Sandwell
Metropolitan Borough Council

Health and Adult Social Care Scrutiny Board

Monday 18 September, 2017 at 5.30 pm
in Committee Room 1, at Sandwell Council House, Oldbury

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. Minutes of the meeting held on 10 July, 2017.

4. Sandwell and West Birmingham Clinical Commissioning Group – Key Issues and Priorities.

5. Update on Transforming Care Together Partnership.

6. Public Health England Health Profiles.

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

Distribution:

Councillor E.M. Giles (Chair);
Councillor Ahmed (Vice-Chair);
Councillor Rouf (Vice-Chair);
Councillors Crompton, Downing, Goult, O Jones, Hevican, S Jones, Lloyd and Shaeen.

Agenda prepared by Stephnie Hancock
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Sandwell
Metropolitan Borough Council

Agenda Item 3

Minutes of the Health and Adult Social Care Scrutiny Board

10th July, 2017 at 5.30pm
at the Town Hall, West Bromwich

Present: Councillor E M Giles (Chair);
Councillor Ahmed (Vice-Chair);
Councillors Crompton, Downing, Hevican, Goult, Lloyd and Shaeen.

Apologies: Councillors O Jones and S Jones.

10/17 **Minutes**

Resolved that the minutes of the meeting held on 20th June, 2017 be approved as a correct record, subject to Councillor Lloyd being added to the list of those present.

11/17 **Overview and Update on the Black Country Sustainability and Transformation Partnership**

The Board received an update on the Black Country Sustainability and Transformation Partnership (formerly the Black Country Sustainability and Transformation Plan).

The Black Country's Sustainability and Transformation Partnership was one of 44 national Partnerships with a purpose of delivering a more sustainable health and care economy, improving quality and experience of care, improving the health of the population, enabling a more capable local economy equipped for self-improvement and reducing expenditure to support the closure of the £512million funding gap by 2021, set against a current expenditure of £2billion.

The Board noted the key proposals within the Partnership Plan and the projected savings they would achieve, supported by an allocation of £99million from a national Service Transformation Fund:-

Demand Reduction through Local Place-based Models of Care	£81m
Efficiency at scale through Extended Hospital Collaboration	£189m
Improving Mental Health and Learning Disability Services	£20m
Workforce Enabler	£14m
Infrastructure Enabler (estates and technology)	£27m
Future Commissioning	£82m

A Memorandum of Understanding had been developed and the 18 organisations involved in the Partnership would be asked to sign the agreement as a demonstration of their intent to work together for the common purpose of the Partnership. The Memorandum was not legally binding however.

The Board noted the programme structure and key reporting lines within the Partnership.

The key areas of focus for the Council in relation to the Partnership were:-

- To give consideration to the alignment of some or all of place based commissioning for Sandwell.
- The design of a new collaborative model of care in partnership with Sandwell and West Birmingham Clinical Commissioning Group and NHS providers.
- Understanding the impact of the Midland Metropolitan Hospital on health reconfiguration.

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

- There was concern at the size of the Black Country Footprint and the ability to achieve efficiencies on such a large scale.
- Patient transport would have to be looked at as part of any reconfiguration of services.
- The savings required would not be evenly spread across the

local authorities within the footprint.

- It would not be viable to keep all four hospitals within the footprint open.
- Birmingham's health landscape was different to that of Sandwell's and West Birmingham's positioning in the Black Country footprint made it difficult for the City to give clear messages to its residents.
- The Clinical Commissioning Group was reluctant to invest in prevention activities and was of the view that it was the local authorities' responsibility.
- There was a national shortage of doctors and nurses, which would be worsened by the Government's decision to withdrawn from the European Union ("Brexit").
- Sandwell would benefit from having the newest hospital in the country when the Midlands Metropolitan Hospital was open.
- Better use of digital technology would address staffing issues.

The Board would be kept up to date in the implementation of the Partnership Plan.

12/17 **Overview of Sandwell's Joint Strategic Needs Assessment**

The Board received an overview of Sandwell's Joint Strategic Needs Assessment.

Required under the Local Government and Public Involvement in Health Act 2007 the Assessment: -

- looked at current and future health and care needs;
- looked at services and wider factors influencing care;
- identified health inequalities based on local data;
- provided evidence of the effectiveness of interventions and;
- described current provision and identified unmet need
- set out recommendation based on the above.

The Joint Strategic Needs Assessment mirrored the priorities set out in Sandwell's Health and Wellbeing Strategy, underpinned by more detailed pieces of work – referred to as Chapters. Stakeholder consultation was a key aspect of writing a new Chapter and responsibility for the complete document sat with the Health and Wellbeing Board.

The current Joint Strategic Needs Assessment Programme included completed Chapters on 0-4's health and wellbeing; 0-25s mental health and adult mental health. Chapters were currently being drafted on 5-19's health and wellbeing and prevention of violence and exploitation. The Board noted the recommendations set out in each of the Chapters.

Looking ahead, there was a statutory requirement to produce a Chapter on pharmaceutical needs by March 2018. The overarching Joint Strategic Needs Assessment was due to be reviewed to inform Sandwell's 2020-2024 Health and Wellbeing Strategy.

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

- There was no formal link between the Joint Strategic Needs Assessment and the Sustainability and Transformation Partnership.
- Services provided by the Child and Adolescent Mental Health Service had been of concern for some time, particularly due to long waiting times.
- It was important to protect the Surestart programme as there was evidence that it was effective in Sandwell.
- The update of free nursery places for two year olds was lower in Sandwell than nationally and work was being done at a town level to gather further intelligence on this.
- Obtaining data from Sandwell and West Birmingham Hospitals NHS Trust in relation to children's mental health had been difficult.
- Childhood obesity was an issue in Sandwell with 40% of children being overweight. Data showed that it was in between Reception and Year 6 that children became overweight, which suggested a link to the meals provided in schools.
- Public Health was working with schools to increase physical activity and there was evidence that increased levels of activity led to better exam results.

Resolved that bite-sized extracts of data from the Joint Strategic Needs Assessment in relation to Sandwell's key health indicators be submitted to future meetings of the Board.

13/17 **Work Programme 2017/2018**

The Board was asked to consider its work programme for 2017/2018 and the establishment of any working groups as a vehicle to deliver the work programme.

Following a review of the Council's governance structure, at its meeting on 16th May, 2017 the Council had established four scrutiny boards and a scrutiny management board - Budget and Corporate Scrutiny Management Board - to deliver Sandwell's scrutiny function. The Council had also appointed two vice-chairs to each scrutiny board, who would take the lead on a topic from within their respective Board's terms of reference, reporting back to the Board on the findings of that work.

As well as reflecting the Council's 2030 Vision, work programmes were to reflect local needs and priorities. Suggestions had therefore been sought from the public and partners via the Council's social media platforms and newsletters and the Board noted the suggestions received in respect of its terms of reference.

It was reported that, in 2016/2017 a joint working group had been established with members of the former Housing Scrutiny Board to contribute to the Council's review of policies around the provision of aids adaptations. The working group had not concluded its work and the Board was minded to continue the work until it was complete.

It was also reported that, at its meetings on 22nd June and 7th July, 2017 the Budget and Corporate Scrutiny Management Board had referred the following matters to the Board to investigate:-

- Measures being taken to support hospital discharge and re-enablement.
- Public Health's underspend of £204k in 2016/207, as a result of reduced expenditure on weight management initiatives and the health survey, and lower than anticipated activity levels on health checks.

Members highlighted the importance of maintaining a close working relationship with Sandwell Healthwatch and the Chair reported that she would be holding regular meetings with its Chair and Chief Executive.

Members also discussed the importance of monitoring the number of "never events" that occurred at Sandwell hospitals.

Resolved, that, subject to the approval of the Budget and Corporate Scrutiny Management Board:-

(1) a Working Group be established comprising Councillors Ahmed (Vice-Chair), Downing and Shaeen to undertake a review into Public Health expenditure on programmes to address long term conditions;

(2) Councillor Ahmed (Vice-Chair) maintain oversight of the implementation of the Sustainability and Transformation Partnership's Plan and report back to the Board as appropriate;

(3) a Working Group be established comprising Councillor Meehan (Vice-Chair) and Councillor Lloyd to continue the review of policies in relation to the provision of aids and adaptations;

(4) the following items be placed on the Board's work programme for consideration in 2017/2018:-

(a) measures being taken to support hospital discharge and re-enablement;
(b) Draft Air Quality Action Plan 2017-2022 and consultation proposals;
(c) update on Transforming Care Together Partnership;
(d) Healthwatch report into the experience with health and social care services of young people (16-24) who self-harm;
(e) report and action plan on the Council's review into Direct Payments;
(f) review of data sharing protocols across health partners;
(g) Annual Report of the Adult Safeguarding Board 2016/2017.

(Meeting ended at 7.50 p.m.)

Contact Officer: Stephnie Hancock
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Sandwell Metropolitan Borough Council

Agenda Item 4

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

18 September 2017

Subject:	Sandwell and West Birmingham Clinical Commissioning Group –Key Issues and Priorities
Cabinet Portfolio:	Public Health and Protection Social Care
Director:	Executive Director - Adult Social Care, Health and Wellbeing
Contribution towards Vision 2030:	
Contact Officer(s):	Stephnie Hancock, Scrutiny Officer stephnie_hancock@sandwell.gov.uk

DECISION RECOMMENDATIONS
That the Health and Adult Social Care Scrutiny Board: Considers and comments upon the presentation from Sandwell and West Birmingham Clinical Commissioning Group.

1 PURPOSE OF THE REPORT

1.1 To provide the Health and Adult Social Care Scrutiny Board with an overview of the current key issues and priorities of Sandwell and West Birmingham Clinical Commissioning Group.

