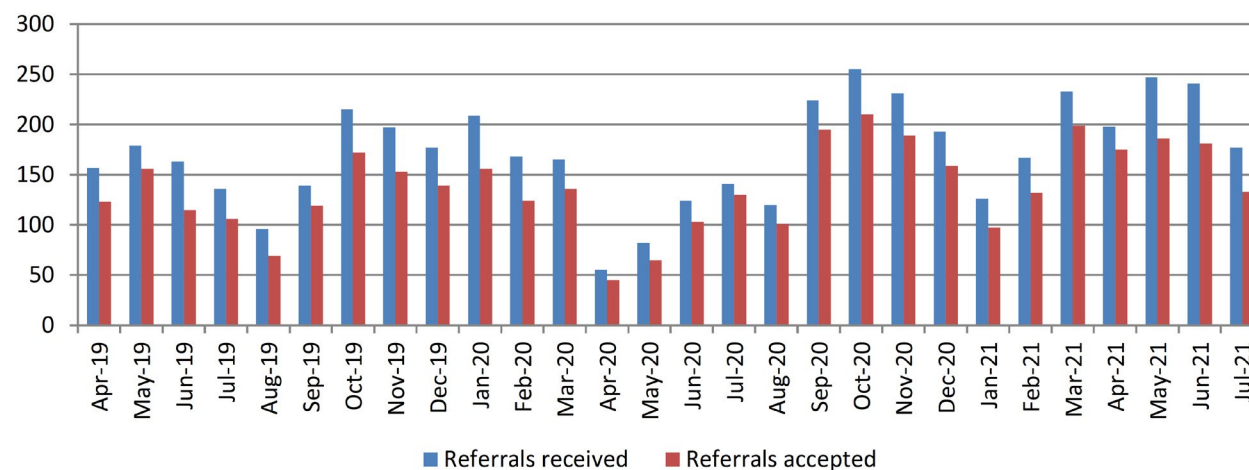


Figure 12: Referrals to Solar, Solihull Children and Young Persons, April 2019 – July 2021

Substance Misuse

The COVID-19 pandemic brought unprecedented change to our lives. For many this caused increased worry and stress. COVID-19 and national lockdowns made life difficult for many people, leading to increased drug and alcohol use for some people. In 2020, deaths from alcohol-specific causes in England and Wales increased by almost 20% compared with 2019, according to the UK's Office for National Statistics. 80% of the alcohol-specific deaths were due to alcohol-related liver disease^{xiii}. People in recovery from substance misuse may have been more vulnerable to relapse^{xiv}.

In May 2021 there were 723 Solihull adults (18+) who had been in 'effective' treatment over the previous year, a decrease of 26 (-3.5%)

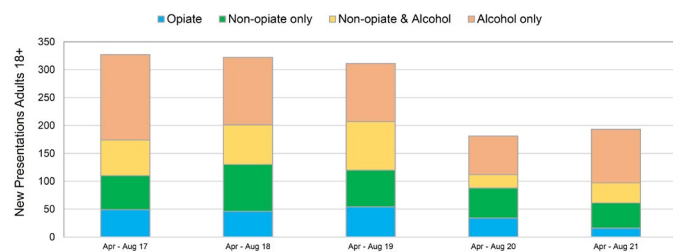


Figure 13: Effective Substance Misuse Treatment, Solihull residents, June 2016 – May 2021

compared to the same month in 2020 and a decrease of 185 when compared with 2019.

A total of 196 adults started treatment between April and August 2021, an increase of 12 (7%) on the same period in 2020 but a decrease of 118 (38%) when compared to 2019. The reduction in referral and effective treatment figures in 2020 and 2021 is due to reduced self-referrals and partner organisation referrals as a result of the COVID-19 pandemic. An action plan is being developed to rectify the situation.

SIAS (Solihull Integrated Addiction Services), the main provider of drug and alcohol treatment services in Solihull, remained open throughout the pandemic. Caseloads

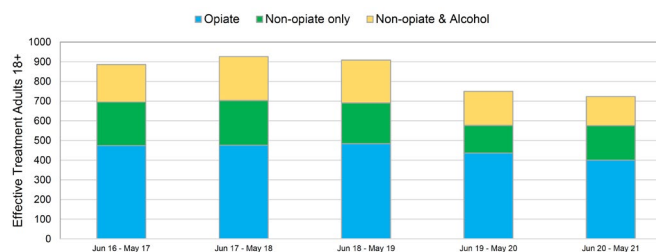


Figure 14: New presentations to Substance misuse treatment, Solihull Residents, April – August 2017 to April – August 2021

were reviewed and the level of support mutually agreed. If clients were deemed to be extremely vulnerable, doorstep visits were completed and as restrictions reduced, face to face provision was increased. Telephone contact was offered throughout, once weekly for all service users to reduce the impacts of isolation and to increase monitoring of risk. Virtual group work was also offered as well as 1-1 support if required. The online offer was found to increase engagement with some individuals so will remain in place.

