

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

**Thursday 18 June, 2015, at 3.00 pm  
In Committee Room 2  
at Sandwell Council House**

### **Agenda**

(Open to Public and Press)

1. Apologies for absence.
2. Members to declare:-
  - (a) any interest in matters to be discussed at the meeting;
  - (b) the existence and nature of any political Party Whip on any matter to be considered at the meeting.
3. To confirm as a correct record the minutes of the meeting of the Health Scrutiny Board held on 19 March, 2015 and the meeting of the Adult Social Care Scrutiny Board held on 24 March, 2015.
4. Continuing Health Care.
5. Primary Care Co-Commissioning.
6. Re-Establishment of Joint Health Overview and Scrutiny Arrangements with Birmingham City Council.
7. Re-Establishment of Joint Health Overview and Scrutiny Committee Arrangements with Wolverhampton City Council.
8. Appointment to Work Streams (Partnerships and Integration and Right Care, Right Here).
9. Feedback from the Work Programming Event and Board Work Programme for 2015/16.

**J Britton**  
**Chief Executive**  
Sandwell Council House  
Freeth Street  
Oldbury  
West Midlands

**Distribution:**

Councillor Sandars (Chair);  
Councillor Jarvis (Vice-Chair);  
Councillor Bob Lloyd (Vice Chair);  
Councillors Edis, Giles, Gill, Hartwell, D Hosell, Piper and Phillips.

**Agenda prepared by Sarah Sprung**  
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[ILO: UNCLASSIFIED]

## Minutes of the Health Scrutiny Board

**19<sup>th</sup> 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 14<sup>th</sup> August and 16<sup>th</sup> 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.

## Health Scrutiny Board – 19<sup>th</sup> March, 2015

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

## **Health Scrutiny Board – 19<sup>th</sup> March, 2015**

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.

## **Health Scrutiny Board – 19<sup>th</sup> March, 2015**

- 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.

## **Health Scrutiny Board – 19<sup>th</sup> March, 2015**

- 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.

## **Health Scrutiny Board – 19<sup>th</sup> March, 2015**

- 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.



## Health Scrutiny Board – 19<sup>th</sup> March, 2015

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.

**Health Scrutiny Board – 19<sup>th</sup> March, 2015**

(Meeting ended at 5.45 pm)

Contact Officer: Alex Goddard  
Democratic Services Unit  
0121 569 3178

**Minutes of the Adult Social Care Scrutiny Board**

**24<sup>th</sup> March, 2015 at 5.30 pm**  
**at the Sandwell Council House, Oldbury**

**Present:** Councillor S Jones (Chair);  
Councillor Phillips.

**Apology:** Councillors Frazer, Sidhu, and A Underhill.

**In attendance:** David Stevens (Director – Adult Social Care);  
Karen Emms (Operational Manager for  
Performance and Service Redesign);  
Colin Marsh (Divisional Manager - Adult Social  
Care);  
Pam Jones (Healthwatch)

1/15 **Minutes**

**Resolved** that the minutes of the meeting held on 10<sup>th</sup>  
February, 2015 be confirmed as a correct record.

2/15 **Continuing Health Care– Checklist Analysis and Promotion**

Apologies were submitted by officers of the Sandwell and West Birmingham Clinical Commissioning Group who were unable to attend the meeting. The Board deferred consideration of this item to a future meeting to allow the appropriate representatives from the Clinical Commissioning Group to attend.

It was confirmed that Healthwatch were looking into the Continuing Health Assessment process. The process was being examined and interviews of service users were planned. This would allow reports to be prepared within an approximate time frame of eight weeks.

## **Adult Social Care Scrutiny Board – 24<sup>th</sup> March, 2015**

3/15

### **Update on Better Care Fund**

The Board received an update on the Better Care Fund Programme, which would be in place by 1<sup>st</sup> April, 2016.

In Sandwell this would be a single pooled budget with closer working between the Council and Sandwell and West Birmingham Clinical Commissioning Group. Discussions were ongoing to determine where the budget would be hosted.

It was noted that there would be 13 work streams administered under the Better Care Fund and an updated governance structure had been established for the Programme.

The Board noted that the community offer over six sites had been created, which had received national recognition from the Cabinet Office.

4/15

### **Progress in implementing recommendations from the Peer Challenge Process**

The Board noted an update on the recommendations that had arisen from the Peer Challenge of Adult Social Care. An action plan to address the issues raised in the recommendations was circulated. The plan included actions, named responsible officers, deadlines and progress tracking.

Another Peer Challenge was expected in 2015. Topics selected by the Peer Network in the West Midlands to be the subject of future Peer Challenge Processes included mental health and safeguarding.