2 IMPLICATIONS FOR THE COUNCIL'S VISION

2.1 The delivery of this presentation will ensure that the Board is provided with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough, which supports Ambition 2 – Sandwell is a place where we live healthy lives and live longer, and where those of us who are vulnerable feel respected and cared for, and Ambition 5 – Our communities are built on mutual respect

and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 To be outlined in the presentation.

4 THE CURRENT POSITION

4.1 The purpose of the presentation is to outline the current position.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

5.1 The presentation will provide an overview of key issues and priorities. The detail of any related consultation activities will be provided in future more detailed reports on the individual issues and priorities, should the Board request them.

6 ALTERNATIVE OPTIONS

6.1 The presentation will provide an overview of key issues and priorities. The detail of any alternative options considered will provided in future more detailed reports on the individual issues and priorities, should the Board request them.

7 STRATEGIC RESOURCE IMPLICATIONS

7.1 Any strategic resource implications for the Council and health partners will be provided in future detailed reports, should the Board request them.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 Any strategic resource implications for the Council and health partners will be provided in future detailed reports, should the Board request them.

9 EQUALITY IMPACT ASSESSMENT

9.1 There is no requirement to carry out an Equality Impact Assessment in relation to this item.

10 DATA PROTECTION IMPACT ASSESSMENT

10.1 There are no data protection or information governance impacts of this report.

11 CRIME AND DISORDER AND RISK ASSESSMENT

11.1 There are no implications in relation to crime and disorder and risk.

12 SUSTAINABILITY OF PROPOSALS

12.1 This will be the reported in future more detailed reports on the individual issues and priorities, should the Board request them.

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 The presentation will provide an overview of the health and wellbeing implications, however, further detail on each individual issue will be given in future reports, should the Board request them.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 Any implications will be provided in future detailed reports, should the Board request them.

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 The presentation will ensure that the Board is provided with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough.

16 BACKGROUND PAPERS

16.1 The presentation will give further detail.

17 APPENDICES:

None

Darren Carter
Executive Director – Resources

Sandwell
Metropolitan Borough Council

Agenda Item 5

REPORT TO
HEALTH AND ADULT SOCIAL CARE

SCRUTINY BOARD

18 September 2017

Subject:	Update on Transforming Care Together Partnership
Cabinet Portfolio:	Public Health and Protection Social Care
Director:	Executive Director - Adult Social Care, Health and Wellbeing
Contribution towards Vision 2030:	
Contact Officer(s):	Stephnie Hancock, Scrutiny Officer stephnie_hancock@sandwell.gov.uk

DECISION RECOMMENDATIONS
That the Health and Adult Social Care Scrutiny Board: Considers and comments upon the attached report, which is submitted on behalf of Birmingham Community Healthcare NHS Foundation Trust, Black Country Partnership NHS Foundation Trust and Dudley and Walsall Mental Partnership NHS Trust.

1 PURPOSE OF THE REPORT

1.1 To outline the background to the Transforming Care Together (TCT) partnership and present an update on progress.

2 IMPLICATIONS FOR THE COUNCIL'S VISION

2.1 The report will provide the Board with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough, which supports Ambition 2 – Sandwell is a place where we live healthy lives and live longer, and where those of us who are vulnerable feel respected and cared for, and Ambition 5 – Our communities are built on mutual respect and taking care of each other,

supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 The background and main considerations are outlined in the attached report.

4 THE CURRENT POSITION

4.1 The current position is outlined in the attached report.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

5.1 Any consultation activities are outlined in the attached report.

6 ALTERNATIVE OPTIONS

6.1 Any alternative options considered by the Trusts involved are outlined in the attached report.

7 STRATEGIC RESOURCE IMPLICATIONS

7.1 Any strategic resource implications for the Council and health partners are outlined in the attached report.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 Any legal implications for the Council and health partners are outlined in the attached report.

9 EQUALITY IMPACT ASSESSMENT

9.1 The detail of any equality impact assessments carried out are outlined in attached report.

10 DATA PROTECTION IMPACT ASSESSMENT

10.1 The detail of any equality impact assessments carried out are outlined in the attached report.

11 CRIME AND DISORDER AND RISK ASSESSMENT

11.1 Any crime and disorder implications for the Council and health partners are outlined in the attached report.

12 SUSTAINABILITY OF PROPOSALS

12.1 The sustainability of the proposals are outlined in the attached report.

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 The attached report outlines the health and wellbeing implications.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 Any implications are outlined in the attached report.

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 The attached report provides the Board with information upon which to carry out its statutory scrutiny activities in relation to the planning and delivery of health care in the borough.

16 BACKGROUND PAPERS

16.1 The attached report provides further detail.

17 APPENDICES:

None

Darren Carter
Executive Director – Resources

Better Care: Healthier Communities

Birmingham Community Healthcare NHS
NHS Foundation Trust

Our Community
you matter, we care

Black Country Partnership NHS
NHS Foundation Trust

better together

Dudley and Walsall NHS
Mental Health Partnership NHS Trust

Transforming Care Together

Update to Sandwell Health Overview and Scrutiny Committee

September 2017

1. Introduction

The aim of this paper is to outline the background to the Transforming Care Together (TCT) partnership and present an update of progress.

2. Background

TCT is a partnership between:

- Birmingham Community Healthcare NHS Foundation Trust (BCHC)
- Black Country Partnership NHS Foundation Trust (BCP)
- Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)

In September 2015, BCP issued a prospectus to a number of other NHS Trusts requesting expressions of interest for partnership. The financial position of BCP had become increasingly challenging and the Trust took this action in order to secure a sustainable future for services. BCHC and DWMH made a joint bid in response to the prospectus and this was chosen as the preferred partnership option for BCP.

In early 2016, the three Trusts established formal partnership arrangements to scope in more detail the benefits of working together. A range of workstreams were set up, covering both clinical and back office functions, and a range of stakeholder engagement opportunities were held. In the subsequent months, the workstreams concluded that the greatest potential for the partnership would be realised if the three organisations came together into one. The Trusts developed an Outline Business Case which described the options for moving forward and recommended forming a single organisation – this was approved by the three Trust Boards in December 2016/ January 2017.

Since then, the Trusts have continued to work closely together via the formal partnership the plans for integrating the three organisations have progressed significantly. A Full Business Case (FBC) for the integration has been developed which describes in detail the rationale, how the integrated organisation will be governed and how risks will be addressed. This was approved by all three Trust Boards during the summer and is currently being considered by NHS Improvement. A summary version of the FBC is appended to this report.

Relevant points to note:

- The proposed transaction involves BCHC acquiring BCP and DWMH – if approved, BCP and DWMH will no longer exist as separate legal entities
- The integrated organisation, which will be an NHS Foundation Trust, will have a new name – we have worked closely with staff and other stakeholders to develop a shortlist of potential names and the Trust Board of BCHC will be selecting a name in early September
- As a Foundation Trust, the organisation has reviewed its constitution to ensure that it will be fully representative of the new service footprint – the Council of Governors from BCP and representatives from DWMH have been closely involved in this process
- The plans have to be approved by NHS Improvement (NHSI) and this assessment is currently ongoing. The current anticipated go-live date for the integrated organisation is 1st October 2017
- The integrated organisation will provide all services currently covered by the three Trusts, including:
    - Mental health services across the Black Country
    - Learning Disability services across Birmingham and the Black Country
    - Adult Community and urgent care services in Birmingham
    - Children's services across Birmingham and Dudley
    - Regional dental services across the West Midlands and community dental services across Birmingham and the Black Country
    - Specialist rehabilitation services across the West Midlands

The integrated Trust will align mental health services across the Black Country to improve access and support more new models of mental health care in primary care. It will integrate physical and mental health care through training and new pathways and will offer a wide spectrum of learning disability services across Birmingham and the Black Country. The integrated Trust will enable more efficient back office functions and thereby ensure that as much resource as possible is invested in front line care.

3. The Strategic Case for Change

The environment in which NHS organisations operate is becoming ever more challenging. Services have experienced a number of years of reduced funding and this is set to continue into the future. This is exacerbated by reductions in investment in social care provision, meaning that meeting the complex health and care needs of our communities is becoming increasingly difficult.

In recent years, health and social care policy has moved increasingly from 'competition' to 'collaboration' and within the NHS, successful organisations are being encouraged to help challenged organisations and work collaboratively to address both clinical and financial issues.

Population trends mean that there will continue to be an increasing elderly population. Health and social care, and physical and mental health services need to be more joined-up and responsive to meet the complex needs of these individuals.

The NHS Five Year Forward View sets new challenges for planning and delivering services. Sustainability and Transformation plans (STPs) operate at regional levels and determine medium to longer term arrangements for health and social care services within that locality. Our plans to integrate the three organisations are part of two STPs – Black Country and Birmingham & Solihull – and enable us to have a more joined-up view of services across these communities.

All three organisations are involved in a range of partnerships and collaborations to improve services, including MERIT and Dudley MCP new models of care Vanguards. Our plans strengthen our ability to contribute to these important partnerships and to play a role in influencing the development of new models of care going forward.

The ability of the NHS to attract and retain high quality clinical staff is becoming more of a challenge, especially within certain professions. There are tight restrictions for NHS Trusts in using temporary staff to manage gaps or fluctuations in demand. In developing plans for the integration, we aim to become a more attractive employer for staff, offering a greater range of opportunities for professional development and experience and 'pooling' our resources to recruit diverse, high quality staff.

In summary, these plans are a direct response to these issues. It is likely that BCP and DWMH are not sustainable independent organisations going forward and the proposed acquisition by BCHC will help protect and develop the services they provide.