SIAS made the decision to cease discharge of all clients, so even if recovery was achieved the service remained open to individuals. This was to ensure they still had the support of the partnership to fall back on if required. For clients that were not engaging, staff continued to regularly contact individuals to ensure they knew services were open if they wanted support. Despite SIAS remaining open throughout, SIAS were not able to maintain a physical presence in some parts of the borough due to the closure of buildings and outreach facilities during the national lockdowns. This is thought to have impacted on the number of new presentations. This situation will improve as the recovery continues.

Homelessness

In March 2020, the government wrote to councils requiring urgent action to move people who were rough sleeping or at risk of rough sleeping into temporary accommodation. This was a call from government to bring 'Everybody In' for the duration of the crisis so that individuals could stay indoors and/or self-isolate to reduce their own risk of infection and transmission to others. The data show a marked increase in

approaches for support as well as the number of people placed in accommodation in the summer of 2020 (figure 15).

Throughout the pandemic, we have managed our approach to supporting those who are homeless and threatened with homelessness with the support of Solihull Community Housing, St Basils Solihull Youth Hub and Solihull Integrated Addiction Services'

Homeless Outreach Service. We have supported rough sleepers into temporary and permanent accommodation. This includes rapid escalation through multi-agency intervention including substance misuse and outreach support. Alongside addressing accommodation issues, we worked to ensure:

- › Settings were as safe as possible in terms of cleaning, signage, floor stickers, access to hand sanitiser and information updates
- › Access to regular testing was provided
- › Protocols were in place to manage suspected and confirmed COVID-19 cases
- › Welfare checks were undertaken for everyone, including those needing to self-isolate
- › Staff and residents were supported and encouraged to receive the vaccination
- › Hot food and food parcels and festive hampers were provided to those in budget hotels

Homeless approaches and temporary accommodation placements

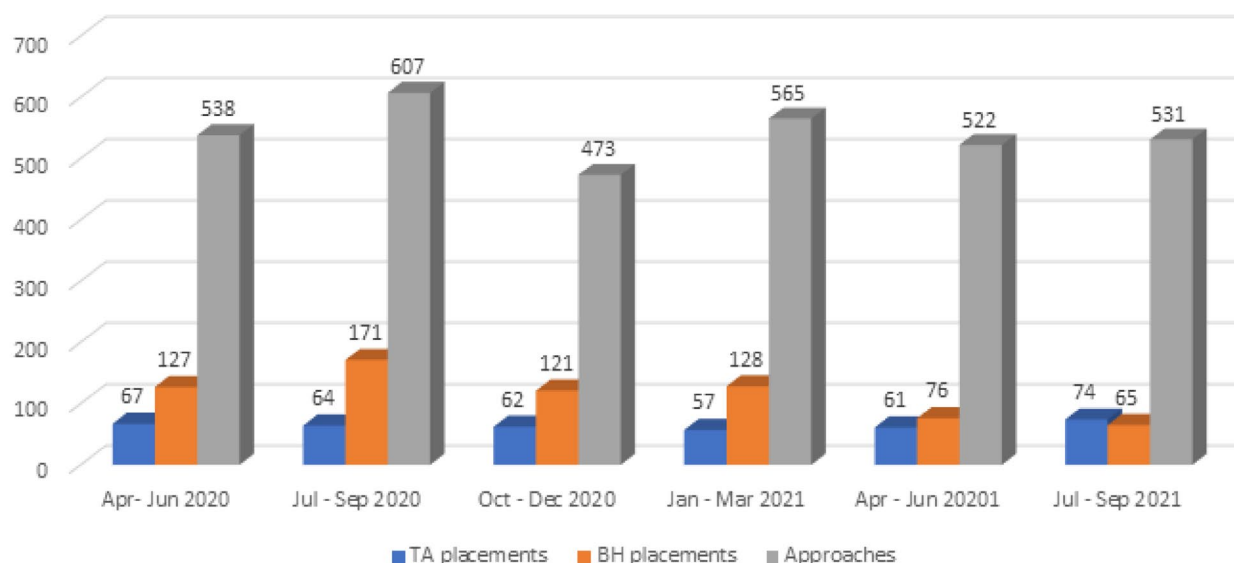


Figure 15: Homeless approaches and temporary accommodation placements April 2020 – September 2021 (TA= temporary accommodation, BH=Budget Hotels)

Domestic violence and abuse

Initial learning from China and Italy provided a warning to expect an increase in domestic abuse. Sadly, within weeks of our first lockdown in March 2020, reports of domestic abuse increased and have continued to do so as we progress through the UK's COVID-19 journey.

