

# **Health and Adult Social Care Scrutiny Board**

**20 October and 8 December, 2016**

## **Summary of Matters Considered at the Board**

**Report of the Chair, Councillor Y Davies**

The Scrutiny Board met on 20 October and 8 December, 2016. I have selected the main points of the discussion which I feel members of the Council will be particularly interested to know more about. For more detail, a copy of the minutes will be available on the Committee Management Information System (CMIS) via the Council's website at <http://cmis.sandwell.gov.uk/cmis5/>

### **20 October**

#### **Access to Mental Health Services**

A Joint Strategic Needs Assessment in relation to children's mental health services has been approved by the Health and Wellbeing Board and significant progress has been made on a number of the recommendations set out in the Assessment, including the development of a single point of access. In addition a Transformation Plan for the Child and Adolescent Mental Health Service has been nationally mandated for each local authority area, which seeks to get the right professionals around the table to remodel and reconfigure services.

The Health and Wellbeing Board is also leading on the preparation of a Joint Strategic Needs Assessment in relation to adult mental health services. A collaborative approach is being taken, taking into account views from patients/service users, commissioners, providers in the statutory and voluntary sector, support groups and partnership organisations (e.g. West Midlands Police). 21 mental health services have been mapped out so far across Sandwell. The Board noted the key issues that intelligence from service users has highlighted. Access is one of these issues and so the first phase of the Assessment is specifically focussing on this.

The Mental Health People's Parliament, a strategic body led by MPs with lived experience of mental health difficulties, has produced the Quality of Life (Mental Health) Standards.

The Standards have specifically been developed by people with current or recent experience of mental health issues and reflect what people expect from a range public services and the wider community to support them positively towards mental health recovery and fulfilling an independent life in the community. The Standards were launched on 17<sup>th</sup> October, 2016 by Norman Lamb MP and have been well received. Sandwell and West Birmingham Clinical Commissioning Group have undertaken to build the Standards into their contracts.

## **Never Events – Sandwell and West Birmingham Clinical Commissioning Group’s Response**

Sandwell and West Birmingham Clinical Commissioning Group’s Deputy Chief Officer for Quality attended the meeting to report on its approach to monitoring and responding to Never Events taking place within Sandwell and West Birmingham Hospitals NHS Trust. The Board received the Clinical Commissioning Group’s most recent Quality Report.

The Board was satisfied to note the following:-

- NHS Improvement has a rolling programme of planned and unannounced visits, carries out mock Care Quality Commission style visits and holds regular review meetings to monitor performance.
- The Clinical Commissioning Group’s Internal Review Committee receives reports on all incidents and concerns.
- Audits are carried out to establish how learning and changes have been embedded following incidents.
- Training on “Root Cause Analysis” has been undertaken by both Clinical Commissioning Group and Trust staff, delivered by the same company for consistency.
- Human error as a cause is being addressed through using the “Aviation Model”, and work is taking place to identify how lessons can be learned.
- Data is kept at ward level and there is no apparent pattern to the incidents that have taken place in 2016 and no correlation between them.
- An independent review has been undertaken on the maternity related incidents, which has been presented to both the Trust’s Board and the Clinical Commissioning Group’s Governing Body.
- There is no number of never events that is ever deemed to be acceptable.
- Customers are encouraged to report concerns and complaints via the Clinical Commissioning Group’s Time to Talk service and recurring themes are captured and compared to data held by the Trust so that scrutiny can be increased if necessary.
- NHS England scrutinises the Clinical Commissioning Group to ensure that appropriate checks are in place.

- A lot of work has been done in theatres to address errors that are a result of inaccurate counting.
- A bottom up approach is applied to the change process to minimise risks e.g. changing the type of equipment and materials ordered.
- A number of failsafe processes are in place to minimise risks and all options are considered and challenged.

## **Better Care Fund Update**

The Board noted an update presentation from the Director – Adult Social Care, Health and Wellbeing on the Better Care Fund.

Nine schemes have been developed where it was felt that impact can be made. The Board noted the detail of each of the schemes and the year one progress against forecast expenditure on each scheme and objectives for year 2, along with forecast expenditure.

The Government's 2015 Comprehensive Spending Review has identified around £14m for Sandwell in 2018/19 and 2019/20 through Better Care Fund 2 but it is yet unclear how that money will be delivered and whether conditions will be attached to it.

## **Procedures of Lower Clinical Value**

The Board received a presentation from Sandwell and West Birmingham Clinical Commissioning Group setting out changes to a number of procedures, which are deemed to be of lower clinical value. The Board was asked for its views on how to engage with stakeholders in relation to the changes.

“Procedures of Lower Clinical Value” is a nationally recognised term within the NHS and refers to those procedures that have low evidence of clinical effectiveness, are deemed to be cosmetic/aesthetic, have a close balance between benefit and risk, or should be carried out only as a last resort after other more cost-effective alternatives have been tried. There is no national definition on which procedures are of lower clinical value and definitions have been drawn up by local Clinical Commissioning Groups and NHS England commissioners.