4. Benefits of Integration

Over the past months, we have worked closely with staff and stakeholders to agree five overall categories of benefits which underpin our proposals to integrate. These are:

1. By creating a **single provider of mental health** (Black Country) **and learning disabilities** (Black Country and Birmingham) we will improve access, choice, pathways and outcomes for our patients / service users
2. Influence and deliver **new models of care**, specifically the closer integration of physical and mental health, to deliver true person-centred care for our patients / service users
3. Strengthen the **portfolio of children's services** across Birmingham and the Black Country to improve outcomes for young people
4. Through economies of scale, enable **development of clinical services** through the adoption of best practice, innovation and research

5. Create long term **organisational sustainability** through the effective and efficient use of our resources

The clinical and enabling workstreams are in the process of developing detailed plans for how these benefits will be realised within their own areas. The table below summarises some of the plans for improvement which have been generated by these discussions:

Realising the strategic benefits

Benefit	Key aims
1. By creating a single provider of mental health and learning disabilities we will improve access, choice, pathways and outcomes for our patients / service users	• Improve access, choice, pathways and outcomes for patients – mapping current services; develop a crisis response team for those with learning disabilities; Share skills and expertise to develop a model of provision that ensures physical and Mental Health are considered equally in the delivery of care • More effective use of inpatient beds across the Black Country • Development of an integrated Mental Health Act function for the Trust • Development of Clinical Reference Groups with joint membership of all professionals
2. Influence and deliver new models of care, specifically the closer integration of physical and mental health, to deliver true person-centred care for our patients / service users	• Utilising the opportunity of locality commissioning (Dudley MCP) to improve the interface between Dudley Children's services and CAMHS. • Sharing of specialist skills (such as the CAMHS service for children with hearing impairment) • Joint community neurodevelopmental clinics pediatric/CAMHS – with increasing scope for nurse led clinics and nurse prescribers. • Joint Trust wide Mortality Surveillance Group allowing scrutiny of all deaths and a reduction in avoidable physical health related deaths in patients with learning disabilities or mental health issues • Increased working and sharing of expertise between Old Age Psychiatric services and those provided by Old Age Physicians in the care of patients with dementia
3. Strengthen the portfolio of children's services across Birmingham and the Black Country to improve outcomes for young people	• Unified transition pathways from children's services into Adult services for people with a learning disability. • Experience gained from region wide management of services will allow for bidding for new services • Integrating Dudley and Birmingham children's services will facilitate the ability to inform, influence and deliver new models of care • Children with complex health needs will have the benefit of clear leadership from the medical management of the integrated Trust - the Deputy Medical Director is a pediatrician who is specialised in looking after vulnerable children including children in need, children on child protection plans and looked after children. • Sharing of good practice (such as the pilot of personalised budgets for care leavers with mental health issues in Birmingham and Education, Health and Care Plan developments) • Opportunity to innovate with traded services such as speech and language therapy, physiotherapy and the brokering of personalised budgets
4. Through economies of scale, enable development of clinical services through the adoption of best practice, innovation and research	• Opportunities to collaborate to provide innovative career pathways and shared posts across Dudley and Birmingham – enhancing reputation, recruitment and retention • Development of locality models of care, building on experience already gained and utilising the opportunities of integration of children's services both geographically as well as across mental and physical health, as well as primary and secondary harmonisation of mental health pathways • Combined training and good partnerships achieving economy of scale in eating disorder and Early Intervention in Psychosis services to develop Black Country services. • Development of nurse-led clinics in CAMHS

Benefit	Key aims
5. Create long term organisational sustainability through the effective and efficient use of our resources	• Review estates provision for Mental Health and Learning Disability services to maximise clinical space and offer Choice to LD and mental health patients in order to deliver care more efficiently and differently from traditional delivery. • Integrate back office functions to improve efficiency • Agile working across the Trust to improve productivity • Harmonise and jointly contract with suppliers and identify saving. e.g. medical devices • From identified savings from the clinical integration invest back into the service to support both service and staff developments • Work together to ensure efficiencies of scale in provision of services • Reduce out of area placements by efficient use of beds and clinical community services • Ensure good provider/commissioner relationships by working closely together to give good value for money • Minimise serious incidents and embed lessons to prevent diminishing quality of services and minimise loss of time

In early August, we held a series of stakeholder engagement events to start more detailed discussions about these opportunities with service users, carers, third sector organisations and statutory partners. Going forward, we will work closely with all stakeholders to develop more detailed plans for integration.

Whilst all services will continue to need to make efficiencies, we are not proposing that any extra-ordinary savings come from clinical services as part of the plans to create the integrated organisation. The 'three into one' savings will be made from back office and support functions, enabling us to protect investment in clinical services.

5. Next Steps

These proposals require the support of the regulator NHS Improvement – their assessment of the plans and of the integrated organisaiton's ability to manage and improve services is currently in progress. NHSI will then issue a 'risk rating' for the transaction and then the Trust Boards and the Councils of Governors will be making their final decisions.

In readiness for go-live, we are making detailed plans to ensure a 'safe landing' – that is, that we continue to deliver safe and high quality services over the initial period of transition. Patients and families will continue to access services as normal.

MARSHA INGRAM
Integration Director
TCT

JO CADMAN
Director of Strategy & Transformation
Black Country Partnership NHS FT

Appendix – TCT Summary Full Business Case

Birmingham Community Healthcare NHS
NHS Foundation Trust

Black Country Partnership NHS
NHS Foundation Trust

Dudley and Walsall NHS
Mental Health Partnership NHS Trust

TRANSFORMING CARE TOGETHER

Summary Full Business Case



For the acquisition of
Black Country Partnership NHS Foundation Trust and
Dudley and Walsall Mental Health Partnership Trust by
Birmingham Community Healthcare NHS Foundation Trust

July 2017

TRANSFORMING CARE TOGETHER

Chief Executives' welcome

Tracy Taylor
Chief Executive
Birmingham Community Healthcare NHS Foundation Trust (BCHC)
and
Black Country Partnership NHS Foundation Trust (BCP)

Mark Axcell
Chief Executive
Dudley and Walsall Mental Health Partnership NHS Trust (DWMH)

Transforming Care Together' (TCT) is the name for a partnership between Birmingham Community Healthcare NHS Foundation Trust, Black Country Partnership NHS Foundation Trust, and Dudley and Walsall Mental Health Partnership NHS Trust.

For several months now our three trusts have been working closely to understand how we can combine to deliver care in more joined-up and efficient ways, in line with what people need from the modern NHS.

The key principle at the heart of our partnership is how we create benefits for patients and service users, and how we can improve services and health outcomes for people in the communities we serve.

Through our collaboration so far it has become very clear that the three trusts are like-minded organisations, with complementary values, each dedicated to the very best patient care.

We are pleased to confirm that each of the boards of the three trusts involved in the TCT partnership have approved the full business case for formal integration. This means that the three trusts will now be working together (with our regulator NHS Improvement) to form one organisation.

Work by our staff has identified a range of benefits and improvements which could be delivered by us becoming one organisation. We are very keen to explore the clinical potential our partnership brings – we have a rare and exciting opportunity for a review of what we do and how we do it, building on the excellent care being provided by all our organisations.

We would like to thank our staff and stakeholders who have helped us to reach this point in our integration journey, and will continue to support us in the next phase.

"Work by our staff has identified a range of benefits and improvements which could be delivered by us becoming one organisation. As a result the three boards of directors agreed to integrate as one organisation, with a view to coming together from 1 October 2017."

TRANSFORMING CARE TOGETHER

The Full Business Case

The Full Business Case (FBC) is a document which describes in detail the proposal for Birmingham Community Healthcare NHS Foundation Trust (BCHC) to acquire Black Country Partnership NHS Foundation Trust (BCP), and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH). This includes ending BCP and DWMH's legal status as organisations, with BCHC remaining as a legal organisation, but with a new name.

BCHC is a large provider of community services (£275m income 2016/17) within Birmingham and the wider West Midlands. The trust is successful, both in the services it provides and its finances. However, like other NHS organisations it faces challenges in the future which would be more achievable within a larger organisation.

It is also wants to be able to help develop new models of care locally and regionally, and believes that the acquisition will enable it to do this.

BCP, as a medium sized Foundation Trust (£101m income 2016/17) with a good track record of providing services, has more financial challenges. The trust has therefore taken the proactive step of seeking partners to help protect its future in the longer term.

DWMH is a small provider (£66m income 2016/17) with a positive record of providing services and maintaining good finances. However, maintaining its financial position is becoming more challenging.

In particular, the decision of Dudley Clinical Commissioning Group (CCG) to include many of the trust's services within the scope of a 'Multispeciality Community Provider' (MCP) means that the trust is likely to have serious financial challenges within the next year. DWMH, therefore, is seeking solutions to ensure it protects its services.

With support from our regulators (NHS Improvement), including financial support to help with the deficit and risk of taking on the two organisations, the **larger integrated organisation** has the potential to deliver significant benefits and improvements for patients, the organisations and wider stakeholders.

The integrated trust will improve access and support to mental health care across the Black Country, including primary care.

It will integrate physical and mental health care through training and new care pathways (the way a patient moves through the health and care system), and will offer a wide range of learning disability services across Birmingham and the Black Country.

Having more efficient corporate support services will help to release money that can be invested directly in patient care. The integrated trust will provide the best value for money option to address the challenges.

The TCT plans are a key part of the two Sustainability and Transformation Plans (STPs) across the Birmingham and Black Country area, and we have support from organisations and people in the health and care system.

TRANSFORMING CARE TOGETHER

Our vision

The aim of this integration is to use the strengths of our three organisations, with similar visions and values, to create benefits for our patients, our communities, our staff and our stakeholders.

Simply put, our vision is to improve the care we give to patients, their carers and their families. We want better services for our communities, to improve their choice and access and make the most efficient use of our resources so we can reinvest in patient care.

As individual organisations, the three trusts already share similar visions and values, and we believe these are the foundation for a successful integration into one organisation.

