

Minutes of the Health and Adult Social Care Scrutiny Board

**18th September, 2017 at 5.30pm
at Sandwell Council House, Oldbury**

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

Apologies: Councillor Downing.

14/17 **Declaration of Interests**

Councillor Rouf declared an interest under the category of “Other Interests”, in accordance with the Member Code of Conduct, in that a close family member owned a pharmacy in Sandwell. He was not required to leave the meeting.

15/17 **Minutes**

Resolved that the minutes of the meeting held on 10th July, 2017 be approved as a correct record.

16/17 **Sandwell and West Birmingham Clinical Commissioning Group – Key Issues and Priorities**

The Board received a presentation from the Accountable Officer of Sandwell and West Birmingham Clinical Commissioning Group, who had also been appointed as the System Leader in relation to the Black Country Sustainability and Transformation Partnership.

The presentation provided the Board with an overview of a number of key strategic issues relating to the management and delivery of health services in Sandwell and West Birmingham. The following key points were noted:-

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- The current rate of growth in demand for acute care services was 2.5% and the intention was to reduce this to 1.5% by improving primary and community care to ensure that less people needed treatment in a hospital.
- Budgets were not being “cut” and more money would actually be spent in future years.
- On a daily basis 10% more people accessed primary care services than accident and emergency services and the range of primary care services available was being enhanced to ensure that there was the correct balance between primary care and accident and emergency services and that there was an appropriate range of choices for people.
- A Commissioning Board had been established involving the four Black Country Clinical Commissioning Groups to lead on the development of a single commissioning process for the area. The importance of transparency in discussions was recognised, however, the technical and clinical nature of the conversations also sometimes made this a challenge.
- Access to mental health services was improving, especially talking therapies, and there was a range of innovations in mental health services with a stronger focus on mental health and wellbeing.
- The 111 service was now one of the most advanced services in the country, providing links to a range of other services.
- 97% of GPs had signed up to the Primary Care Commissioning Framework, which brought together a set of 10 standards, which had been developed in consultation with GPs and patients.
- The Framework had been successful in its first year in increasing access through extending opening hours at 100% of practices, improving identification of serious conditions and providing more health checks for patients living with serious mental illness.
- The NHS was facing a challenge with 40% of the clinical workforce being aged 50 and above. This was being tackled through diversification of the workforce to upskill and use staff in different ways.
- There was a strong focus on a partnership approach to develop person centred care in the community and provide a seamless service to the patient.
- Work was taking place, in partnership with the Council, to introduce an integrated immediate care system to eliminate delays in transfers of care.

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

- In addition to an accident and emergency department at Midland Metropolitan Hospital, there would be an integrated urgent care centre at Sandwell General Hospital, which would deliver the same service as an accident and emergency department with the exception of a major trauma centre, 24/7 consultants and an intensive care unit.
- Not everyone would notice changes to services, however, it was acknowledged that communication of changes could improve, in particular making it clear that changes did not happen in isolation.
- The use of the 111 service was being encouraged to prevent patients making unnecessary journeys to hospital and access a more local service if required.
- The Ask NHS phone app was also being promoted nationally and provided a range of access channels for the patient.
- Government policy (e.g. minimum alcohol pricing, and sugar tax), treatment and self-support all needed to come together to tackle a range of health issues.
- It was important that the Council supported efforts to improve health e.g. by promoting its cycling strategy.
- Staffing issues in the NHS were profound and a multi-faceted approach was needed to address them. Consideration needed to be given to the types of career on offer and flexibility options.

The Board noted that the Joint Health Overview and Scrutiny Committee with Birmingham City Council would be receiving an update on the Midland Metropolitan Hospital at its meeting on 28th September, 2017.

The Board thanked colleagues from the Clinical Commissioning Group for their presentation.

17/17 Update on Transforming Care Together Partnership

Further to Minute No. 4/16 (31 March, 2016) the Board received an update on the proposed partnership between Black Country Partnership NHS Foundation Trust, Dudley and Walsall Mental Health Partnership NHS Trust and Birmingham Community Healthcare NHS Trust.

The partnership had been proposed as a means to address concerns about the financial viability of the Black Country Partnership NHS Foundation Trust and would create a single organisation, the name of which was yet to be determined.

The proposal was currently being reviewed by NHS Improvement (NHSI) and could not be implemented without its approval. The proposed go-live date of 1st October 2017 had been postponed pending NHS Improvement's response. The integrated organisation would 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 Midland.

As a Foundation Trust, the organisation would be fully representative of the new service footprint.

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

- The Black Country population was around 1 million and research suggested that this was an optimum size for a specialist provider.
- Members felt that there was a lack of knowledge about the organisation and its governance and this affected the level of accountability to local people.