The Board was advised that Adult Social Care did not have an inspection regime in the same way that Children's Social Care did with Ofsted, but instead made use of the Peer Challenge process. This was where Local Authorities worked together to 'inspect' each other's performance. Any suggestions that were made were not legally binding, but were used to inform action plans that would be developed to address any areas for improvement identified by the Peer Challenge.

## **Adult Social Care Scrutiny Board – 24<sup>th</sup> March, 2015**

The Board was informed that a 'super-block' custody suite was being opened in the borough. There were concerns that this could place additional strains on Sandwell mental health services. This suite was planned to take detainees from the Black Country area. Although this was not intended to be used as a place of safety for individuals experiencing a crisis in mental health, it did mean that other such places needed to be developed.

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

- The Government was making additional funding available for Child and Adolescent Mental Health Services.
- If a person detained at the new custody suite needed adult social care support it would be Sandwell's responsibility to provide that support, regardless of if that person was a citizen from another borough. Furthermore, under current legislation, the Council could not charge other local authorities for costs incurred in assessment or aftercare, although it was possible for individuals to access support and care in their home borough.
- The crisis service, Concordat, had stated work with West Midlands Police in order to prevent cells being used as places of safety.
- It was expected that only younger people from mid-teens and older would be likely to be detained at the custody suite. Where these young people required mental health support, it tended to be for personality disorders, self-harm and suicide attempts.
- Diagnoses of mental health conditions had remained similar over time, but different types of condition were starting to become more prevalent. This was potentially due to side-effects of treatments of autism spectrum disorders and attention deficit hyperactivity disorder that started to be used ten years ago.
- There was the potential for Government to introduce a formal inspection regime for Adult Social Care if it felt that Peer Challenges were not robust enough. The Local Government Association and the Association of Directors of Adult Social Services both promote the use of Peer Challenge processes as best practice.

## **Adult Social Care Scrutiny Board – 24<sup>th</sup> March, 2015**

- The Council had been subject to a Care Quality Commission inspection earlier in 2014-15, but no feedback had been received to date. Officers opined that the Peer Challenge had felt to be a more thorough and robust process than that carried out by the Commission.

(Meeting ended at 6.01 pm)

Contact Officer: Rebecca Hill Democratic Services Unit 0121 569 3834
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**Agenda Item 4**

**Health and Adult Social Care Scrutiny Board**

**18 June, 2015**

**Continuing Healthcare – Checklist Analysis and Promotion**

**1. Summary Statement**

1.1 The Adult Social Care Scrutiny Board met on 10 February 2015 to consider a report from officers in Adult Social Care in relation to Continuing Health Care. The Board requested clarification from the Clinical Commissioning Group on the following points:-

- i) The number of people where positive CHC checklists have been completed but are awaiting a full DST assessment and the number of people who have been waiting over 28 days. Scrutiny would like to understand the reasons for any delays and what steps are being taken to clear any backlogs that exist and ensure future assessments are dealt with in a timely way;
- ii) How the service is promoted.

**2. Background information**

2.1 The following information relates to positive Continuing Healthcare Checklists submitted to the department for assessment purposes.

	Checklists submitted	Outstanding assessments	Not CHC Eligible
January 2015	171	0	45
February 2015	151	0	80
March 2015	118	0	15
April 2015	123	0	20
May 2015	134	0	27

The checklists submitted are the combined total received from acute and community settings.

### **3. Delays**

- 3.1 Continuing Healthcare is currently experiencing no delays in assessments resulting from checklists.
- 3.2 There are some barriers to arranging assessments, in particular, there is difficulty in securing Social Workers to attend and on many occasions Social Workers request that assessments are re-arranged to accommodate them. However, as Continuing Healthcare face deadlines for ensuring completion of assessments, in cases where Social Workers are unable to attend, assessments are required to proceed as planned to prevent delays. Furthermore, families and carers start to complain regarding changes to planned assessment dates as the majority take time off work to be present.
- 3.3 Assessment booking is a priority within the Continuing Healthcare, the only instance where a delay could be experienced would be cases where the patient is medically unfit for discharge.

### **4. Promotion of Continuing Healthcare**

- 4.1 Continuing Healthcare is promoted through a number of various methods. CHC Senior management attend patient network meetings and patient participation groups across the localities.
- 4.2 There is further patient engagement development underway involving patient advisory groups.
- 4.3 Continuing Healthcare material on the SWBCCG website is currently being restructured with further information and signposting with support of the CCG Communications team and the Customer Care Team. The CCG's customer care team support many patients through the CHC process and any patient or carer can access this service for advice and support.

#### **Contact Officer:**

Claire Parker  
Chief Officer (Quality) - Sandwell & West Birmingham CCG  
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## **Health and Adult Social Care Scrutiny Panel**

**18th June 2015**

### **Primary Care Co-Commissioning**

#### **Report from:-**

Lisa Maxfield, Deputy Chief Officer Partnerships. Sandwell and West Birmingham Clinical Commissioning Group (CCG)

#### **1. Summary Statement**

- 1.1 This report is to provide an overview and assurance of the delegated Co-commissioning responsibilities taken on by Sandwell and West Birmingham Clinical Commissioning Group from 1<sup>st</sup> April 2015.