It is important to stress that COVID-19 does not cause domestic abuse, but measures implemented to stem transmission and save lives did have unintended negative consequences. Requirements to 'stay at home to stay safe' left victims of domestic abuse trapped at home and granted their abuser greater freedom to abuse without scrutiny. Lockdown periods were particularly challenging as victims lost access to support from friends and family. The closure of schools left children in the home increasing their vulnerability and removing their access to support.

Key services across the criminal justice system, housing, safeguarding, health, and specialist domestic abuse provision remained open but outside of the police, access was largely delivered remotely via

telephone and online platforms. Feedback from those who engaged has suggested that remote support was effective, but we recognise that for many others this way of working will have proven difficult and been a barrier. Disclosures showed that patterns and prevalence changed, with clear evidence of increases in severity, frequency and complexity.

To help respond, additional capacity was added to our local specialist support provision. Messaging about how and where victims could get help was cascaded. Birmingham and Solihull Women's Aid (BSWA) refuge and community-based support services have operated at full capacity throughout the pandemic. BSWA offer a helpline across both areas, which

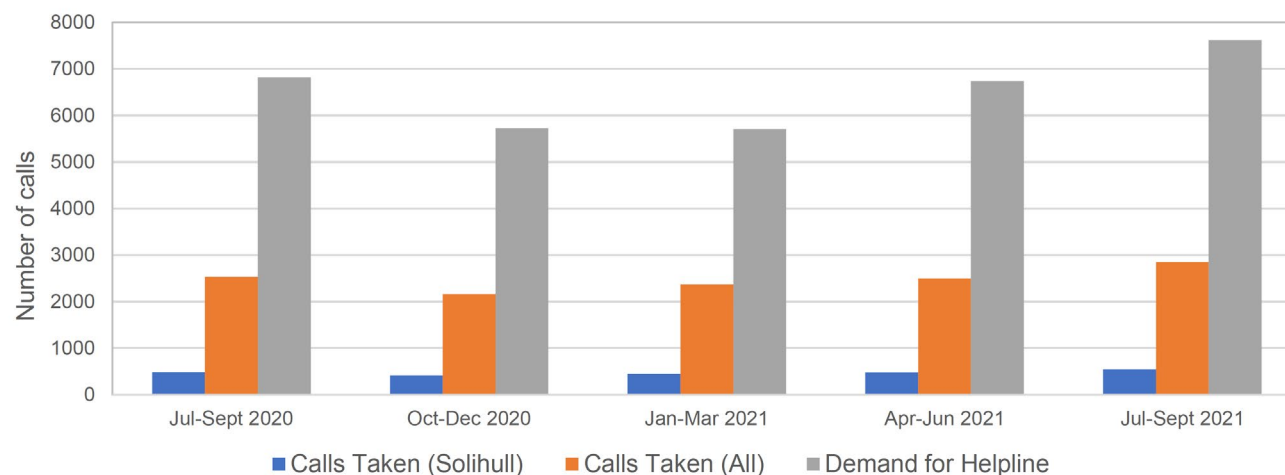


Figure 16: Birmingham and Solihull Women's Aid (BSWA) helpline demand for calls and calls taken, Q2 2020/21 – Q2 2021/22

supplements the national helpline. At the onset of pandemic, they invested in improved technology. This allowed them to respond to more calls and to track overall demand. As shown below, despite improvements, demand is outweighing capacity.

Alongside specialist domestic abuse services, police and homelessness services were the initial statutory services to see an increase in demand due to domestic abuse. Currently, domestic abuse accounts for 21% of all West Midlands police business and contributes to a third of all recorded violent crime. In Solihull, during 2020, there were 4,350 domestic abuse incidents reported to the police, representing a 29% increase on the previous year. Available figures for 2021 indicate that domestic abuse is continuing to remain at 2020 levels.