Our objectives

Purpose	To transform and deliver high quality, efficient, integrated services that enable the best possible outcomes for people.
People	To have a skilled, adaptable, innovative and diverse workforce that is valued, supported and empowered, and where compassionate and caring leadership are at the heart of our services.
Price	To secure our sustainability within the wider health and care system through efficient use of resources and managing beneficial commercial relationships.
Promotion	To promote the organisation and integrated care services that we and our partners deliver by engaging and communicating with all of our stakeholders.
Place	To deliver services flexibly in the most appropriate patient-centred location, supported by an efficient fit-for-purpose estate.
Partnerships	To develop rewarding partnerships, breaking down any barriers in order to provide integrated care to those who need it, fully using the expertise we have in the organisation to benefit our partners and our communities.

TRANSFORMING CARE TOGETHER

Our clinical vision

To provide healthcare centred around the individual's needs, with skilled professionals delivering a joined-up range of services locally. Our clinicians will work closely together, combining their expertise across a range of different specialisms throughout the Birmingham and Black Country area.

We have agreed to focus on three main clinical areas of work as we work towards partnership. These are:

- mental health services
- learning disability services
- children's services

These areas make up a big percentage of our combined services and that is why they are a priority for us.

The integrated trust will provide:

- Mental health services for all ages across the Black Country
- Learning disability services across Birmingham and the Black Country
- Adult community and urgent care services in Birmingham
- Children's services across Birmingham and Dudley
- Regional dental services across the West Midlands, and community dental services across Birmingham and the Black Country
- Specialist rehabilitation services across the West Midlands

Mental health services **Child and adolescent mental health services (CAMHS)**	To deliver specialist mental health services (CAMHS, EI & ED) for children and young adults (0-25) across the whole of the Black Country and link the physical and mental health services for children where we have both, working with partners to achieve joined-up care.
Mental health services **Adult and older adult mental health services**	We aim to deliver highly specialist, fair, joined-up, health care services based around the person and their needs, delivered by skilled professionals, locally.
Integration of physical and mental health	A joined-up physical and mental health care model that provides savings at an organisational level, but delivers local care, with service users kept at the heart.
Learning disability services	To deliver outstanding care and promote best practice for learning disabilities.
Children and Families' Services	To provide fair access to joined-up services, based on pathways of care, co-produced with children, young people and families, to achieve the best possible outcomes in meeting physical, psychological and social care needs in geographical communities or virtual communities of need.

TRANSFORMING CARE TOGETHER

The benefits

At a very early stage of our discussions, clinical staff from all three organisations worked closely together to share knowledge of our existing services and identify opportunities to improve them or develop new services.

This has led to us agreeing five key benefits for our service users, patients and the public. We have also outlined the way we will measure these benefits and the improvements we make as an integrated organisation.

1. By creating a single provider of mental health and learning disabilities services we will improve access, choice, pathways (journeys through the system) and outcomes for our patients and service users.

2. We will be able to influence and deliver new models of care, specifically how physical and mental health are considered together, to deliver true person-centred care for our patients and service users.

3. Strengthen our children's services across Birmingham and the Black Country to improve outcomes for young people.

4. By combining our efforts and being more efficient with our resources, enable development of clinical services through using best practice, innovation and research.

5. Be a more sustainable organisation into the future, through the effective and efficient use of our resources.

TRANSFORMING CARE TOGETHER

The benefits for our workforce

It is clear from partnership working that the three organisations share similar workforce objectives and challenges. Working together will bring benefits which are:

- To improve the potential for recruiting and retaining high quality staff as a strong, sustainable and ambitious organisation offering a wide range of mental health, community and specialist services
- To support personal and career development of staff by offering a wide range of opportunities to gain experience and skills within a larger range of services and staff groups
- To build the temporary staffing capacity across the three organisations and learn lessons regarding flexible working practices
- To build a more efficient and effective human resources team by bringing together the best practices, skills and experience from the three existing teams
- To support effective workforce planning across the health and social care sector, developing and extending new roles, greater use of apprenticeships and a collaborative approach to the widening participation agenda
- To make use of the opportunities for better research, education, and training capability and recognition

These benefits will be delivered through four supporting strategies:

- Healthy and well
- Well led and supported
- Diverse and valued
- Engaged and motivated

The Organisational Development (OD) plan is already well underway and is: preparing for change; engaging on vision, behaviours and strategy; and carrying out cultural assessments. The future plan focuses on leadership, teamwork and engagement.

The OD plan will continue to support the change required by the integrated trust recognising change on this scale does not happen easily.

"The delivery of high quality and safe patient care is underpinned by our ability to recruit and retain skilled, diverse and motivated staff."

TRANSFORMING CARE TOGETHER

Developing the plans for integration

In autumn 2015, BCP's Board of Directors and staff considered different options to ensure the future sustainability of services and decided to talk to other NHS organisations in the West Midlands about the potential of working together.

The preferred option was a 'horizontal partnership' with an organisation or organisations providing similar or complementary services. In September 2015, BCP issued a prospectus and started a competitive process to find a partner.

BCHC and DWMH developed a joint proposal for partnership working which BCP reviewed and approved, and in December 2015 the three organisations announced this to everyone.

BCP involved patients, service users, carers and staff in helping to review the proposal to ensure that the decision made was focused around the needs of our patients.

At the beginning of 2016, the three organisations worked together to establish how they would manage the TCT programme, including setting up the TCT Partnership Board and Sponsors Group (Chairs and CEOs of each organisation).

Both clinical and enabling project groups were set-up to develop proposals for how the partnership could deliver better and more efficient services.

Throughout April and May 2016, a range of stakeholder engagement opportunities were held, including Governors' events for the two Foundation Trusts. We looked at our culture and decided that we had a good 'cultural fit' between the three organisations, and similarity between the vision and values of the partners.

A Strategic Outline Case (SOC) for the partnership was developed for each partner and signed off by the respective Boards in July – October 2016. An Outline Business Case (OBC) was then developed, which was approved by the Trust Boards in December 2016/ January 2017.

This Full Business Case (FBC) has been developed to gain final approval for the transaction from the Trust Boards and NHS Improvement (NHSI). In summary, the FBC:

- Outlines the proposals to integrate the three 'partner trusts' by way of an acquisition
- Presents our plans for integration and describes how integration will support improving the quality and efficiency of services
- Demonstrates that the acquisition provides the best value for money option to address challenges and create financially sustainable services
- Identifies the level of financial support required.

TRANSFORMING CARE TOGETHER

The need for change - strategic case

The environment in which NHS organisations operate is becoming more challenging. Services have experienced a number of years of reduced funding and this is set to continue in the future.

This is made worse by similar reductions in social care funding, meaning that meeting the complex health and care needs of people is falling more and more to the NHS.

Health and social care policy in recent years has moved from 'competition' to 'collaboration' and successful NHS organisations are encouraged to help challenged organisations and work collaboratively, to address issues, either clinical ones or financial ones.

Population trends mean that there will continue to be an increasing elderly population. Health and social care, and physical and mental health services need to be more joined-up and respond to meet the complex needs of these individuals.

The NHS Five Year Forward View sets new challenges for planning and delivering services. Sustainability and Transformation Plans (STPs) work at regional levels, and organisations are developing ideas and ways to work together to address these challenges.

All three organisations have experience in leading or participating in partnerships and collaborations to improve services.

The ability of the NHS to attract and keep high quality clinical staff is becoming more of a challenge, especially within certain professions. There are tight restrictions on the ability of trusts to use temporary staff to help in the shorter term.

The proposed acquisition is a direct response to these issues. BCP and DWMH are unsustainable as independent organisations, and the proposed acquisition by BCHC will help to protect and develop the health services they provide.

"The plans to integrate as one organisation will therefore protect front-line services and improve how we respond to future challenges in the NHS."

Finance, governance and risk

Financial integration

As three standalone organisations, the future financial position is increasingly challenging – BCP are not financially sustainable in the short term, DWMH are unlikely to be in the next one to two years and BCHC will see a decreasing surplus.

The financial challenges are in part solved through this transaction, and the combined financial plan provides more opportunities for efficiencies going forward. Bringing together the three sets of corporate support services into one will save around £7 million each year and overall, the benefit to the taxpayer of these proposals is approximately £18 million.

In addition, combining the cash balances of the three trusts will enable long overdue funding to be provided in key services and locations, including maintenance and new technology to improve efficiency and patient care. In particular, the estates in the Black Country and ensuring that all services in the integrated trust use a single electronic patient administration system – these developments are not affordable within our current organisations.

Investing in these and the cost of restructuring is in part affordable through the combined organisation. However there will still be financial pressures and the organisation will have to look at ways to reduce this in the future. This will be particularly important for Black Country services.

The integrated organisation plans to achieve a sustainable 1% surplus and 30 days liquidity position to ensure it remains sustainable and strong. We have identified that additional financial support is required and are currently in negotiation with NHSI about this.

Governance and risk

The integrated trust will remain an NHS Foundation Trust (FT) and will have a new FT constitution.

How the integrated trust will be governed will be in line with the current structure at BCHC. In recognition of the addition of mental health services, there will be the addition of a Mental Health Act Board Subcommittee.

The Board of Directors of BCHC, as the acquiring organisation, will become the Board of the integrated organisation. The directors have rich and diverse experience and skills.

Joint leadership, in some areas, have been in place across BCHC and BCP since mid-2016 and more recently this has extended into DWMH. Immediately following approval of the FBC but prior to the acquisition, transitional shadow Board arrangements will also be put in place.

BCHC has continually assessed the potential risks throughout the development of the FBC, benefitting from: the insight provided through the joint management arrangement; due diligence on legal, clinical and financial matters; and the development of the integration plans.

The most significant risks relate to: the estate; IT integration and upgrading; and the pace of cost improvements and efficiencies required. This risk is monitored using the BCHC risk management process. A number of ways of addressing these issues are in place for the significant risks and areas requiring external help will continue to be discussed with regulators through the approval process.