#### **2. Background information**

- 2.1 The Five Year Forward View presented by NHS England in 2014, advocated for Clinical Commissioning Groups to take on the commissioning of Primary Care Medical Services. This is a key enabler in developing seamless, integrated out-of-hospital services based around the needs of local populations. It will also drive the development of new models of care such as multispecialty community providers and primary and acute care systems.
- 2.2 Co-commissioning could potentially lead to a range of benefits for the public and patients, including:
- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
  - High quality out-of-hospitals care;
  - Improved health outcomes, equity of access, reduced inequalities; and
  - A better patient experience through more joined up services.

- There was a strong response from CCGs wishing to assume co-commissioning responsibilities and there were three models CCGs could take forward
- Greater involvement in primary care decision making;
- Joint commissioning arrangement; or
- Delegated commissioning arrangement.

- 2.3 Sandwell and West Birmingham CCG after a full membership vote, agreed to take on the full delegation of Primary Care Commissioning for Primary Medical Services, excluding ophthalmic and dentistry from 1<sup>st</sup> April 2015.
- 2.4 In development of this commissioning function, the CCG decided to build infrastructure in its staff and added a number of 20 posts. These posts cover finance, performance and contracting, quality and safety, engagement and primary care development. This was funded by an existing underspend in management resources.
- 2.5 What CCGs have taken on under the delegated agreement:-**

**Commission GP services i.e.: GMS, PMS and APMS contracts – this includes the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices and removing a contract**

**Performance management of GP contracts and practice performance**

**Development of local incentives schemes to deliver priorities**

**Fund and develop primary care premises**

**Decisions on discretionary payments (e.g. returner / retainer schemes)**

**Patient complaints and concerns ( working in collaboration with NHS England)**

## 2.6 What NHS England has kept under the delegated agreement:-

**Administration of payments (potentially transferring to CCG in future)**

**Performance management of individual GP performance and Performers List**

**Overarching NHS Policy – overall accountability for primary care**

**Primary Care Commissioning – Dental, Optometry, Specialised Services**

**Day to day management of property – will still be done by Prop Co**

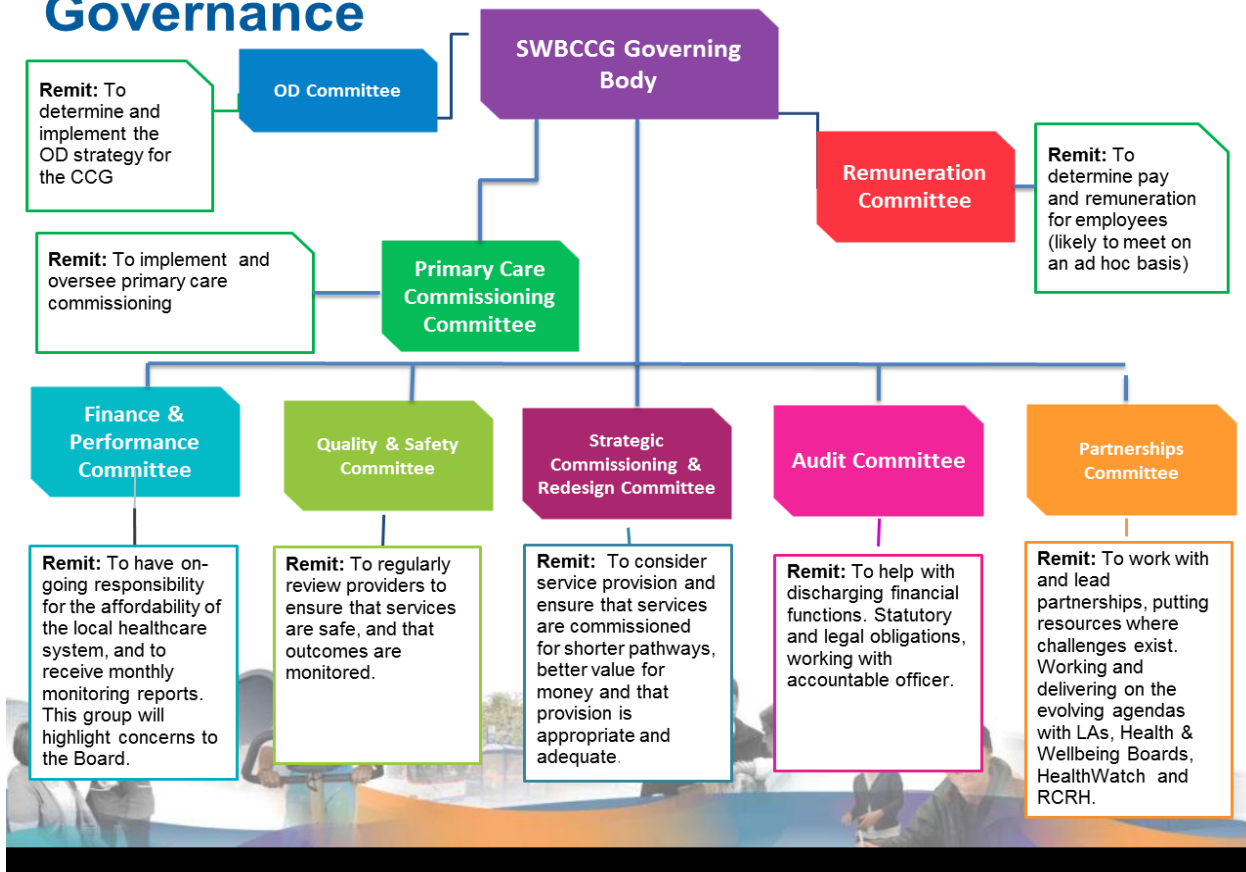
2.7 NHS England has mandated that CCGs must have a robust governance structure with nationally mandated Terms of Reference. CCGs must develop a new Primary Care Co-Commissioning Committee which is Independent Committee Member led. There have been five meetings to date all held in public. Our six Independent Committee Members all sit of this Committee and have had national training to ensure the conduct of the committee thereby minimising conflicts of interest. Only one GP is a voting member on the committee this is further to mitigate against conflicts of interest. The following were mandated to be members on the committee:-

