

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

**31<sup>st</sup> March 2016 at 3.00pm**  
**at the Sandwell Council House, Oldbury**

**Present:** Councillor Sandars (Chair);  
Councillors Edis, D Hosell, Jarvis, Lloyd and  
Phillips.

**Apologies:** Councillors Gill, Hartwell and Piper.

**In Attendance:** David Stevens (Director - Adult Social Care, Health  
and Wellbeing);  
Toby Lewis (Chief Executive Sandwell and West  
Birmingham NHS Hospitals Trust);  
Karen Doman (Chief Executive Black Country  
Partnership Foundation Trust);  
Jo Cadman (Black Country Partnership NHS  
Foundation Trust);  
Bill Hodgetts (Sandwell Healthwatch).

3/16 **Minutes**

**Resolved** that the minutes of the meeting held on 7<sup>th</sup> January,  
2016, be confirmed as a correct record.

4/16 **Update on Transforming Care Together (The partnership between  
Black Country Partnership NHS Foundation Trust, Dudley and Walsall  
Mental Health Partnership NHS Trust and Birmingham Community  
Healthcare NHS Trust)**

Members were provided with an update on the Transforming Care Together partnership between Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Trust.

The Board noted that there were significant pressures in the health and care system, and like many healthcare organisations, Black Country

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Partnership Foundation Trust (BCPFT) was concerned about the future and protecting the services it delivers to patients. The Trust Board and staff had spent time considering different options before deciding to talk to other NHS Trusts in the West Midlands about the potential of working together.

Whilst the Board realised the positive aspects of the partnership it was keen to establish that patients, and their carers, were involved and engaged in developments. Assurances were given that staff, patients and carers had been engaged in addition to all members of the Foundation Trust.

One of the benefits of BCPFT working in partnership with other organisations was the potential to access services which were not currently in place, for example funding beds for young people, as there were currently none in the region.

**Resolved** that further updates be considered on this, and wider mental health issues on a quarterly basis.

### 5/16 **Healthwatch Sandwell Report – Why do good people allow bad things to happen?**

The Board considered a report from Healthwatch Sandwell which set out the findings from research conducted throughout the summer of 2015 at the Sandwell and West Birmingham NHS Hospitals Trust.

The report highlighted several experiences from patients and carers using hospital services where the patient experience was not what it should have been. The Board noted that the stories in the report could assist the Hospital Trust in delivering recommendations contained in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Chaired by Robert Francis, mainly about putting patients first. The detail and description contained in these individual stories was recognised as a valuable resource in delivering improvement, and a refreshing change from statistical information about performance.

The Chief Executive of the Sandwell and West Birmingham NHS Hospitals Trust was present at the meeting. He thanked Healthwatch for the report and advised the Board that the Hospital did have some difficulties in obtaining feedback from patients and carers for a number of reasons. These included a fear from patients that any negative feedback may affect the quality of care they received.

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The Board noted that around 1.5 million patients accessed hospital services each year and around 800 complaints were received. The Hospital wanted to increase the level of feedback it received both to ascertain what was working well, and what improvements were required. Significant effort was already made to obtain staff and patient feedback, 2,000 staff were polled each quarter to give local level data, the NHS friends and family test was used together with patient focus groups.

It was noted that hospital admissions had risen in the last year and that as a way to reduce levels of re-admission, and obtain feedback, consideration was being given to contacting patients after discharge. The Board asked that feedback on this initiative be provided during the next Municipal Year.

**Resolved** that mechanisms for reducing levels of re-admission to hospital be considered by the Board in 2016/17.

### 6/16 Delayed Transfers of Care

Delayed transfers of care, where patients are ready to return home or transfer to another form of care but still occupy a hospital bed. Given rising hospital admissions it is paramount that patient flow is efficient. The Board recognised the work Adult Social Care had been carrying out with the hospital to improve transfers of care. From the hospitals perspective one of the most positive changes was in Adult Social Care moving to a seven day model, this had an incredibly positive impact upon patient discharge.

The Board noted that the hospital had seen some benefit from using the Adapt Pathway, where discharge was discussed with patients shortly after admission to prepare the patient, and their families.

The Board appreciated the need for efficient discharge, especially given the increase in the level of admissions. Members discussed the potential impact of having fewer beds in the planned Midland Metropolitan Hospital. The Board was advised that the bed capacity at the Midland Metropolitan Hospital could be increased, although a decision on this would need to be made soon.

(Meeting ended at 4.53pm)

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