

Minutes of the Health Scrutiny Board

19th March, 2015 at 4.00 pm
at the Sandwell Council House, Oldbury

Present: Councillor Sandars (Chair);
Councillors Edis, D Hosell and Webb.

Apologies: Councillors Jarvis and Lloyd.

In Attendance: Toby Lewis – Chief Executive, Sandwell and West Birmingham Hospitals NHS Trust.
Amanda Geary – Group Director of Operations, Sandwell and West Birmingham Hospitals NHS Trust.
Elaine Newell – Director of Midwifery, Women and Child Health, Sandwell and West Birmingham Hospitals NHS Trust.
Melvena Anderson – General Manager (Planned Care), Black Country Partnership NHS Foundation Trust.
Mr J Clothier – Sandwell Healthwatch.

1/15 **Minutes**

Resolved that the minutes of the meetings held on 14th August and 16th September, 2014 be confirmed as correct records.

2/15 **Health and Wellbeing Board**

The Board was informed that the Chair and Vice-Chair of the Health and Wellbeing Board were unable to attend the meeting due to unforeseeable circumstances. The Board therefore agreed to defer the item to its next meeting to allow the Chair of the Health and Wellbeing Board to attend, present the item and respond to questions from members.

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3/15

Cabinet Member for Public Health

The Cabinet Member for Public Health attended the meeting to discuss his portfolio of responsibility and provide the Scrutiny Board with an opportunity to fulfil their role as critical friend.

The Board noted the work already done by the Cabinet Member to ensure value for money and quality of service from more than 90 public health related contracts. It welcomed his commitment to continuing this work on all contracts within his portfolio.

The Cabinet Member extended an invitation to Board members to accompany him on visits and at briefings if they felt it would be useful in building a greater understanding of public health issues.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- The services that were commissioned by Public Health included school nurses, sexual health services, drugs and alcohol services.
- The public health contracts in place included commissioning with a range of types of organisation, from NHS bodies to voluntary sector organisations.
- Since becoming the responsibility of the Council, staffing levels and costs in the Public Health directorate had been reduced.
- The Cabinet Member reported that, so far, there had been savings of 15%. This would be reinvested in services and to support wider Council priorities such as work around Child Sexual Exploitation and providing opportunities for physical exercise.
- The transferral of Public Health responsibilities to local authorities was to increase accountability. It was felt that the role and purpose of Public Health was not widely understood.
- Although the Council had invested in new sport and leisure facilities in Oldbury, West Bromwich, Tipton and Wednesbury, other facilities in the borough were coming to the end of their life. The Council needed to plan its approach to sports and

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leisure in other areas of Sandwell.

- Other local authorities were approaching Sandwell to find out more about the Council's newer facilities such as West Bromwich Leisure Centre and the Portway Lifestyle Centre.
- On the last Sports England survey, physical activity in Sandwell had increased by 5%, although the level remained in the bottom quartile nationally.
- The Cabinet Member for Public Health was a member of the BeActive Partnership, which was part of the Black Country Consortium.
- Some Public Health funds were being allocated on a town level, with £20,000 made available to each town for the Town Lead Members, in consultation with local ward members and with advice from Public Health Officers, to spend on measures to address Public Health priorities in their towns. This was being piloted for 12 months.
- It was important to maximise use of health centres, although this was complicated by responsibility for those facilities being shared by a range of NHS bodies. Lifestyle services were often delivered through health centres and, where possible, the Cabinet Member would look to maximise such usage to obtain best value.
- The Cabinet Member for Public Health and the Leader of the Council were committed to continuing a hot 'meals on wheels' service for eligible residents. It was felt that the daily contact offered by such a service over, for example, weekly deliveries of frozen meals, had numerous benefits for the safety and wellbeing of service users.
- Health inequalities in Sandwell were a key issue and were an area of priority for the Health and Wellbeing Board, with specific priorities developed that would support the reduction of such inequalities.
- The Council had prioritised the protection of front line services from the funding reductions passed down from Government.

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- Some service areas within the Cabinet Member's portfolio, such as trading standards and environmental health had been significantly restructured. Despite the reduction in resources, the services ensured that they investigated matters that were reported to them.

The Board thanked the Cabinet Member for attending the meeting and answering questions from members.

4/15

Health Visitor Provision

The Board received a report from the Sandwell and West Birmingham NHS Hospitals Trust on the Health Visiting service. It was reported that specialist health visiting services, such as for vulnerable families and teenage mothers, were working well, but the priority of the Trust was now to reinforce and improve the universal health visiting offer.