- Sandwell and West Birmingham CCG
- Midlands and East Area Team of NHS England
- Sandwell HealthWatch
- Sandwell Health and Wellbeing Board
- Birmingham HealthWatch
- Birmingham City Council Health and Wellbeing Board
- Local Medical Committees

## 2.8 SWBCCG Governing Structure

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# Governance



Underpinning the Primary Care Co-Commissioning Committee is an operational group that consist of CCG Officers who are operationally managing the daily commissioning of Primary Medical Services. The Operational Group report into the Primary Care Co-Commissioning Committee, feeding in any issues, concerns and risks.

## 2.9 Primary Care Offer

The advent of Co-commissioning allows the CCG to utilise the Primary Care budget to do something differently to reform services for the benefits of the local patients we serve.

The CCG is currently developing an offer to GPs to change the way Primary Care Services are currently delivered with an out-come based focus. This is currently being developed with an intention that the offer will be ready for an engagement exercise by the end of June 2015. The intention is that the offer will go live in shadow form in September 2015, with all practices participating in the offer from April 1<sup>st</sup> 2016.

## **2.10 Time to Talk Team**

The CCG bolstered our Time to Talk team with a view to taking on the full complaints process from NHS England on 1<sup>st</sup> April 2015. However, NHS England nationally determined that they would continue to keep the complaints process for a short period of time whilst they determined handover arrangements. The CCG has locally agreed with the local NHS England Team that in order to offer a supportive service for our patients our Time to Talk Team would work in collaboration with NHS England in relation to complaints and issues raised locally.

- 2.11 The Five Year Forward View offers new opportunities and ways of working. The CCG is actively working with GP Practices supporting them to develop new models of care underpinned by the Five Year Forward View.

## **3. Conclusion**

- 3.1 The CCG has fully embraced the Primary Care Co-Commissioning agenda in collaboration with NHS England. Furthermore, much work is being undertaken, as detailed above, to ensure the CCG commissions robust and high quality Primary Medical Services for the population we serve.

## **4. Recommendations**

- 4.1 Members are asked to note the contents of the report

### **Contact Officer:**

Lisa Maxfield  
Deputy Chief Officer (Partnerships)  
0121 612 1460

### **Source Documents**

**The Five Year Forward View, NHS England 2014**  
**Towards Co-Commissioning, NHS England 2014**

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

**18 June, 2015**

### **Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council**

#### **1. Summary Statement**

- 1.1 Within its terms of reference the Scrutiny Board has the powers of overview and scrutiny in relation to all functions of the Council as contained in the National Health Service Act 2006 and regulations and directions made under that act. It also has the powers of overview and scrutiny in relation to functions of the council as contained in regulations and directions made under the Health and Social Care Act 2001, and Health and Social Care Act, 2012.
- 1.2 These joint health scrutiny arrangements, established with Birmingham City Council, have been re-established annually since the 2004/05 Municipal Year. Arrangements for last year involved five representatives from each authority.
- 1.3 The joint scrutiny arrangements allow for both informal working arrangements and the establishment of a formal Committee. This enables Birmingham and Sandwell to jointly review and scrutinise matters relating to the planning, provision and operation of health services in the area affecting both local authorities.
- 1.4 Issues ongoing or still to be the subject of joint health scrutiny (either on an informal or potentially formal basis) with Birmingham City Council include:-
  - Right Care, Right Here project and any substantial variations arising from service reconfigurations;
  - a watching brief on any issues relating to service provision within the Sandwell and West Birmingham Hospital Trust;
  - substantial variations of service, End of Life Care, cardiology, acute surgery, urgent care and the reconfiguration of Stroke Services.