In 2019/20, 42% of child safeguarding referrals included domestic abuse as a factor of concern. Data for 2020/21 shows that while the proportion of cases including domestic abuse remains the same, there has been an increase in real term numbers. This means there has been an overall increase in demand on children's social care, with an increase in children considered at risk of significant harm due to domestic abuse. This increase is reflected nationally.

Safe accommodation is critical for those who are subjected to domestic abuse and is a key feature of the Domestic Abuse Act 2021. In 2020, steps were taken to ensure adult and child victims of domestic abuse were able to be safe in their accommodation, including:

- › strengthening our target hardening scheme to allow more victims the option to remain in their own home;
- › Panahghar Safe House opening a new local refuge specifically for women and children from ethnic minority backgrounds;
- › dedicated specialist children's support being added to BSWA refuge;
- › increasing the specialist domestic abuse housing advocates service to ensure that victims who stayed in temporary accommodation had access to support.

From the start of the pandemic, there has been a spotlight on domestic abuse, and this will remain a key priority as we emerge from COVID-19.

Economy and Employment

The impact of the COVID-19 pandemic on the UK economy was unprecedented. Annual Gross Domestic Product (GDP) fell by 9.8% in 2020, the steepest decline since consistent records began in 1948. Some estimate the decline to be the largest in over 300 years. During the first lockdown (April 2020), UK GDP was 25% lower than it was two months earlier in February. As restrictions lifted in summer 2020, economic activity picked up. This was followed by a rise in COVID-19 cases and further national lockdowns leading to economic activity falling again^{xv}. The decline was, however, less severe than in previous lockdowns as consumers and businesses had adapted. The economy recovered over spring and early summer 2021 which led to a rebound in GDP, which as of July 2021 was 2% lower than before the pandemic.

The claimant count records the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work. The average number of monthly claimants increased from 3,552 in the 12 months pre-pandemic (April 19 –

March 20) to 7,347 in the 12 months from April 2020 when the UK had just entered the first national lockdown. This represents an increase of almost 107%, higher than the regional average of 95.2% but lower than the England average (124.3%).

Areas like Solihull that have traditionally had high employment levels have seen substantial increases in the numbers claiming unemployment benefit, but areas with historically high unemployment levels have been less impacted^{xvi}.

Despite the large increase in claimants, the number of claimants as a proportion of the working age population remains low. In March 2020, 2.8% of Solihull residents aged 16-64 years were claiming unemployment benefit, rising to 5.9% in November 2020. Nationally the proportion of claimants rose from 3.0% in March 2020 peaking at 6.5% in February 2021. Although still above pre-pandemic levels, since February 2021 the number of claimants in Solihull has fallen each month.

On 20 March 2020, the Coronavirus Job Retention Scheme (CJRS) was announced, and it has supported employers in paying their employees during the COVID-19 pandemic. A total of 39,600 employments in Solihull have been furloughed, which equates to 6% of the eligible employments as of 31 August 2021. In August 2020 35% of eligible employments were furloughed in Solihull, slightly higher than the national and regional averages of 32% and 34% respectively.