Differences in the availability of procedures across areas prompted the Clinical Commissioning Groups across Birmingham, Solihull and the Black Country to develop a single set of around 20 policies, covering 47 procedures) to avoid a “postcode lottery”. No procedures have been decommissioned; however eligibility criteria has changed for some. The changes have been made based on clinical guidance from the National Institute for Clinical Excellence (NICE), Royal Colleges and other clinical associations.

A significant amount of background work has been done, commencing in 2013, looking at the evidence related to each of the procedures and related policies. All changes have therefore been evidence based.

Members of the Board expressed concern that the changes appeared to have already been made and some were of the view that the changes amount to a substantial variation in service provision and felt that more time was needed to consider the detail of the changes. The Board subsequently held a workshop to discuss the changes in detail and formulate an appropriate response to the Clinical Commissioning Group. The Chair subsequently contacted the CCG's Accountable Officer and conveyed to him the Board's disappointment at the way the matter had been dealt with and requested that due regard be given to undertaking appropriate engagement with the local authority in the future.

## **Updates from the Chair and Vice Chairs'**

### Deprivation of Liberty Safeguards

The Chair brought an update from the Director – Adult Social Care, Health and Wellbeing on recent changes regarding the Deprivation of Liberty Standards. A Supreme Court decision in 2014 determined that the definition of “deprivation of liberty” was too limited and so the Council's level of authorisation was widened. Consequently there has been an increase in the number of requests for assessment from 81 in 2013/14 to 800 in 2015/16. Around 1,000 cases are expected in 2016/2017. The average cost of an assessment is £500 for which the Council receives no additional funding. The Board was pleased to note that, despite this increased demand, Sandwell has completed all applications received, against an estimated national performance of around 40%. Notwithstanding this, resources remain stretched and present a risk going forward. The Government is working on a draft bill on the issue; however, it is not expected to make any impact until 2018/19.

The Board also noted updates from the Chair on the engagement work she has been doing with neighbouring authorities and partner agencies.

The Board's vice-chairs reported on the work they had been carrying out in relation to their workstreams. The Board **resolved** to establish a joint member working group with members from the Housing Scrutiny Board to look at the review of the Council's policies on aids and adaptations and appointed Councillor Lloyd to it.

**8 December**

## **The Black Country Sustainability and Transformation Plan 2016-2021**

The Board received the draft Sustainability and Transformation Plan for the Black Country and West Birmingham. Representatives of Sandwell and West Birmingham Clinical Commissioning Group attended the meeting and introduced the Plan and the process that had been followed in its production.

The production of local Sustainability and Transformation Plans is a national programme with the aim of bringing local NHS and council organisations together to improve the health and wellbeing of local people within each Plan's area, which for Sandwell was the Black Country and West Birmingham. The Plan was not an organisation itself, but it provided a structured way of collaborative working between agencies and organisations. It was reported that without changes to ways of working, in five years' time there was a predicted £700 million gap between the funding that health and social care has and what it needs to spend. The Plan was designed to address this gap through increased collaborative working and better co-ordinated care provision.

In the Black Country and West Birmingham 18 organisations had been involved and the Plan had been written over the last 10 months. This included Sandwell and West Birmingham Hospitals NHS Trust and Sandwell Council. Further collaborative work would take place and there will continue to be engagement and listening events in early 2017.

The Clinical Commissioning Group representatives offered to attend a future scrutiny meeting to further discuss the Sustainability and Transformation Plan alongside colleagues from the Hospitals Trust and Sandwell Council.

## **Sexual Health in Sandwell**

The Board received a presentation on the sexual health landscape in Sandwell including information on the proposed service redesign that is currently being developed. The presentation provided members with prevalence and trend data for a range of different sexually transmitted infections. While for most types of infection Sandwell's prevalence rates were fairly stable, for gonorrhoea there had been a significant increase in prevalence rates. While this was a cause for concern locally, it was in line with regional and national trends.

A specific audit and analysis of HIV cases (both new cases and new cases that were deemed to be a late diagnosis) was to be undertaken to understand the demographics of those affected by the virus. This would allow the Council to better target intervention.

The Board was informed that the current model of service delivery for sexual health related services was heavily focussed on specialist services. It was being proposed to change this so that there was a greater focus on prevention and self-help routes. This approach was welcomed by the Board.

### **Updates from the Chair and Vice-Chairs**

The Chair advised the Board that she was arranging a series of meetings with organisations like Sandwell and West Birmingham Clinical Commissioning Group and Sandwell Healthwatch.

The Vice-Chairs reported that they had attended an unannounced inspection of an operating theatre following the Board's consideration of Never Events. Both Vice-Chairs spoke positively about the steps taken by the Hospitals Trust to address the causes of Never Events. The Board placed on record its thanks to the Trust for accommodating the visit.

The Vice-Chairs were carrying out work on their workstreams including visiting services and speaking to relevant officers across partner agencies.

**Councillor Yvonne Davies**  
**Chair of the Health and Adult Social Care Scrutiny Board**