1.5 The Health Scrutiny Board is requested to consider the appointment of five members for joint health scrutiny working with Birmingham City Council during 2015/16, both on an informal basis and as a joint committee, if required.

Further details are attached for information.

## 2. Recommendation

The Health and Adult Social Care Scrutiny Board is requested to re-establish the arrangements for joint health scrutiny working with Birmingham City Council both on an informal basis and as a joint committee and it is suggested that the following members be appointed:-

- i) Chair of the Health and Adult Social Care Scrutiny Board (Councillor Paul Sandars);
- ii) Vice-Chair of the Health and Adult Social Care Scrutiny Board (Councillor Ann Jarvis);
- iii) Vice Chair of the Health and Adult Social Care Scrutiny Board (Councillor Bob Lloyd);
- iv) Councillor Bob Piper;
- v) Councillor David Hosell.

**Neeraj Sharma**  
**Director – Legal and Governance Services**

### Contact Officer:

Sarah Sprung  
Scrutiny Lead  
0121 569 3200

### **3. Strategic Resource Implications**

The undertaking by local authorities for health scrutiny inevitably incurs additional resource commitments which are absorbed into existing budgets. The establishment of joint scrutiny committees will add to the demand on existing resources. It is not possible to quantify the increased demand but at present it is envisaged that it can be absorbed. The Guidance on Overview and Scrutiny of Health issued by the Department of Health advocates that local authorities participating in joint committees should share the cost and resource implications of working together.

### **4. Legal and Statutory Implications**

The purpose of the arrangements proposed in this report is to ensure that the Council efficiently executes its responsibilities with regard to scrutiny of the health service as contained within:

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002  
Directions to Local Authorities (Overview and Scrutiny Committees Health Scrutiny Functions) dated 17 July 2003  
The Guidance on Overview and Scrutiny of Health issued by the Department Of Health dated July 2003  
The National Health Service Act 2006 and regulations and directions made under that Act  
The Health and Social Care Act 2012.

### **5. Implications for the Council's Scorecard Priorities**

The Board works across health and adult social care so is able to contribute to a wide variety of scorecard priorities. In particular the following:-

Sick people need to reach GP and other health services quickly. We will join up NHS health and council social services so that people benefit from the best possible care.

We will continue to give choice and control over their lives to those with long-term disabling conditions, the frail and elderly and people with mental health needs. This means:

- encouraging them to use services so they can live independently (rather than go into hospital or a care home);
- supporting people who need to remain in their homes; and



- 'personal care budgets' so people can buy services they need to live as they choose.

We value carers' contributions to helping people maintain health and independence. We will support carers so they remain in good health themselves and can get useful information and advice.

## **6. Background Details**

- 6.1 NHS bodies have responsibilities to overview and scrutiny committees to consult on matters of substantial variation to services, this is in addition to the duty under S11 of the Health and Social Care Act 2001 to involve and consult patients and public. Experience has shown that there is a need for authorities to be ready to respond quickly to such consultations. For this reason, the Council agreed to delegate its functions with regard to overview and scrutiny under the NHS Act 2006, the Health and Social Care Act 2001 and the regulations and directions arising therefrom to the Health and Adult Social Care Scrutiny Board.
- 6.2 Under health scrutiny legislation, local authorities must form joint committees to respond to NHS consultations on proposals for substantial variations in NHS services that may affect residents of more than one local authority area. In addition, local authorities may choose to join together proactively to form joint committees to consider health issues that cross boundaries. Where a joint committee has been established to consider a substantial variation, only that joint committee may make comments on the proposal and any associated consultation exercise. The joint committee cannot make recommendations to its respective authorities for consideration and approval.
- 6.3 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

### **Source Documents**

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (S.I.2002 No. 3048);  
Directions to Local Authorities (Overview and Scrutiny Committees Health Scrutiny Functions) dated 17 July, 2003;  
The Guidance on Overview and Scrutiny of Health issued by the Department of Health dated July,2003;  
Council Minute Nos. 23/04 (6 January, 2004) & 63/10 (18 May 2010);  
National Health Service Act 2006;  
Health and Social Care Act 2012.