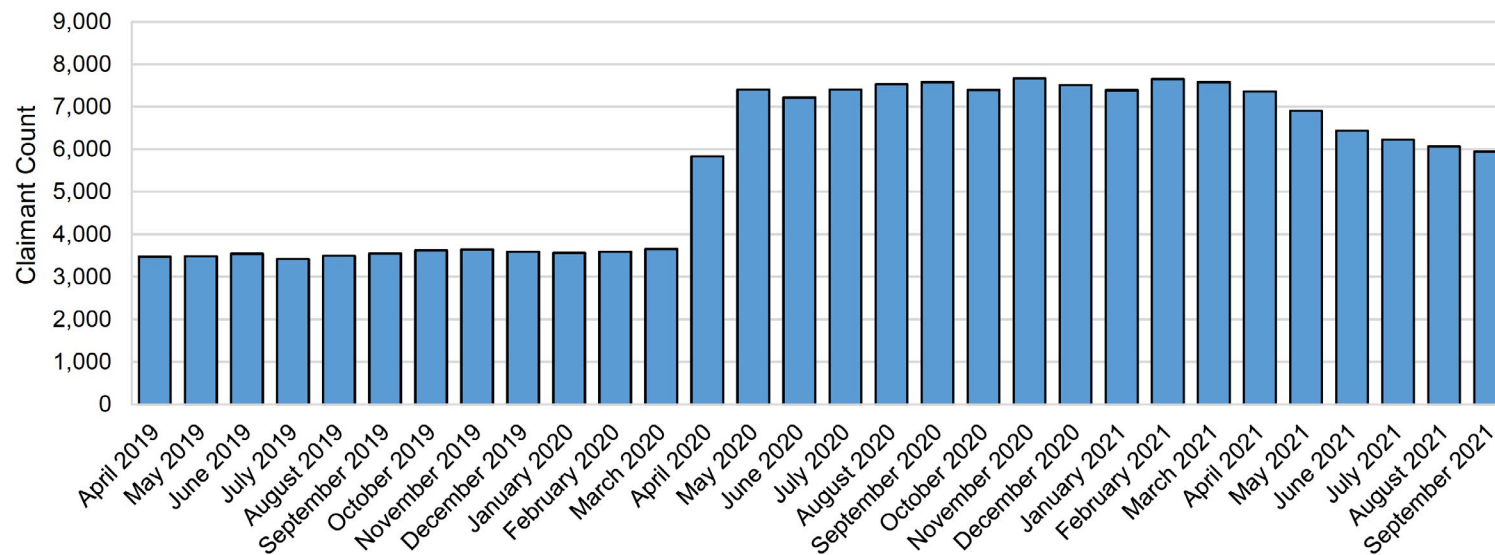


Figure 17: Number of claimants of unemployment benefit in Solihull residents, April 2019 – September 2021

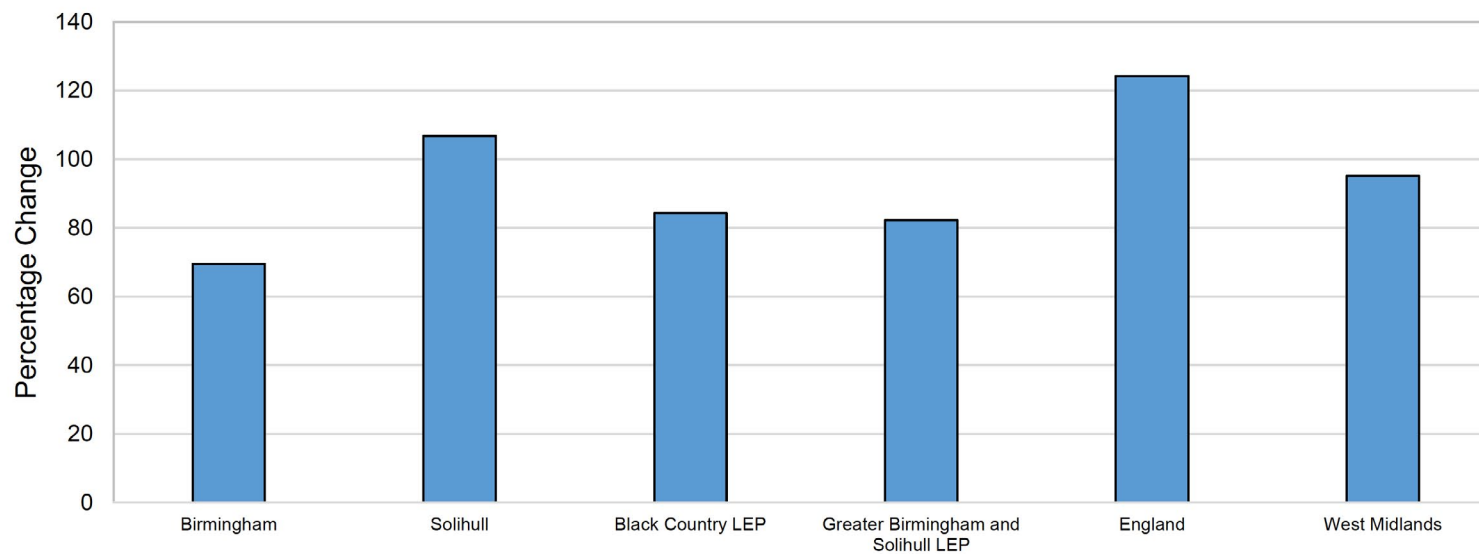


Figure 18: Percentage change in claimant count, April 2019 – March 2020 compared to April 2020 – March 2021, Solihull Residents

Financial and Food Support

The Council's Financial Inclusion Officers provide support and assistance to Solihull residents experiencing financial hardship. These officers engage with residents to help them undertake personalised budgeting and maximise their entitlements to benefits, exemptions and further discounts. Officers on this team work closely with the community advice hubs to ensure debt counselling and specialist welfare benefit assistance is being offered to help residents where needed. The number of residents requiring support from our Financial Inclusion Officers increased considerably in 2020/21. A total of 760 referrals were received in 2019/20 with 589 residents actively engaging with the support provided. This increased to 1,107 referrals in 2020/21 with 986 residents actively engaging.