TRANSFORMING CARE TOGETHER

Timing and planning

We are planning to come together as one integrated organisation on 1 October 2017, however the work to jointly develop our services will take much longer than this.

On 1 October our organisations will legally and formally be one with a new name and one Board of Directors, however, many of our services will remain the same.

A shortlist of new names for the integrated organisation has been produced and shared with staff, service users and other stakeholders for feedback.

Change will be happening in many of our corporate areas first. These are the areas that support clinical services such as finance, human resources and IT.

We have a clear plan of how we will integrate our organisations into one and this plan details actions that we will take:

- before the 1 October 2017
- in the first 100 days after 1 October 2017
- in year one (from 1 October 2017)
- in year two (from 1 October 2017)

An Integration Board with representation from all three organisations has the duty to plan and ensure the successful integration, and provide the resources to deliver the work needed.

What are we doing?

Combining our organisations.

This will include all of our current services and future services we may develop.

We will be one organisation with a new name.

When are we doing this?

1 October 2017

This is when we will be one organisation with a new name.

Some of our work to integrate and develop services will take longer.

How are we doing this?

A legal acquisition.

BCHC will legally acquire BCP and DWMH but this is just the legal process.

Our approach is much more about bringing together the best of our organisations.

TRANSFORMING CARE TOGETHER

Informing, engaging and involving people

As we continue on this journey we want service users, patients, carers, governors, members, staff, partners and stakeholders to be truly involved in how we achieve our vision.

We strongly believe that our communities should be an integral part of shaping local health services and it is our responsibility to ensure that we open up opportunities for them to be involved.

Involvement can mean different things to different people such as:

- sharing feedback by telephone, email or online
- talking to us at one of our informal drop-in events
- being involved in a workshop or focus group
- attending one of our engagement events
- becoming more involved in our clinical work

There is a robust communications and engagement strategy and plan in place which ensures we:

- Engage people to contribute to and influence decisions
- Help people to understand the changes ahead
- Maximise support for this change
- Keep people informed about change that directly affects them
- Meet all statutory communication and engagement requirements
- Build trust and strong relationships with patients, staff, stakeholders, partners and the wider public

The plan uses a range of channels including:

- A dedicated website www.transformingcaretogether.org
- Stakeholder engagement forums and events
- Stakeholder newsletters
- Governor briefing sessions and joint events
- Governor working group
- Listening events and briefings
- Staff ‘safe landing’ question process and portal

TRANSFORMING CARE TOGETHER

Contact

www.transformingcaretogether.org

tct.partnership@nhs.net

07469 872190

Our organisations

www.bhamcommunity.nhs.uk

www.bcpft.nhs.uk

www.dwmh.nhs.uk

Sandwell Metropolitan Borough Council

Agenda Item 6

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

18 September 2017

Subject:	Public Health England Health Profiles
Cabinet Portfolio:	Public Health and Protection
Director:	Executive Director – Adult Social care, Health and Wellbeing

Contribution towards Vision 2030:	
Exempt Information Ref:	N/A
Contact Officer(s):	Valerie DeSouza Consultant in Public Health-Research, Intelligence and Health Protection valerie_desouza@sandwell.gov.uk

DECISION RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Board

considers and comments upon the data presented in the Public Health England Health Profile 2017.

1 PURPOSE OF THE REPORT

1.1 To present the latest health profile data collated by Public Health England. These provide an overview of local performance against a range of health determinants, interventions and outcomes.

1.2 It is important to note that it is not possible to infer causality from these data, the indicators are for information and to guide future priorities.

2 IMPLICATIONS FOR THE COUNCIL'S VISION

2.1 The presentation of this data will assist the scrutiny Board in carrying out its work, which supports the Council's Ambition 2 - Sandwell is a place where we live healthy lives and live longer, and where those of us who are vulnerable feel respected and cared for.

3 BACKGROUND AND MAIN CONSIDERATIONS

3.1 The report is for information only and no decision is needed.

3.2 There are strong links between deprivation and health outcomes, and given the high levels of poverty in Sandwell it is expected that we will perform worse than national benchmarks on many health indicators. Therefore, in this report we highlight how Sandwell compares with neighbouring authorities and with authorities with similar levels of deprivation. The priorities are to address indicators on which we perform worse than would be expected for a deprived area.

3.3 Where years or ranges of years are specified these are the most recent years for which we have data in the health profiles.

4 THE CURRENT POSITION

4.1 The data in the attached appendix outlines the current position.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

5.1 N/A

6 ALTERNATIVE OPTIONS

6.1 N/A

7 STRATEGIC RESOURCE IMPLICATIONS

7.1 N/A

8 LEGAL AND GOVERNANCE CONSIDERATIONS

8.1 N/A

9 EQUALITY IMPACT ASSESSMENT

9.1 N/A

10 DATA PROTECTION IMPACT ASSESSMENT

10.1 N/A

11 CRIME AND DISORDER AND RISK ASSESSMENT

11.1 N/A

12 SUSTAINABILITY OF PROPOSALS

12.1 N/A

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

13.1 These measures are useful in order to benchmark our performance in Sandwell against national and local averages. These indicators can be used to help determine priorities going forward.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

14.1 N/A

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

15.1 The report is for information only.

16 BACKGROUND PAPERS

16.1 Please see attached summary report on health profile indicators.

17 APPENDICES:

None

Valerie DeSouza
– Consultant (Service Manager) Public Health

Appendix

Public Health England Health Profile, Sandwell

Glossary

Denominator: the base number; in public health this may be the whole population, or all the people in a particular category, e.g. 15-24 year olds.

Incidence: the percentage of the population who are newly diagnosed with a disease over a given period of time e.g. in one year.

Prevalence: the percentage of the population that is living with a disease at a given point in time, regardless of when they were diagnosed.

1. Introduction

Public Health England produce Health Profiles each year in which they collate data from a number of different sources in order to present an overview of the population's health and wellbeing. They are intended to inform local needs assessment, policy, planning, performance management, surveillance and practice.

This report summarises the latest indicators of health in Sandwell, and highlights where Sandwell is performing well and what are likely to be priorities for public health going forward. Among babies, Sandwell has higher than average rates of low birth weight and infant mortality. Among school children, Sandwell has high rates of overweight and obesity, as well as a high proportion of children growing up in poverty. Adults have a mixed picture of health and wellbeing, with higher than average rates of some infectious diseases and of obesity and lifestyle diseases. However, Sandwell performs well on substance misuse and smoking cessation indicators, reflecting the quality of service provision. Residents of Sandwell also report relatively good mental wellbeing for an area with high levels of deprivation.

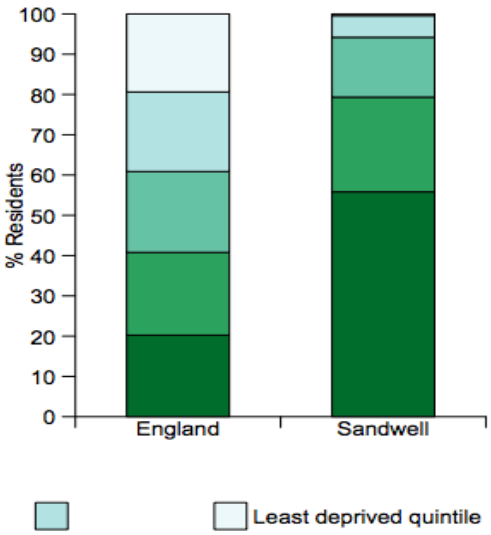
1.1 Background

Sandwell has a population of 319,455 people, 49.5% male and 50.5% female. The population is expected to increase by a further 14,000 (4.4%) by 2020. The chart below shows the percentage of the population who live in areas at each of five income levels based on national income brackets, and shows that the majority of people in Sandwell are among the poorest 20% in England. Sandwell is one of the 20% most deprived districts/unitary authorities in England, and is placed sixth out of 16 authorities for income in this lowest deprivation bracket (i.e. only ten authorities in England have a lower average income). About 30% of children live in low income families, which in Sandwell equates to 20,700 children.

This is relevant because, at a population level, lower incomes are linked to worse health outcomes. Poverty and deprivation can influence physical and mental health throughout the life course, from pregnancy through to old age.

It is also worth noting that Sandwell has an ethnically diverse population and 27.5% of people are from minority ethnic groups, which is over twice the average for England. This is relevant for public health because it can influence how we communicate public health messages, how we design interventions, and for a small number of diseases there is a higher risk among people from certain ethnic groups.

Figure 1. Percentage of residents in each income quintile, England and Sandwell.



2. Mortality and life Expectancy

2.1 Mortality

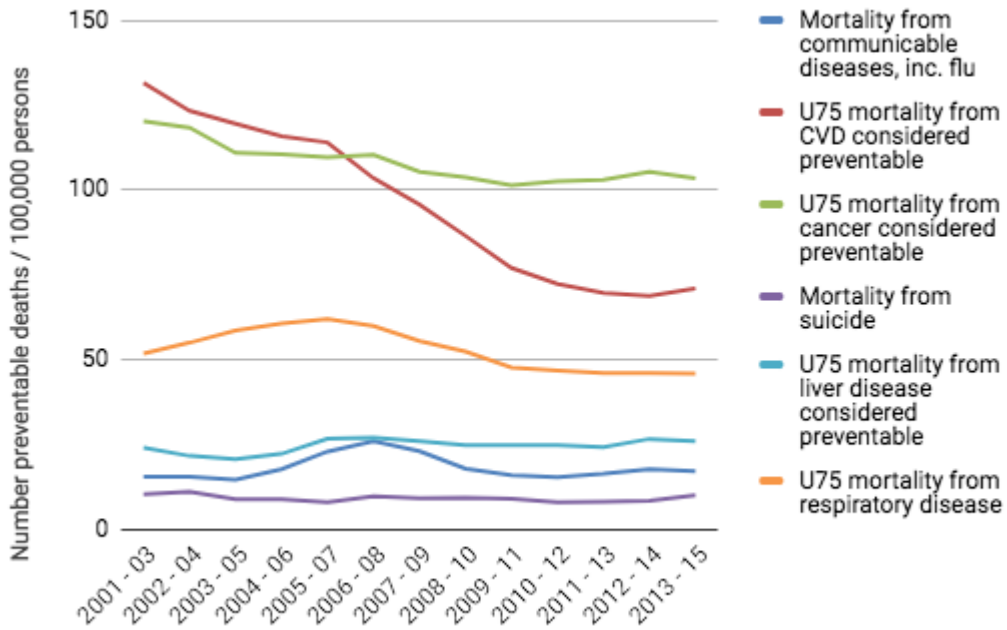
Whilst life expectancy is increasing, there is a significant life expectancy gap between the richest and poorest 10% in Sandwell: the richest 10% of women can expect to live 6.6 years longer than the poorest 10% and the same ratio is 6.8 years for men.