Members noted the work that had been undertaken, and was on going, to integrate leadership of maternity and health visiting services in the Trust with the aim of creating a single pathway of children aged 0-5.

The report also included the Key Performance Indicators for the Health Visiting service, current performance for those Indicators and the projected improvement trajectory for 2015/16.

It was reported that Health Visitors were engaged with and contributed to the Multi Agency Safeguarding Hub arrangements in Sandwell.

The Board noted that recruitment of Health Visitors had improved, with most newly recruited staff coming from a mix of backgrounds including district nurses and midwifery.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- There were demonstrable improvements in outcomes and maternal satisfaction since the arrangements for maternity services had been changed.

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- From October 2015, responsibility for commissioning of health visiting services would be transferring to the Council from NHS England.
- There was a national debate on the most effective way to deliver health visiting services. Possible methods included services being based at individual GP practices, or being based in natural hubs for families such as health centres and children's centres where these existed in communities.
- When built, the main maternity unit in Sandwell and West Birmingham would be based in the Midland Metropolitan Hospital.
- Providing services around the needs of the woman and family was of highest importance. Methods such as video calls through the internet had been used previously where this was helpful in meeting the needs of the service user.
- The Hospitals Trust considered that due consideration of computer system connectivity between suppliers was not always taken into account when commissioning services. While these issues were not insurmountable, they could be the cause of delays and present difficulties.
- A system that allowed pregnant women to access their case files online, such as the 'red book', was being considered by Maternity Services in the Hospitals Trust. If successful, this could possibly be rolled out to Health Visiting services.
- Safeguarding training offered by the Hospitals Trust ensured that all Health Visitors were aware that Data Protection legislation did not prevent sharing information with other agencies where there were safeguarding concerns.
- A particular issue when managing reductions in funding from the Government to the Hospitals Trust was that some services were clearly regulated and monitored by inspection regimes, but others did not have such regulation in place. The challenge was to ensure that changes to services that weren't subject to such regulation and monitoring didn't become disproportionate.

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- The Hospitals Trust had an average sickness rate of 4.5%, compared to a NHS average of 3.8-4%. The Trust had worked to reduce its sickness absence rates, including investing in counselling, psychiatric health and physiotherapy.
- If birth rates were to increase in line with projections, then increases in staff numbers would be small, with a potential 5-10 additional staff required. A larger increase in the birth rate would require a different solution in order to meet any increasing demands on services.
- Within the Hospitals Trust there was a move away from classroom based learning to a coaching and mentoring model of developing staff.
- Female Genital Mutilation was an issue within some communities in the area served by the Hospitals Trust. Midwives screened women to identify victims of the crime so that counselling and specialist ante-natal care could be provided. Work-based training sessions of Trust staff with Police and Domestic Abuse specialist colleagues had been delivered.
- Clarity of outcomes expected from the new commissioning arrangements for Health Visiting Services was important.

The Board thanked the representatives of the Hospitals Trust for attending the meeting and answering questions from members.

5/14

Update on Current Transformational Plans from Black Country Partnership NHS Foundation Trust

The Board received an update on the Black Country Partnership NHS Trust's transformational plans for the service model for Adult and Older Adult Community Secondary Care.

Members noted that the proposed model reflected current NHS best practice and would assist in making the Sandwell model one which was deemed as better practice in the delivery and organisation of services both regionally and nationally.

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It was recognised that the proposed model frontloaded clinical resource at the referral element of the 'system' enabling a care pathway to be designed and implemented quicker for the patient.

The Board acknowledged that the plans were to be implemented in June 2015 and therefore it requested a further update on the implementation in December 2015 to track the impact the changes had.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- The system was intended to provide access through a single point of referral for all adults regardless of age.
- The Foundation Trust was working to develop and strengthen relationships with GP practices in the area.
- A review of staff skills was being undertaken, with an emphasis on skills needed for roles in the new model. Transferable skills were included in this review.
- The Trust had acquired a new office in Quayside, Oldbury. This would provide office space for all of the community services provided by the Trust.
- Crisis support would be available 24 hours a day, including for service users aged 65 and older.
- The opening of a Police custody suite in Sandwell that would hold detainees from across the Black Country presented some issues to the Foundation Trust.
- Self-referral was not possible.

The Board thanked the representative from the Black Country Partnerships NHS Foundation Trust for attending the meeting and answering questions from members.

Resolved that a further update on the revised service model for secondary adult mental health services in Sandwell be considered by the Health Scrutiny Board in December, 2015.

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(Meeting ended at 5.45 pm)

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