

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

**22<sup>nd</sup> January, 2018 at 5.30pm  
at Sandwell Council House, Oldbury**

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

**Apologies:** Councillors Crompton and S Jones, and Shaeen.

1/18 **Minutes**

**Resolved** that the minutes of the meeting held on 11<sup>th</sup> November, 2017 be approved as a correct record subject to the inclusion of a summary of the update provided by Councillor Ahmed relating to the Aids and Adaptations Work Group.

2/18 **Sandwell Safeguarding Adults Board Annual Report 2016/2017**

The Board received the Sandwell Safeguarding Adults Board (SSAB) Annual Report 2016/2017 and a presentation from the Chair and the Manager of the SSAB.

The Chair advised that the service user experience and feedback had been extremely important and that the Board had sought focus on prevention as well as abuse in the 'See something do something campaign'. The Manager advised that the Sub-Group contribution had been positive.

The Board was advised of several initiatives and work in the community to raise awareness of safeguarding adults and highlighted that the West Midlands Ambulance Service had a strong focus on Adult Safeguarding issues both on its website and in its work with PALS and service users. The Board was advised that the West Midlands Fire Service was raising awareness of fire safety and

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when doing so, asked residents how safe they feel, this work was appreciated and was good practice.

The presentation highlighted the following:

- What's new – The website, Appointment of Lay Member, Launch of the Hoarding Pathway;
- Partner Contributions Key highlights;
- Sub-Group Strategic Objectives 2016/17;
- Sub-Group Contributions Key Highlights;
- Safeguarding Performance Data;
- SSAB Priorities 2017/18.

From the comments and questions by Scrutiny Board Members during and after the presentation the following responses were made and issues highlighted:-

- The number of enquiries concluded had dropped from 1074 in 2015-16 to 444 in 2016-17. In 2016-17 there was greater management over sight of the referrals. The reduction was due to more robust processes in place and some changes to data recording.
- There were new procedures for recording and dealing with incidents such as missed medication, which previously would have warranted an enquiry. Currently there was a record of incidents which was monitored.
- The Board was concerned that enquiries related to Care Act 2014 part 1, Safeguarding adults at risk of abuse or neglect Section 42 (S42). Concerns had decreased considerably in a year and the Board was assured that although low now, the numbers of incidents would continue to be monitored.
- Colleagues and Members had been invited to carry out a peer review of Adult Social Care to invite external review and validation; feedback would be provided to the next Scrutiny Board meeting.
- The private sector Adult Safeguarding performance data was disappointing. There were several factors which had to be taken into account and that could distort the performance data such as:
  - anti-social hours in the NHS or Police and ambulance service out of hours services.
  - was it all or some of the services that had impact on the incident;
  - was it organisational abuse or the whole abuse of a person.

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- To address safeguarding issues there were a number of actions, such as:
  - the resident(s) could be removed;
  - staff could be suspended;
  - staff could be retrained;
  - the organisation could be reported to the regulators (CQC).
- Meetings were held every six weeks to consider providers where there were concerns. CQC could require improvements and there would be a partnership approach about how to implement them.
- There was confidence that the priorities as outlined in the presentation were being delivered.
- There was a suggestion that the Prevention Sub Group should include a representative from black and minority ethnic groups (BME) on its membership.

The Chair welcomed the progress being made and thanked the Chair and the Manager for the update and presentation of the Sandwell Safeguarding Adults Board Annual Report 2016/2017.

**Resolved** that the Sandwell Safeguarding Adults Board Annual Report 2016/2017 be received.

3/18

### **Strategy to Reduce Infant Mortality in Sandwell**

The Specialty Registrar in Public Health provided a summary of the strategy which was developed by Sandwell and West Birmingham Clinical Commissioning Group (SWBCCG) and Sandwell Local Authority to address infant mortality and stillbirths within the Clinical Commissioning Group (CCG).

The strategy outlined current services which were designed to reduce infant mortality, suggested modification to current services and additional services which would reduce infant mortality in Sandwell. The Specialty Registrar in Public Health provided a presentation of the current position.

From the comments and questions by Scrutiny Board Members during and after the presentation the following responses were made and issues highlighted:-

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- The rates of still birth were higher in Birmingham compared to Sandwell. The still births were measured in rates not cases. Across the Clinical Commissioning Group (CCG) in 2017 there were 150 still births and 140 infant deaths.
- Smoking in pregnancy was the highest risk factor and linked to most deaths. There were fewer women smoking in pregnancy (20%) reduction, however still 750 women smoked throughout their pregnancy in 2017.
- The information relating to breast feeding was old data (2014-15) a more recent figure had been requested.
- The Equality data indicated that there were twice as many Pakistani and Caribbean deaths in Sandwell, but it was difficult to link the deaths directly to ethnicity or age of mother. It was more likely to be linked to other factors as well.
- There was a need to try to reduce the language barrier and to work to communicate and get messages through to new to UK and non-English speakers resident in Sandwell.
- Deprivation and child poverty were linked to infant deaths in Sandwell but could not be solely responsible. Deprivation was linked to a range of other factors such as smoking, breast feeding etc.
- Programmes were in place to specifically tackle issues such as smoking and breast feeding in Sandwell, and there was an awareness that certain areas would have worse infant mortality rates than others but that rates would fluctuate.
- Maternity services in neighbouring Authorities were often chosen by mothers, some chose Russell's Hall Hospital, Walsall Manor Hospital or New Cross Hospital. Further information was requested about out of Borough births to a future meeting.
- It was not known if vaping in pregnancy had an adverse impact on the infant, it was however considered to be safer than smoking in pregnancy.
- Some mothers were not truthful about their smoking habits. It was considered that screening tests on all mothers would take the stigma away from smoking in pregnancy.
- Many parents were aware of the impact of passive smoking near infants. Smoking in public places and in cars had been addressed but early years of the infants could be impacted if the parents smoke indoors.
- Breast feeding data did not demonstrate how long the breast feeding continued in early weeks and months following birth. Budding schemes were available and breast feeding had

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become more acceptable in public with special facilities and places being made available for nursing mothers.

- Life expectancy and the best possible start in life were priorities for Sandwell and it was anticipated that the effect of early intervention in maternity care would see generational improvements.

The Board welcomed the update and felt that progress had been made to deliver the strategy to reduce infant mortality in Sandwell

**Resolved** that the update be received and further information be submitted to a future meeting in relation to the number of out of Sandwell Borough births.

(Meeting ended at 7.00 pm)

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