The Discretionary Hardship Payment (DHP) Scheme has been used to support residents experiencing financial hardship as a result of their housing costs. It is available to those residents who are entitled to housing benefit or the housing costs element of Universal Credit. The total DHP spend as of the end of November is £68,375, which has been

awarded in response to 68 applications. In addition, pre-paid meter top ups have been issued to provide emergency heating through our Discretionary Crisis Fund scheme. A total of 96 fuel top-ups have been awarded, in addition to 48 residents being provided with essential white goods and furniture.

Where claimants have been told to isolate because of COVID-19 and have a significantly reduced income, the Council has worked in partnership with the Helping Hands food bank to facilitate food parcels. During the first national lockdown, Helping Hands saw demand rise from an average of 95 deliveries per month in the pre-pandemic period to over 2,000 in May 2020. Further peaks in demand were observed in subsequent lockdowns and although food bank deliveries have now reduced, demand is still higher than pre-pandemic levels.

Helping Hands is just one of a number of organisations providing access to food, clothing, baby and other essential items for people in need. These organisations are: Helping Hands, Around Again Social

Supermarket (Colebridge Trust), Kingfisher Food Bank, Solihull and District Hebrew Congregational, Cars Area Together, Seeds of Hope and Connections Church. They have come together as the Solihull Food Bank Network (SFBN), established in partnership with Solihull Council, in response to the pandemic. This network aims to support the many volunteers and mutual aid groups who mobilised to ensure vulnerable people and those isolating had access to food and supplies. Solihull Council has made grants available to the seven organisations in the network to purchase supplies and storage. Since January 2021, these organisations have delivered over 8,107 food parcels reaching and benefitting 14,271 individuals to date. People needing to access food and supplies can be referred to the food banks by contacting SMBC Connect, who provide access to debt and benefit advice or other support depending on need. Alternatively, the individual can go directly to a food bank. The SFBN has established donation points across Solihull where residents can donate food for distribution by the food banks.