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

**18 June, 2015**

### **Re-Establishment of Joint Health Scrutiny Arrangements with Wolverhampton City Council**

#### **1. Summary Statement**

- 1.1 Within its terms of reference the Scrutiny Board has the powers of overview and scrutiny in relation to all functions of the Council as contained in the National Health Service Act 2006 and regulations and directions made under that act. It also has the powers of overview and scrutiny in relation to functions of the council as contained in regulations and directions made under the Health and Social Care Act 2001.
- 1.2 These joint health scrutiny arrangements, established with Wolverhampton City Council, have been re-established annually since the 2004/05 Municipal Year. Arrangements for last year involved five representatives from each authority.
- 1.3 The joint scrutiny arrangements allow for both informal working arrangements and the establishment of a formal Committee. This enables Wolverhampton and Sandwell to jointly review and scrutinise matters relating to the planning, provision and operation of health services in the area affecting both local authorities.
- 1.5 The Health and Adult Social Care Scrutiny Board is requested to consider the appointment of five members for joint health scrutiny working with Wolverhampton City Council during 2015/16, both on an informal basis and as a joint committee, if required.

Further details are attached for information.

#### **2. Recommendation**

The Health and Adult Social Care Scrutiny Board is requested to re-establish the arrangements for joint health scrutiny working with Wolverhampton City Council both on an informal basis and as a joint committee and it is suggested that the following members be appointed:-

- i) Chair of the Health Scrutiny Board (Paul Sandars);
- ii) Vice-Chair of the Health Scrutiny (Ann Jarvis);
- iii) Bob Lloyd;
- iv) Bob Piper;
- v) David Hosell.

**Neeraj Sharma**  
**Director – Legal and Governance Services**

**Contact Officer:**

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### **3. Strategic Resource Implications**

The undertaking by local authorities for health scrutiny inevitably incurs additional resource commitments which are absorbed into existing budgets. The establishment of joint scrutiny committees will add to the demand on existing resources. It is not possible to quantify the increased demand but at present it is envisaged that it can be absorbed. The Guidance on Overview and Scrutiny of Health issued by the Department of Health advocates that local authorities participating in joint committees should share the cost and resource implications of working together.

### **4. Legal and Statutory Implications**

The purpose of the arrangements proposed in this report is to ensure that the Council efficiently executes its responsibilities with regard to scrutiny of the health service as contained within:

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002  
Directions to Local Authorities (Overview and Scrutiny Committees Health Scrutiny Functions) dated 17 July 2003  
The Guidance on Overview and Scrutiny of Health issued by the Department Of Health dated July 2003  
The National Health Service Act 2006 and regulations and directions made under that Act  
The Health and Social Care Act 2012.

### **5. Implications for the Council's Scorecard Priorities**

The Board works across health and adult social care so is able to contribute to a wide variety of scorecard priorities. In particular the following:-

Sick people need to reach GP and other health services quickly. We will join up NHS health and council social services so that people benefit from the best possible care.

We will continue to give choice and control over their lives to those with long-term disabling conditions, the frail and elderly and people with mental health needs. This means:

- encouraging them to use services so they can live independently (rather than go into hospital or a care home);
- supporting people who need to remain in their homes; and

- 'personal care budgets' so people can buy services they need to live as they choose.

We value carers' contributions to helping people maintain health and independence. We will support carers so they remain in good health themselves and can get useful information and advice.

## **6. Background Details**

- 6.1 NHS bodies have responsibilities to overview and scrutiny committees to consult on matters of substantial variation to services, this is in addition to the duty under S11 of the Health and Social Care Act 2001 to involve and consult patients and public. Experience has shown that there is a need for authorities to be ready to respond quickly to such consultations.

For this reason, the Council agreed to delegate its functions with regard to overview and scrutiny under the NHS Act 2006, the Health and Social Care Act 2001 and the regulations and directions arising therefrom to the Health and Adult Social Care Scrutiny Board.

- 6.2 Under health scrutiny legislation, local authorities must form joint committees to respond to NHS consultations on proposals for substantial variations in NHS services that may affect residents of more than one local authority area. In addition, local authorities may choose to join together proactively to form joint committees to consider health issues that cross boundaries. Where a joint committee has been established to consider a substantial variation, only that joint committee may make comments on the proposal and any associated consultation exercise. The joint committee cannot make recommendations to its respective authorities for consideration and approval.
- 6.3 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

## **Source Documents**

The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (S.I.2002 No. 3048);  
The Guidance on Overview and Scrutiny of Health issued by the Department of Health dated July,2003;  
Council Minute Nos. 23/04 (6 January, 2004) & 63/10 (18 May 2010);  
National Health Service Act 2006;  
Health and Social Care Act 2012.

**Agenda Item 8**

**Health and Adult Social Care Scrutiny Board**

**18 June, 2015**

**Appointment of Members to Workstreams**

**1. Summary Statement**

**1.1** At its meeting on 26 May, 2015 the Council agreed terms of reference for Health and Adult Social Care Scrutiny Board. These are attached as Appendix A to this report.

