

Minutes of the Health and Adult Social Care Scrutiny Board

**19 March 2018 at 5.30pm
at Sandwell Council House, Oldbury**

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

Apologies: Councillors Lloyd and Rouf.

4/18 Minutes

Resolved that the minutes of the meeting held on 22 January 2018 be approved as a correct record.

**5/18 Sandwell and West Birmingham Clinical Commissioning Group –
Treatment Policies Harmonisation Programme**

It was reported to the Board that Sandwell and West Birmingham Clinical Commissioning Group (CCG) was commencing the second phase of its programme to harmonise treatment policies to ensure that patients had equal access to treatments and that those treatments were effective and had a proven clinical benefit.

The Board noted that Birmingham and Solihull and Birmingham Cross City CCGs were also carrying out the same exercise so patient access would be equal across the three CCG areas.

The Board noted the list of treatment policies proposed for review.

The CCG acknowledged that scrutiny's input into phase 1 of the programme had been sought late in the process and therefore the Board's views were being sought much earlier in the phase 2 programme. A comprehensive plan for engagement had been developed, which would incorporate views from a variety of clinical groups as well as patients and

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the general public. A variety of engagement methods would be utilised including social media platforms, existing clinical and patient networks, questionnaires and public events. Evidence from Equality Impact Assessments would also be used.

Engagement with clinicians would take place over a six week period, commencing in April, before a six week public engagement process commencing in May. Feedback from the engagement processes would be reviewed in July and August and it was anticipated that the revised policies would be approved through the CCG's own governance mechanisms before implementation between October and December.

From the comments and questions by members and the responses and discussion, the following issues were noted:-

- It was important to make the most effective use of NHS funds by ensuring that the treatments carried out were clinically effective.
- Evidence showed that some procedures and treatments were less effective and it was therefore not cost effective, or beneficial to patients to keep doing them.
- The methods used in patient trials to gather evidence were ethically approved and fully consented to by the patients involved.
- Services were not being decommissioned but criteria was being reviewed against new clinical evidence and a case by case approach would still be taken by clinicians.
- GPs would not have any more power to make decisions on treatments and patients would still have the right to a second opinion, however, they would have more information upon which to make a decision.
- Patients could still be referred for a consultant's opinion and ultimately could make an appeal for an Individual Funding Request if they disagreed with the consultant's opinion to not carry out a procedure.
- Clinical evidence, guidance from the National Institute for Health and Care Excellence and guidance from the Cochrane Library would all be taken into account in the revision of the policies.

Resolved that a further report be submitted to the Board following the conclusion of the consultation.

6/18 Aids and Adaptations Policy Review

The Board received a presentation setting out proposed changes to the council's policy in relation to the provision of aids and adaptations that supported people to live independently.

The Council was due to commence a re-procurement exercise in relation to the contracts held for these works, which were due to expire in February 2019, and so the opportunity had been taken to re-shape the policy to shape procurement frameworks.

A working group comprising of members of the Board (Councillors Lloyd and Rouf) and relevant officers had identified the following areas to be taken into account:-

- The customer journey, including pathways, roles and responsibilities and expectations.
- Effective use of resources and value for money.
- Sustainability and future proofing of homes.

The Board noted the process that an applicant took from initial request to the completion of works.

From the presentation, questions and responses, the Board noted the following:-

- There would be a single person responsible for the customer pathway, which was underpinned by a revised officer structure which included additional Occupational Therapy capacity. This had already resulted in an increase in the clinical time of the occupational therapists and consequently increased the number of assessments taking place.
- Occupational therapists, caseworkers and technical officers would all be co-located.
- Timescales (from initial contact to completion of works) would be published as part of a set of Service Standards and performance would be benchmarked with other authorities.
- Adaptations to Council properties were funded through the Council's Housing Revenue Account and there was no limit on expenditure.
- Adaptations to non-council properties were funded from a Disabled Facilities Grant received by the Council from central government and there was a maximum spend of £30,000. Adaptations which exceeded this amount could be subsidised by the applicant.
- Local authorities were being asked to consider the introduction of

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- discretionary top-ups to disabled facilities grants.
- Consideration was being given to introducing a range of new grants which would support individuals to re-locate, those coming home from hospital and those living with dementia to make their homes easier to navigate and safer.
- Wherever possible there would be minimal bureaucracy in the processes.
- Wherever possible equipment would be recycled to ensure that the Council achieved value for money.
- The use of modular extensions (“pods”) was being considered as an alternative to permanent structural adaptations.
- Re-location options would be discussed with the applicant if there was a suitable property available within the Council’s housing stock that could meet their needs and these conversations would take place as early as possible in the process.
- Each case was unique and the type of aid or adaptation requested would dictate whether or not a clinical assessment was required by an Occupational Therapist.
- Under law, adaptations had to be “necessary and appropriate” and “reasonable and practical”.
- The Council was working with local universities to ensure that staff were appropriately skilled and to develop appropriate pathways to ensure that the right decisions were taken at the right points in the process with minimal delay.

The revised policy would need to take into account the Regulatory Reform Order 2002 and other policies around spending Disabled Facilities Grants. It was reported that the revised policy would be presented to the Cabinet in May.

Resolved:-

- (1) that the proposals presented be endorsed for inclusion in the Council’s revised policy on aids and adaptations, and submission to the Cabinet;
- (2) that any changes to these proposals, prior to the draft policy’s presentation to the Cabinet, be reported back to the Board.

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7/18 Update from Chair and Vice-Chairs on their activities in relation to the Board's work programme

Councillor Ahmed reported that he had recently met with Andy Williams, the Accountable Officer for Sandwell and West Birmingham Clinical Commissioning Group, to discuss progress on the implementation of the Black Country Sustainability and Transformation Partnership (STP). The Board noted the following:-

- The CCG continued to work closely with the Executive Director-Adult Social Care, Health and Wellbeing on the utilisation of the Improved Better Care Fund and joint commissioning.
- Consideration was being given to the delivery of primary care being aligned to towns.
- Andy Williams would be stepping down as the STP lead and as such governance arrangements for the partnership were being reviewed.

It was also reported that concerns around the impact of the Midland Metropolitan Hospital on the Coroner's service in Sandwell had been raised with the Chief Executive of Sandwell and West Birmingham Hospitals NHS Trust.

Councillor Giles reported on the following:-

- The Joint Health Overview and Scrutiny Committee with Birmingham was receiving regular updates on the review of oncology services in Sandwell and West Birmingham and the delays in relation to the development of the Midland Metropolitan Hospital.
- She had recently met with Healthwatch Sandwell and discussed what good consultation looked like and this would be incorporated into members' training in the new municipal year.

(Meeting ended at 7.11 pm)

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