Deaths are considered to be preventable if in view of what we know about the causes of the disease, all or most deaths from the disease among people under 75 years old could potentially be avoided by public health interventions. These public health interventions may range from activities not typically considered to be public health, e.g. insulating homes, to more obvious interventions such as vaccination and screening programmes.

Generally, more deprived areas will have worse premature mortality, and in Sandwell the total number of premature deaths was 3,059 in 2013-15. The number of premature death from 'all-causes', cancer and stroke are higher than the national averages. Figure 2 presents data on the primary causes of preventable premature mortality in Sandwell that are covered by the health profile data.

By way of benchmarking against areas with comparable deprivation, among the 16 most deprived areas in the country, Sandwell ranks 4th for deaths from lung disease, 5th for stroke, 9th for liver disease, 11th for breast cancer and 12th for heart disease.

Figure 2: causes of preventable mortality, per 100,000 persons



*U75= Under 75 years; CVD = cardiovascular disease

2.2 Life Expectancy

Life expectancy and healthy life expectancy are two different measures. The first is a measure of how long people can expect to live either from birth, or at age 65, the second is a measure of how long people can expect to live in 'good health'. The difference between average life expectancy and how long people can expect to live in good health reveals more about health inequalities between different areas than life expectancy alone.

Males born in Sandwell in 2017 have a life expectancy of 77.1 years, lower than the West Midlands life expectancy of 78.7, and the average for England of 79.5. Females born in Sandwell can expect to live to 81.3, which is again lower than the West Midlands (82.7) and England (83.1) averages. Of these years, males can expect to 57.7 years in good health, and females 59.7 years.

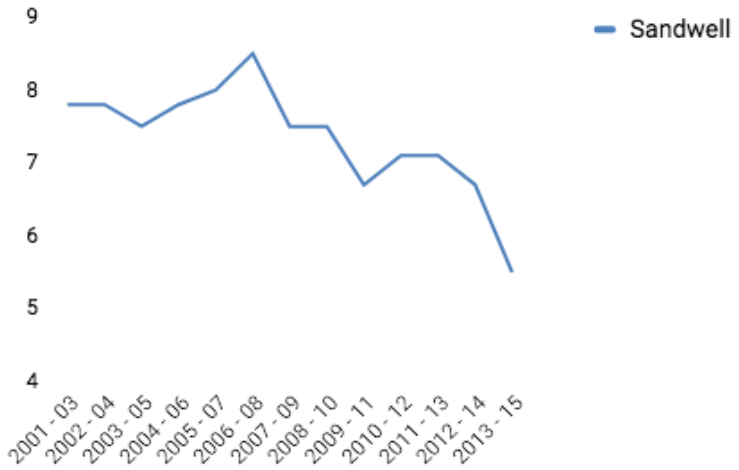
This gap between healthy life expectancy and total life expectancy, of roughly twenty years for both sexes, is one of the largest in the West Midlands. This represents a potentially significant additional burden on health services.

3. Early Years

3.1 Infant mortality

Rates of infant mortality (babies that die before the age of one) have improved but are still higher than the average for England. In Sandwell 5.5 babies per 1000 deliveries died before the age of one, compared with the England average of 3.9, and similar to the West Midlands average of 5.7.

Figure 3: Infant Mortality: deaths under 1 year per 1000 live births



As there are a range of causes of infant mortality, and as the total number of births in Sandwell in 2015 was only 4,789, it is not possible to attribute this trend to one single cause. A number of factors may be contributing to the trend.

Rates of smoking at time of delivery have fallen and in Sandwell are lower than average for the West Midlands. The number of teenage pregnancies is also falling, and while it remains higher than average for the West Midlands, the gap is narrowing. However, babies born at full-term but with low birth weight show no downward trend and rates in Sandwell remain significantly higher than the West Midlands average.

Figure 4: % of pregnant women who are smokers at time of delivery

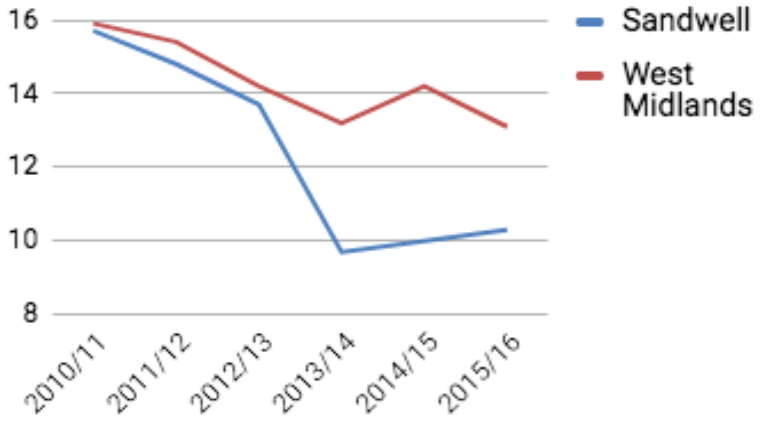
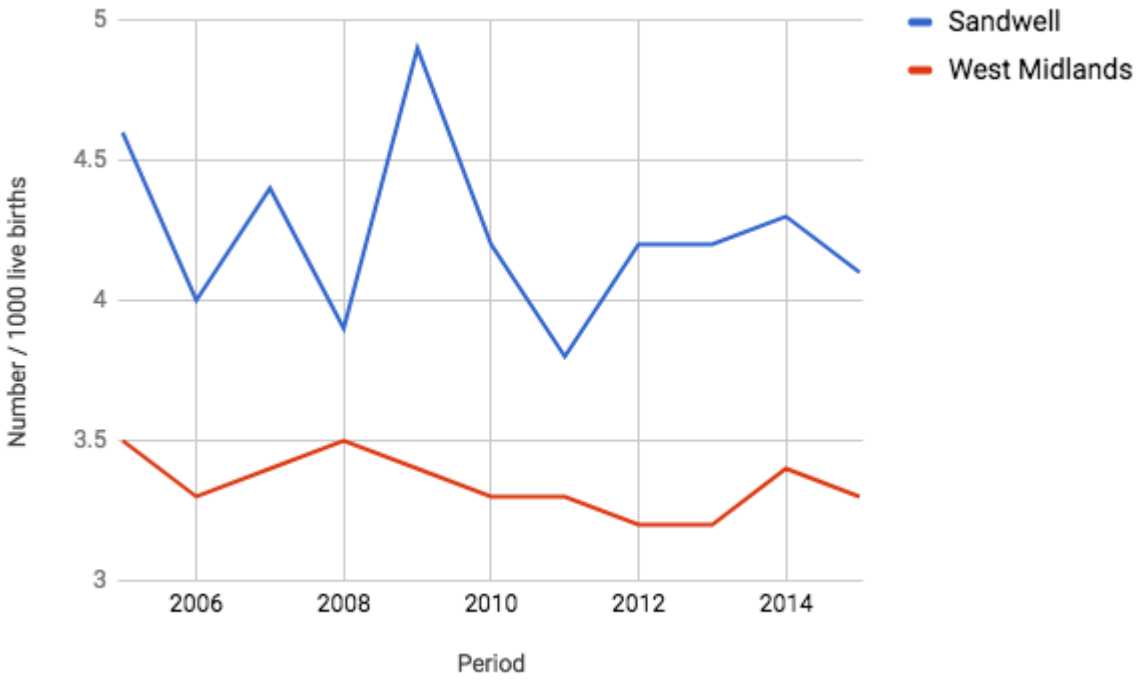


Figure 5: Low birthweight of term babies / 1000 live births

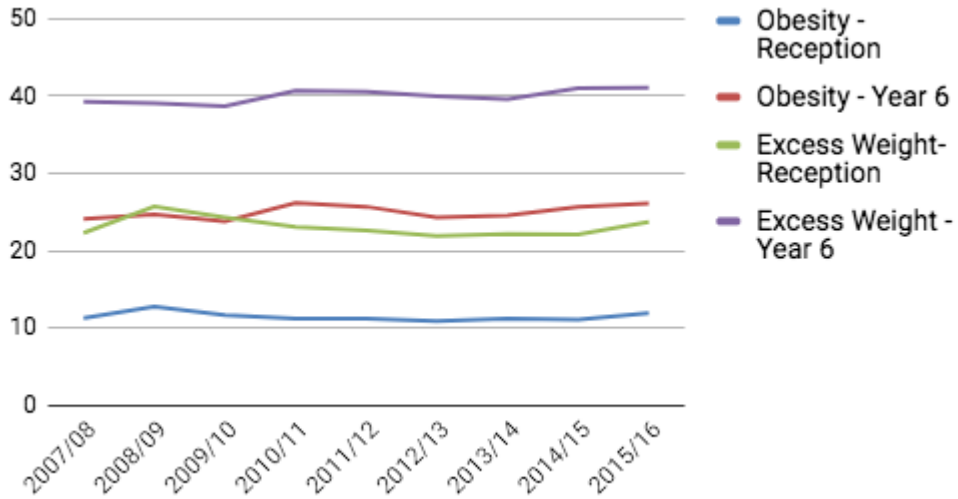


The council has worked in collaboration with Sandwell and West Birmingham NHS Trust to improve our offer to pregnant smokers and to families with young children.