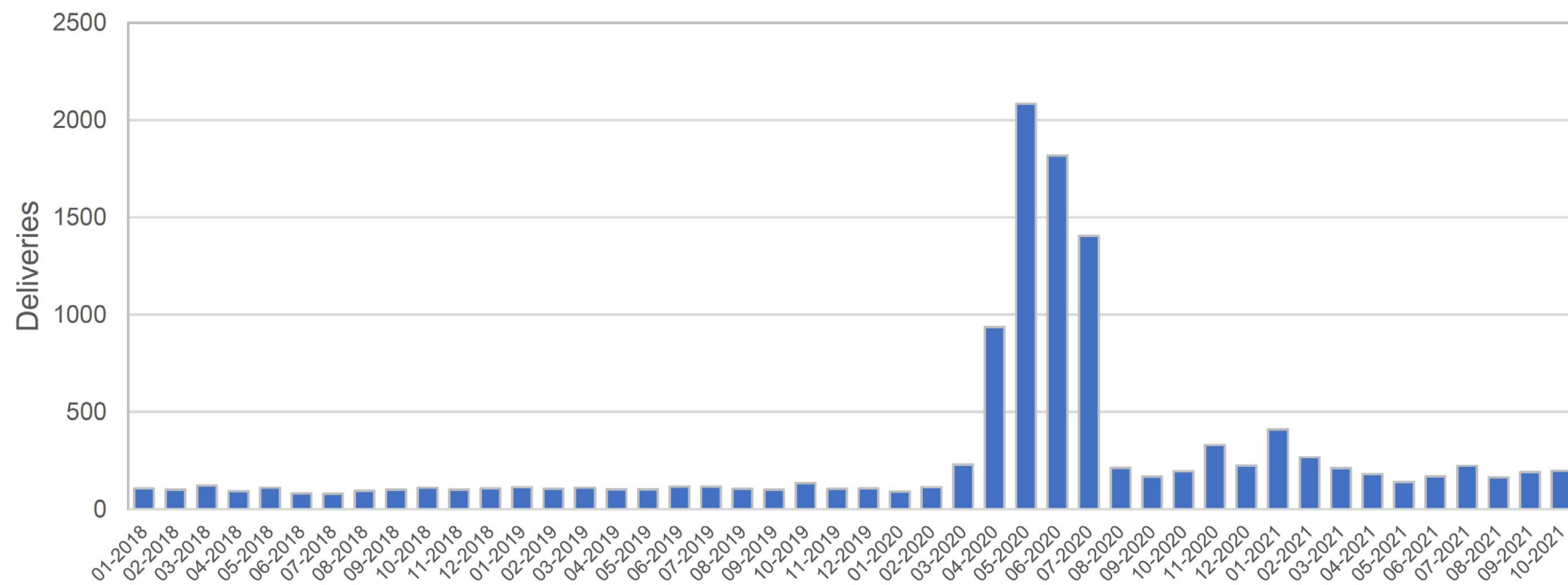


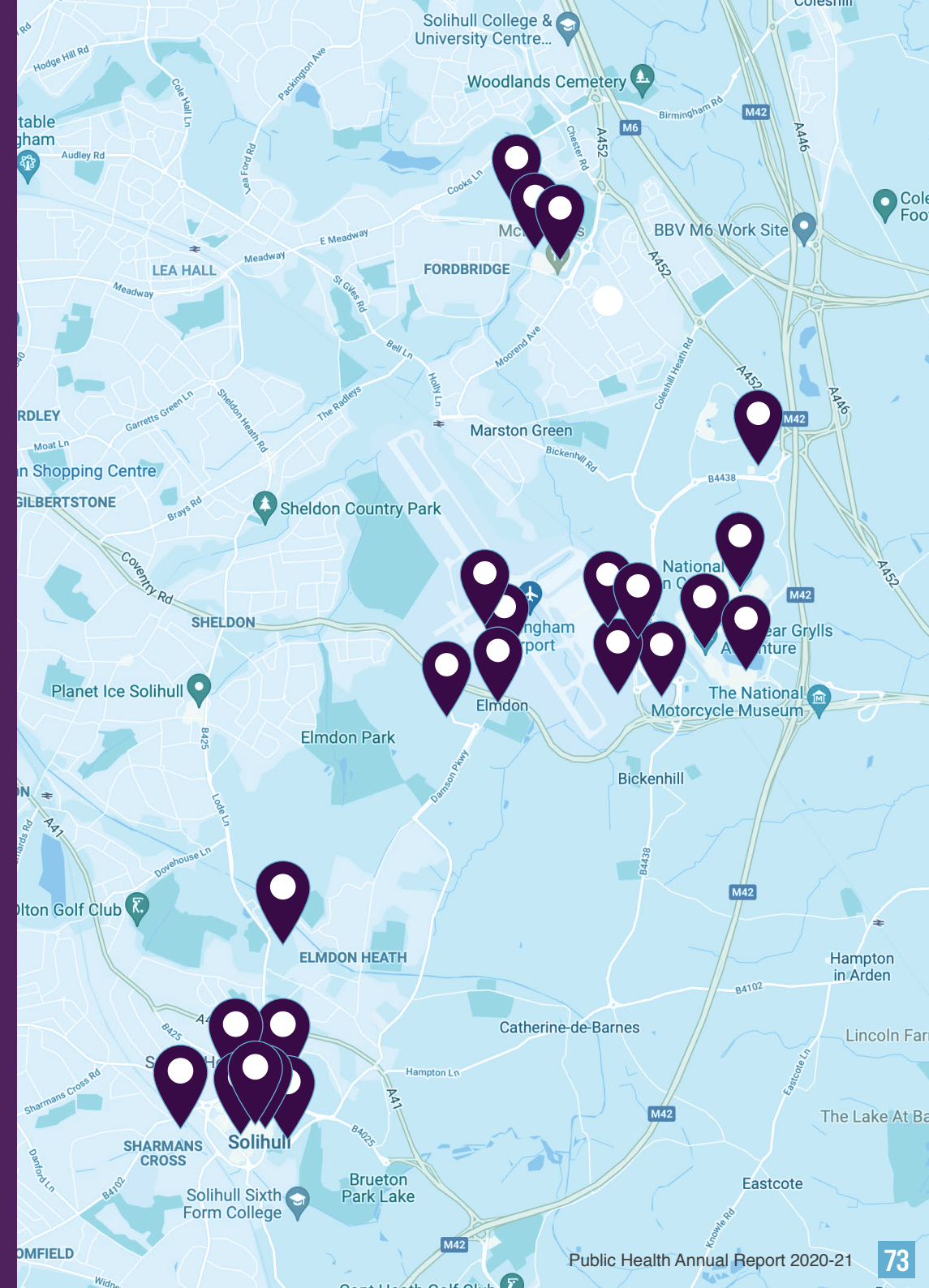
Figure 19: Number of food bank deliveries completed by Helping Hands (Renewal CC), January 2018 – October 2021.