**1.2** These terms of reference establish three 'workstreams' that will conduct scrutiny. These workstreams are:-

- NHS;
- Partnerships and Integration
- Right Care, Right Here

**1.3** The NHS work stream has been dealt with under Item 7 of this agenda.

**2. Recommendations**

(1) That the Board determine the membership of the following workstreams:

- (a) Partnerships and Integration;
- (b) Right Care, Right Here.

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

### **Terms of Reference**

#### **1. Scrutiny – Overall Statement of Purpose**

- 1.1 Scrutiny in Sandwell has a key role in delivering local accountability, transparency and involvement in decision making and the achievement of Sandwell's scorecard priorities. It will:-
- (i) contribute to the good governance, reputation and performance of the Council;
  - (ii) contribute to the development, review and implementation of scorecard priorities and policy through early involvement in pre-decision scrutiny and through undertaking specific pieces of research and investigation;
  - (iii) continue to develop a borough-wide focus particularly through its relationship and statutory role in respect of key partners, including Joint Committees;
  - (iv) consider a wide range of evidence, views and opinions, promote good governance and decision making and improve confidence and involvement with local democracy.

#### **2. Terms of Reference**

- 2.1 to be responsible for the overview and scrutiny of all health related issues, including liaison with NHS Trusts, Clinical Commissioning Groups (CCGs), Health and Well Being Board and Health Watch;
- 2.2 to have the powers of overview and scrutiny in relation to all functions of the Council contained in the National Health Service Act 2006, to all regulations and directions made under the Health and Social Care Act 2001, the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002, the Health and Social Care Act 2012 and related regulations;
- 2.3 to make reports and recommendations to relevant NHS bodies, relevant health service providers and commissioners, the Secretary of State or Regulators;

- 2.4 to be responsible for initiating the response to any formal consultation undertaken by relevant NHS Trusts and CCGs or other health providers or commissioners on any substantial development or variation in services;
- 2.5 to participate with other relevant neighbouring local authorities in any joint scrutiny arrangements of NHS Trusts providing cross-border services.
- 2.6 The Health and Adult Social Care Scrutiny Board will have the power to refer a proposed substantial variation in service delivery to the Secretary of State. If the Board wish to exercise this power then this must be agreed by the Chairman of the Scrutiny Board who will hold the power of veto in respect of any proposed referral of a substantial variation to the Secretary of State.
- 2.7 To review and scrutinise the decisions made or actions of the Health and Well-being Board.
- 2.8 As set out in the scrutiny procedure rules, to scrutinise recommendations, consider referrals under the Call for Action and the Pre-Decision Scrutiny (Call in) processes and review and advise on the Council's policies and practices in respect of, and upon such terms as are set out below:-
  - (a) Adult social care transformation programme;
  - (b) Better care fund;
  - (c) whole life services for people with disabilities and/or learning disabilities;
  - (d) local safeguarding arrangements for adults;
  - (e) services for older and vulnerable adults;

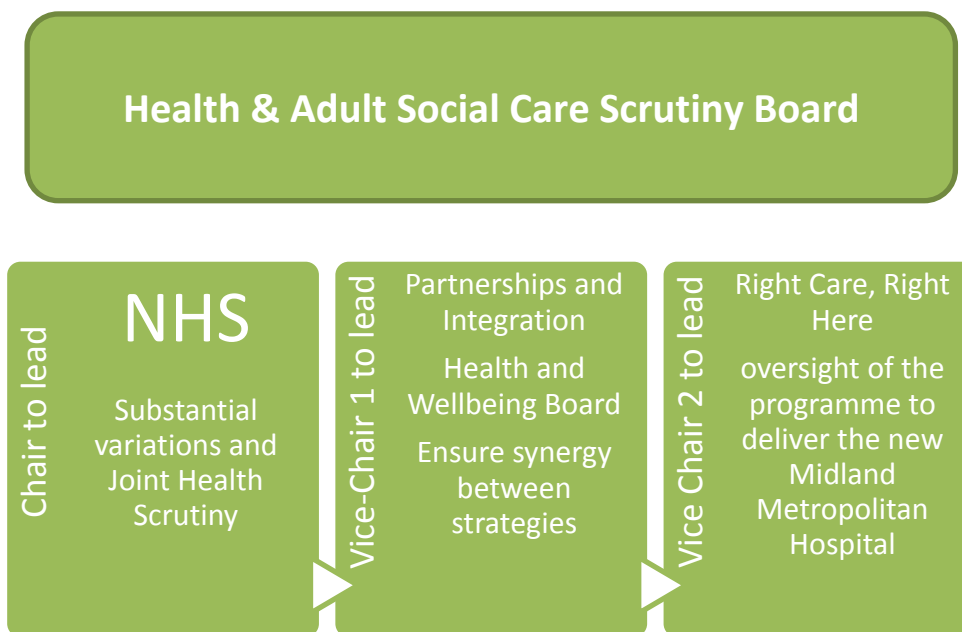
### **3. General Role**

- 3.1 In relation to the above terms of reference the Scrutiny Board will:-
  - (a) develop a work programme for scrutiny of the functions of the Council and partners relating to health and adult social care;
  - (b) to use the scrutiny scoring matrix to establish suitable themes for investigation and areas for further scrutiny;
  - (c) review or scrutinise the exercise of any Council or Executive, or any other related matter;