3.2 Children

Whilst rates of excess weight and obesity at reception age are high they have remained roughly stable over the last decade, meanwhile there is an upwards trend of increasing weight among children in year 6. In Year 6, 26.1% (1,080) of children are classified as obese, worse than the average for England, (and close to the worst of 28.5%). The public health target is to reduce the rate of excess weight among year 6 children to 38% by 2020.

Figure 6: Overweight and obese children, Sandwell (%)



The council's public health department has been working in collaboration with schools to reduce the amount of sugar that children eat and drink at school and to increase physical activity.

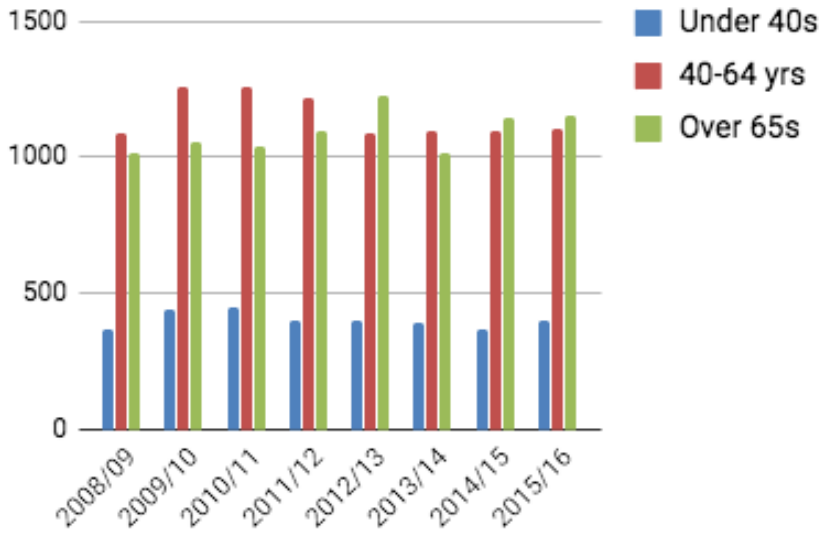
4. Adults

4.1 Alcohol

The rate of alcohol-related harm hospital stays is 781/100,000, worse than the average for England. This represents 2,257 stays per year. The goal is to reduce alcohol related admissions to 697/100,000 by 2020, and this is also a priority for SWBH. Figure 7 presents statistics on admissions to hospital for diseases that can be directly linked to alcohol consumption.

The number of hospital stays linked to alcohol among those under 18 years old is defined slightly differently, but the crude rate is 36/100,000 population, which represents 28 hospital stays per year in Sandwell.

Figure 7: Admission episodes for alcohol related conditions, Sandwell, per 100,000 people



Deaths due to alcohol have remained roughly constant and higher than the averages for both England and the West Midlands over the last ten years. It is 57 per 100,000 persons in Sandwell, compared with an average of 46 in England overall. On this indicator Sandwell is average among areas with equivalent levels of deprivation.

4. 2 Substance misuse

Sandwell is performing well on a number of substance misuse (illegal drug) indicators when compared with averages for England and the West Midlands. Despite levels of poverty, the number of injecting drug users (2.2 / 1000 people) is similar to the average for England, and the numbers of adults, and parents, receiving drug misuse treatment are also similar to the national averages. The number of hospital admissions due to substance misuse has increased in Sandwell in recent years, and where it was below the average for England, it is now exactly average, at 95 per 100,000 people.

Sandwell is performing well on providing treatment for substance misuse. Sandwell has the best outcomes in the West Midlands for adults released from prison with substance misuse problems who engage in community-based treatment, with a 50% success rate. Sandwell has converged with the England average for successful completion of drug treatment, and 64% of non-opiate users successfully complete treatment, and 72% of opiate users.

4.3 Smoking

Smoking prevalence among adults in Sandwell is the highest in the West Midlands, and 19% of adults are current smokers.

Chronic Obstructive Pulmonary Disease (COPD) is a common and often very disabling lung disease which smokers have a much higher risk of developing than non-smokers. Sandwell has the second highest number of COPD related deaths in the West Midlands, at 66 per 100,000 people; it also has the second highest number of emergency hospital admissions at 741 per 100,000 people. By comparison, Shropshire has the lowest number of admissions with 241 / 100,000 in 2014/15. These differences reflect the fact that adult smoking in Sandwell is the highest in the region.

More positively, quitting rates in Sandwell are also higher, with successful quit rates (which means not smoking 8 weeks after quitting) from smoking of 3,236 per 100,000 smokers, which is higher than the average of 2,812 for the West Midlands and 1,854 for England.

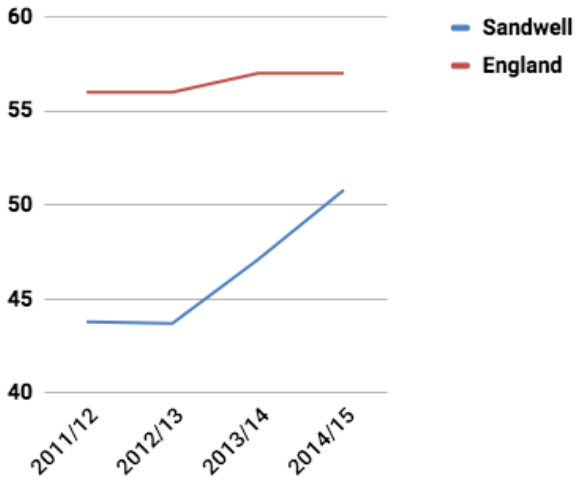
In 2014/15 the rate of smoking among 15 year olds was roughly half the national rate, at 4.3% (England average is 8.2%). However, we don't know what the uptake was in the past so it is not possible to say whether there are more or fewer young people smoking now than in the past.

4.4 Diet and Physical Activity

The percentage of Sandwell adults undertaking 150 minutes or more of physical activity per week has increased in the past four years from 44 to 51%. Whilst physical activity is still below the averages for the West Midlands (55%) and England (57%) this represents a much steeper rate of improvement than in the larger areas.

However, Sandwell is still the worst performing area in the West Midlands for physically inactive adults: 37.2% do less than the recommended 150 minutes of moderate (e.g. walking) or high intensity activity per week. This compares with a West Midlands average of 30.9%, and England average of 28.7%. Being physically inactive increases the risk of cardiovascular disease, diabetes, colon and breast cancer, obesity and mental health issues among other health impacts.

Figure 8: Physically Active adults, %



In 2013-15, Sandwell had the second highest percentage of overweight adults in the West Midlands. In Sandwell 70% of adults were classified as overweight, compared with a regional average of 67%

and a national average of 65%. We do not have measurements from previous years to be able to say if there is a trend of increasing or decreasing weight in Sandwell.

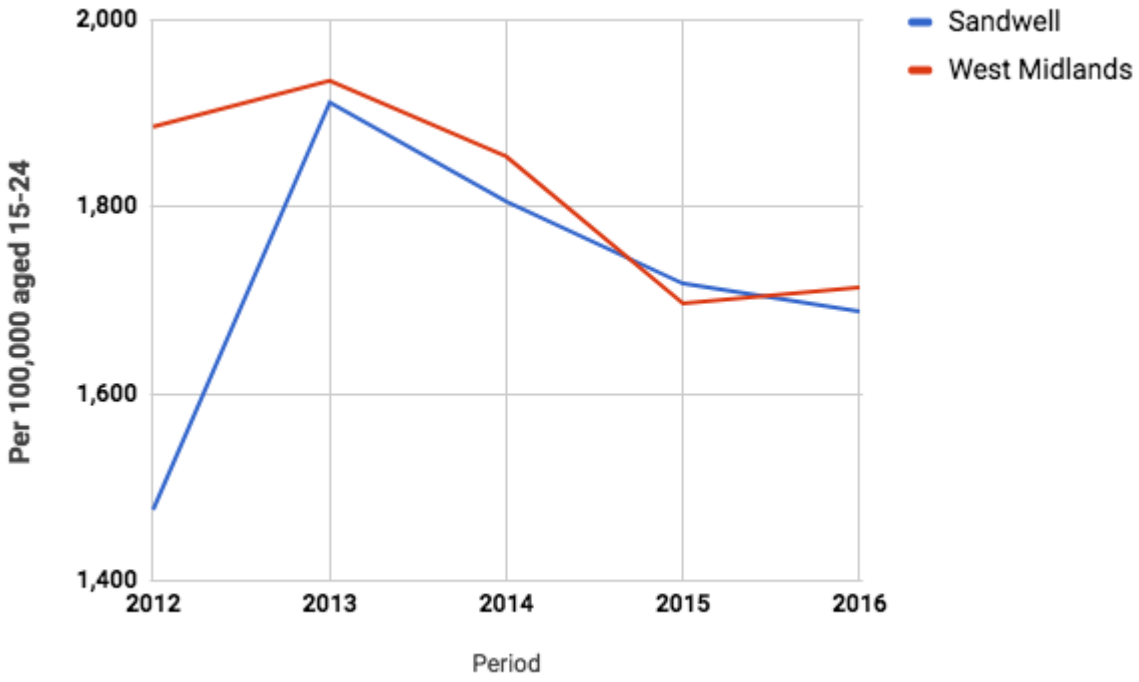
Potentially related, in 2014, (the most recent year for which we have data), Sandwell had one of the highest densities of fast food outlets in the West Midlands, with 114 per 100,000 of the population. This compares with an average of 88 in the whole of England, and is second only to Stoke-on-Trent.