CONCLUSION & NEXT STEPS

Although we are a relatively small borough, we are proud to have played a big part in supporting the national response to COVID-19. Solihull has been home to some key critical resources that have played a significant part in helping the UK to deal with the ongoing pandemic. Over the last two years we have hosted:

- › *A Regional PPE Hub at the NEC*
- › *The NEC Nightingale Hospital*
- › *West Midlands and Warwickshire Temporary Mortuary*
- › *Regional testing centres*
- › *An Inland Border Facility*
- › *Local testing centres*
- › *A direct red-list flights terminal at Birmingham Airport*
- › *Five Quarantine Hotels*
- › *Three Asylum Seeker Hotels*
- › *Welfare stock warehouses*
- › *Vaccination centres*
- › *A Nightingale Surge Hub at Solihull Hospital*
- › *A Strategic Command Centre, as chairs of the multi-agency Strategic Coordination Group*



As mentioned in the introduction, COVID-19 is far from over. Since September 2021, there has been a significant impact on young people and schools with high numbers of cases amongst pupils and staff.

At the time of writing, colleagues and partners are undertaking much work to help keep vulnerable people protected from COVID-19, flu and other winter viruses. Alongside promotion and delivery of the vaccines, including boosters, there are concerted efforts to ensure that the people of Solihull are supported to stay well and warm.

At the same time as we work to address the direct health impacts of COVID-19, we are working to ensure that our focus in the months ahead includes addressing the physical, mental, economic and social impacts of the virus. We look forward to the Commonwealth Games being an important platform for improving the health and wellbeing of our communities.

The health inequalities that have been brought into such sharp relief by COVID-19 are a key priority for us to address, and a new health inequalities strategy will be finalised in 2022. Its implementation will be carried out very much in partnership, building on the strengthened relationships that have been described so much in this report.

ⁱ A perfect storm - health inequalities and the impact of COVID-19 Accessed October 2021

ⁱⁱ Public Health England (2020), COVID-19: review of disparities in risks and outcomes, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf

ⁱⁱⁱ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/updatingethniccontrastsindeathsinvolvingthecoronaviruscovid19englandandwales/latest>
Accessed October 2021

^{iv} [PowerPoint Presentation \(suttontrust.com\)](#) Accessed September 2021

^v [Babylab - Paper: Childcare \(brookes.ac.uk\)](#) Accessed September 2021

^{vi} World Health Organisation (2020), What we know about Long-term effects of COVID-19, https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2

^{vii} Gov.UK (2021). Asymptomatic testing to be rolled out across the country starting this week, <https://www.gov.uk/government/news/asymptomatic-testing-to-be-rolled-out-across-the-country-starting-this-week>

^{viii} NHS (2020), Long-term effects of coronavirus (long COVID), <https://www.nhs.uk/conditions/coronavirus-covid-19/long-term-effects-of-coronavirus-long-covid/>

^{ix} BMJ (2020), Covid-19: Nearly 20% of patients receive psychiatric diagnosis within three months of covid, study finds, <https://www.bmj.com/content/371/bmj.m4386>

^x BMJ (2020), What comes after covid-19? Preparing for post-intensive care syndrome, <https://blogs.bmj.com/bmj/2020/06/10/what-comes-after-covid-19-preparing-for-post-intensive-care-syndrome/>

^{xi} <https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report>
Accessed September 2021

^{xii} https://www.health.org.uk/news-and-comment/blogs/the-unequal-mental-health-toll-of-the-pandemic?utm_campaign=12343494_COVID-19%20impact%20inquiry%20bulletin%20%20April%202021&utm_medium=email&utm_source=The%20Health%20Foundation&dm_i=4Y2,7CKAU,213WNZ,TTL9,1 Accessed September 2021

^{xiii} [Alcohol-related harm during the COVID-19 pandemic - The Lancet Gastroenterology & Hepatology](#)

^{xiv} <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/healthy-living/coronavirus-covid-19-drug-use> Accessed 14 October 2021

^{xv} <https://commonslibrary.parliament.uk/research-briefings/cbp-8866/> Accessed 15 October 2021

^{xvi} <https://www.trustforlondon.org.uk/data/benefit-claimant-change-during-the-covid-19-pandemic/>
Accessed 15 October 2021



COVID-19 testing on the move



Do the right thing for Solihull
and get tested for COVID-19



COVID-19 Community Testing Mobile Unit



Do the right thing for Solihull
and get tested for COVID-19



Produced by Solihull Council's
Communications Team