- (d) make reports or recommendations to Council or the Executive in connection with the exercise of any functions of the Council or the Executive;
- (e) receive and review external audit and inspection reports;
- (f) act as the appropriate Scrutiny Board in relation to the Executive's initial proposals for a plan or strategy within the Budget and Policy Framework;
- (g) review outcomes, targets and priorities within the Sandwell Scorecard and to make such reports and recommendations as it considers appropriate;
- (h) review or scrutinise executive decisions made but not implemented;
- (i) receive and monitor formal responses to any reports or recommendations made by the Board.
- (ii) Hold commissions and providers of health services to account.

In order to fulfil the requirements of the terms of reference the following structure will apply to the Board:-



The Chair of the Health & Adult Social Care Scrutiny Board will lead the work of the Board, in particular any substantial variations put forward by health care providers and/or commissioners.

The Chair will lead the Joint Scrutiny arrangements with both Birmingham City Council and Wolverhampton City Council for which the Board will nominate a total of five members.

### **Vice Chair One**

The Vice Chair (one) will lead the work stream on Partnerships and Integration.

The work stream will have responsibility for scrutinising the following:-

- (1) Sandwell Health and Wellbeing Board;
- (2) Monitoring the synergy between Council and health agency strategies, and their ability to deliver the priorities contained in the Joint Health and Wellbeing Strategy;
- (3) The Better Care Fund.
- (4) Integration of services between health and social care, including mental health.

The Board will appoint four members (in addition to the Vice Chair) to sit on this work stream group.

### **Right Care, Right Here**

The Vice Chair (two) will lead this work stream on Right Care, Right Here, the programme to deliver the new Midland Metropolitan Hospital, and supporting health care arrangements.

The work stream group will scrutinise all elements of the Right Care, Right Here Programme.

Each of the Work Streams will report to the Health and Adult Social Care Scrutiny Board at regular intervals.

The Board will appoint four members (in addition to the Vice Chair) to sit on this work stream group.

**Agenda Item 9**

**Health and Adult Social Care Scrutiny Board**

**18 June, 2015**

**Work Programme 2015/16**

**1. Summary Statement**

- 1.1 All members involved in scrutiny were invited to attend a work programming event held on 20 May, 2015.
- 1.2 At this session a number of suggestions were put forward, and prioritised, for each scrutiny board's Work Programme for 2015/16.
- 1.3 The draft Work Programme, attached at Appendix A, details the items put forward at the event in relation to this scrutiny board together with standard items in relation to health and adult social care and items to be brought forward from the previous Municipal Year. Further discussion is required now on how the Board wishes to prioritise its work for the year to ensure that it has a robust and deliverable work programme that can achieve sustainable outcomes in accordance with the Council's Scorecard Priorities.
- 1.4 The prioritisation tool, attached at Appendix B, can be used to assist the Board in prioritising its work and any further suggestions put forward at the meeting by members who were unable to attend the event on 20 May, 2015.

**2. Recommendation**

That the Board discuss and agree its work programme for 2015/16.

**Neeraj Sharma**  
**Director – Governance**

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**Work Programme 2015/2016 - Items for discussion**

- Life Style Contract
- Health Check Contract
- Integration of Health and Social Care
- New Build Health Facilities

## Health and Adult Social Care Scrutiny Board – Work Programme 2015-16

Meeting	Item	Note
18 June, 2015	Continuing Health Care	Claire Parker
	Primary Care Co-Commissioning	Lisa Maxfield
	Appointments to Joint Health Scrutiny (Birmingham and Wolverhampton).	Sarah Sprung
	Work Programme Development	Sarah Sprung
20 August, 2015	Health and Wellbeing Board Strategy – new priorities	Paul Southon
	New Build Health Facilities	Andy Williams
15 October, 2015		
10 December, 2015		
18 February, 2016		
21 April, 2016		

**Joint Health Scrutiny**

Meeting	Item	Note
1 July, 2015	Urgent Care	
	Cardiology	
	Acute Surgery	
	End of Life Care	

**Regional Health Chairs Network**

Meeting	Item
1 July, 2015	
7 October, 2015	

**Visits**

Date	Organisation	Note
	Health Check Contract Provider	
	Lifestyle Contract Provider	