4.5 Sexual Health

Sexually Transmitted Infections (STIs) are among the most common infectious diseases. Chlamydia is the most common STI in England, and accounted for 46.1% of all STIs diagnosed in 2015. Screening involves testing people who may or may not have symptoms. Currently Sandwell has the lowest rate of Chlamydia screening of 15-24 year olds in the West Midlands, at 12.8%, compared to a West Midlands average of 16.4%.

However, over the last year the council has improved access to young people's contraceptive and sexual health advice, and rates of diagnosis and treatment may rise in future when postal testing for STIs is introduced. Figure 9 shows the chlamydia detection rate in Sandwell, the fact that it is falling is in this case a negative indicator that many people with chlamydia are going undiagnosed and untreated.

Figure 9: Chlamydia detection rate / 100,000 aged 15-24



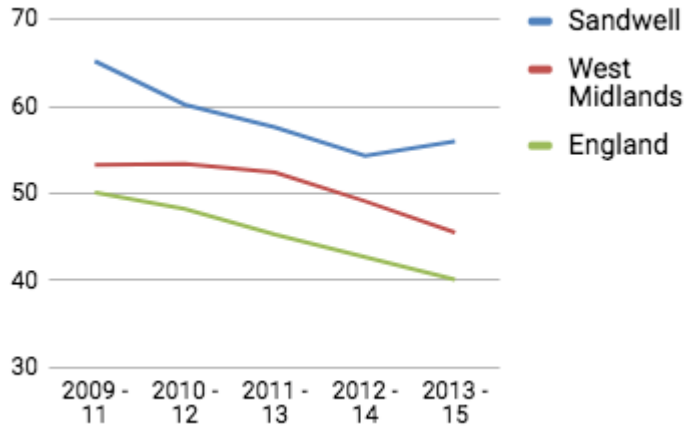
5. Communicable (infectious) diseases

5.1 HIV

Sandwell also has one of the highest rates of HIV in the West Midlands, with 2.6 people in every 1000 infected, compared with an England average of 2.3, and West Midlands average of 1.7.

Importantly, Sandwell has the highest rate of late HIV diagnosis in the West Midlands. This is a negative indicator, as the later people are diagnosed after infection with HIV the more likely it is the disease will have weakened the person's immune system, raising the risk of HIV related infections and increasing the likely cost of treatment. For several years there was a downward trend in diagnosing HIV late in Sandwell, but in 2013-15 this was broken, suggesting expanding HIV testing and diagnosis needs to continue to be a priority in Sandwell.

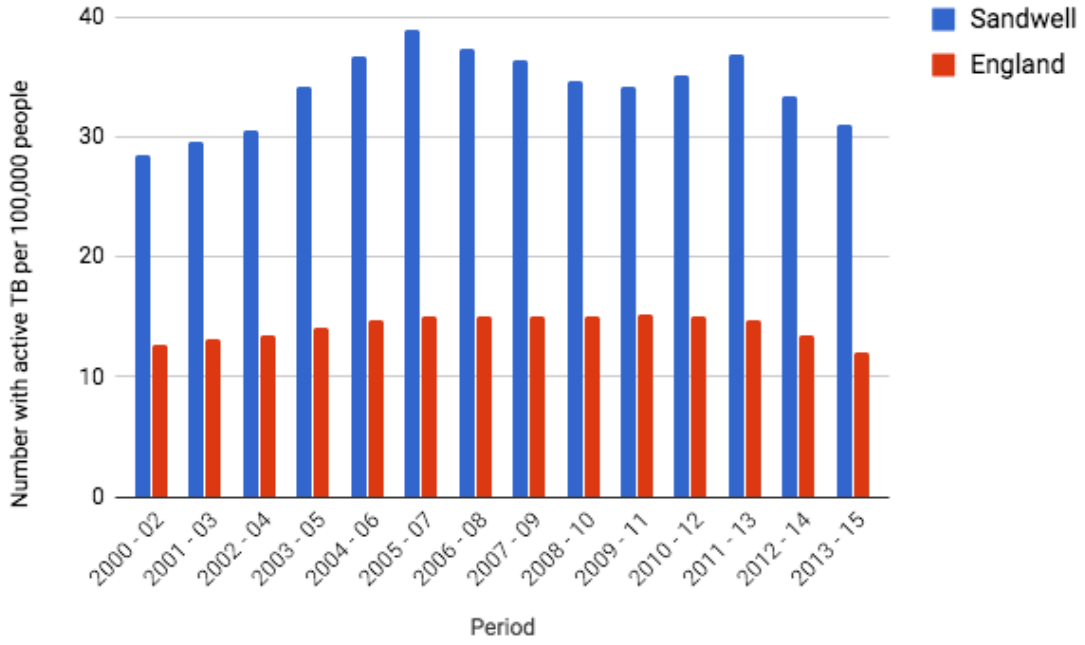
Figure 10: HIV late diagnosis (% diagnosed with CD4 < 350)



5.2 Tuberculosis

Sandwell also has one of the highest rates of tuberculosis (TB) in the country and is significantly higher than the England average (see figure 11). This may be partly explained by immigration, as the number of people who have latent TB (i.e. who are infected but who are not ill with the infection) is much higher in some countries from which people emigrate to the UK.

Figure 11: TB Incidence per 100,000 people



In order to minimise risk of infection to others, as well as improve survival, a local goal is to increase the proportion of TB cases who start treatment within 4 months of developing symptoms to the West Midlands average. In 2015 Sandwell treated 58% of people with TB who had symptoms within four months, whilst the average for England is 72%.

5.3 Flu

Flu vaccine coverage is below the benchmark across the West Midlands region, although there is less variation between areas on vaccination coverage measures than most indicators. Sandwell is improving year on year in reaching 2-4 year olds and people who are increased risk of catching flu, e.g. health workers and people with chronic conditions. The number of people aged 65 and over being vaccinated has fallen however. Sandwell under-performs against the target for each of three population groups we seek to vaccinate and increasing coverage is a public health priority. (see figures 12-14)

Figure 12: % 2-4 years olds receiving flu vaccination (Benchmark 65%)

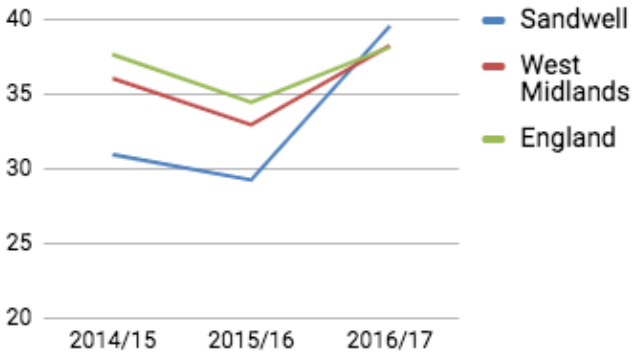


Figure 13: % people aged 65+ receiving flu vaccination (benchmark 75%)

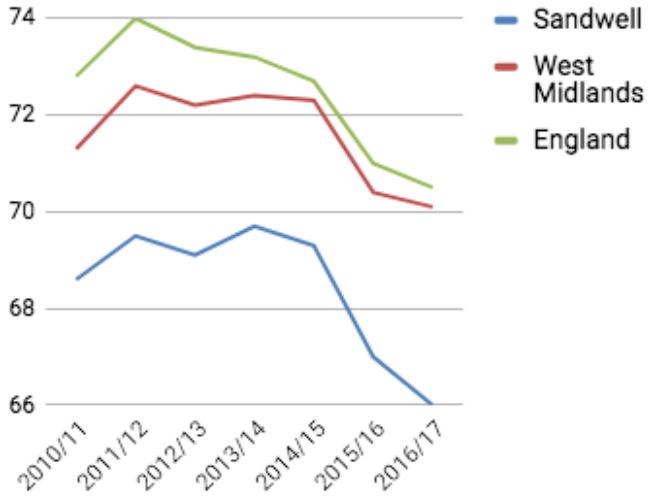
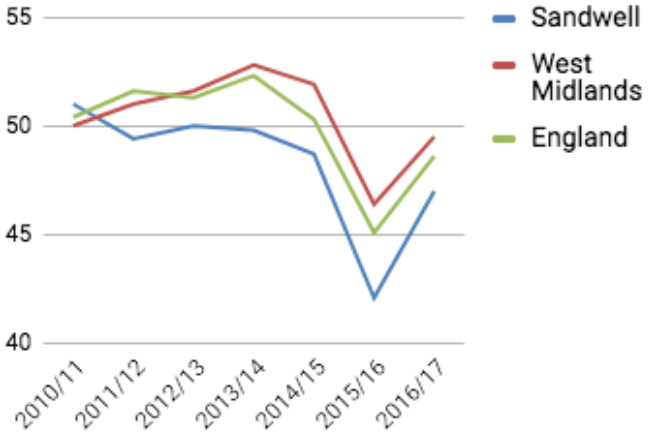


Figure 14: % at risk individuals receiving flu vaccination (Benchmark 55%)



6. Population Wellbeing

While the health indicators present a mixed picture of health in Sandwell, a positive trend is that despite higher levels of deprivation self-reported well-being (based on life satisfaction, feeling worthwhile, happiness and anxiety) is improving, and the results for most indicators in figure x are close to, or lower than, the average for England. NB: these are negative indicators and a downward trend indicates improved wellbeing.

One of our priorities in public health is to create a measure of wellbeing that reflects positive mental wellbeing instead of the absence of negative feelings.

Figure 15: Self-reported wellbeing, Sandwell, %