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- The new organisation would have to address the challenge of achieving efficiencies across a larger geographical area, whilst retaining locality of services and local accountability.
- There were no proposals for cuts at a clinical level and all savings identified were to back office functions.
- Any future changes proposed to clinical processes would go through the normal channels of consultation.
- The challenges faced in terms of staffing in relation to learning disability services and mental health care were a driving force for the change.
- Currently the Black Country Partnership NHS Foundation Trust was investing in apprenticeships, however an aging workforce was also a challenge.
- Nurses were a huge part of the workforce and in light of the government's removal of the bursary for nursing students, this was not an issue that one organisation alone would be able to address.
- Third sector organisations were doing excellent work in reaching out to black and minority ethnic communities to tackle stigma in addressing mental health services.
- Work was also being undertaken with GPs to identify signs of mental ill-health, however, resources was an issue.

The Board thanked colleagues from Black Country Partnership NHS Foundation Trust for their presentation.

Resolved that the Leader of the Council be requested to write to the Secretary of State for Health, conveying the Board's concerns on the impact that the removal of NHS bursaries will have on the recruitment of nursing staff.

18/17 **Public Health England Health Profiles**

The Board received a presentation which provided Sandwell specific data based on Public Health England's annual health profile data for 2017. Also provided was a summary of Public Health's response to addressing a number of issues as highlighted by the data.

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

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- Life expectancy in Sandwell was only slightly below the national average, however, *healthy* life expectancy was five years below the national average and represented a potentially significant burden on health services.
- Rates of infant mortality were higher than the England average and work was being undertaken by both the Council and Sandwell and West Birmingham Clinical Commissioning Group to investigate links between poverty and infant mortality rates.
- Sandwell was below the West Midlands average in relation to smoking during pregnancy, however, rates of low birth weight remained significantly higher. The council was working in collaboration with Sandwell and West Birmingham Hospitals NHS Trust to improve its offer to pregnant smokers and to families with young children.
- The National Child Measurement Programme indicated that 26% of children in Sandwell were classified as obese by the time they reached year 6, which was worse than the England average. The Council was addressing it through school meals providers and the Community Activity Network. Schools had been provided with data relevant to their own population to assist them in working with the Council to tackle the problem.
- There were high levels of inactivity in Sandwell, with a third of the population doing less than 30 mins of exercise a week, placing Sandwell as the worst performing authority in West Midlands.
- Around 70% of adults were obese. Sandwell had one of the highest densities of fast food outlets in West Midlands.
- Deaths due to alcohol had remained constant and the Council was working with Sandwell and West Birmingham Hospitals NHS Trust to identify problem drinkers and offer treatment. Work was also being undertaken to target support services at an earlier stage before addiction and to re-design services to reduce stigma and capture more of the population.
- Sandwell had one of the highest rates of Tuberculosis in the Country and had seen an increase in the number of cases. Public Health was working with GPs to raise awareness of symptoms to target patients as early as possible. There was no evidence that the discontinuation of the school vaccine programme had had an impact on data and the increase could be attributed to increased immigration. Work was also being undertaken with Sandwell and West Birmingham Clinical Commissioning Group to try to reduce the stigma associated

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with the disease.

- HIV rates were amongst the highest in West Midlands. 56% of diagnoses were at an advanced stage so work was underway with the Clinical Commissioning Group to improve screening and reduce this.
- A holistic offer was being developed for new entrants to Sandwell providing signposting to lifestyle services, language courses, and appropriate health screening.
- More deaths were caused in Sandwell through poor lifestyle choices than any other cause.
- Sandwell currently had the lowest rate of Chlamydia screening in West Midlands. However, the recent re-design of sexual health services, in particular the introduction of postal testing kits, could result in an increase on diagnosis rates in the future.
- In relation to the flu vaccine, Sandwell was improving at reaching 2-4 year olds and people at increased risk of catching flu, however the number of under 65s taking the vaccine had fallen. Increasing coverage was a key priority for Public Health. The Clinical Commissioning Group was working on increasing the locations available for people to have the vaccine, however, as the service was commissioned nationally the level of local influence was limited.
- All indicators were declining in relation to self-reported wellbeing. Wellbeing levels were a driver of other factors e.g. alcohol addition, which led to other health problems and proposals were being put together to provide a wellbeing offer to the whole population by 2020.
- There were links to poor air quality and ill-health, however, this was difficult to capture at borough level. Generally poorer areas were more affected by air quality issues, which exacerbated existing poor health.
- A new Joint Strategic Needs Assessment was being developed with the Safer Sandwell Partnership and the Health and Wellbeing Board, which would look at the impact on families of imprisonment, however, it was difficult to separate out the impact on children due to other risk factors being present.

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The Board thanked officers for the detailed and informative presentation.

Resolved:-

- (1) that data in relation to links to infant mortality rates and poverty be provided to the Board;
- (2) that data from the National Child Measurement Programme be provided to all members relevant to their respective towns;
- (3) that data be provided to members of the Board on the number of HIV diagnoses in the Borough.

(Meeting ended at 7.55 pm)

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