

**Sandwell**  
Metropolitan Borough Council

**Health and Adult Social Care  
Scrutiny Board**

**Monday 18 June, 2018 at 5.30 pm  
in Committee Room 2  
at the 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. To confirm the minutes of the meeting held on 9 April, 2018 as a correct record.
4. Work Programming 2018-19.
5. Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council.

Date of next meeting – 9 July, 2018

**J Britton**  
**Chief Executive**

Sandwell Council House  
Freeth Street  
Oldbury  
West Midlands

**Distribution:**

Councillors E M Giles (Chair);

Councillors Downing and Lloyd (Vice-Chairs);

Councillors Bawa, Akhter, Crompton, O Jones, Shaeen, Tranter, White and  
Worsey.

**Agenda prepared by Alex Goddard  
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## **Health and Adult Social Care Scrutiny Board**

### **Apologies for Absence**

The Board will receive any apologies for absence from the members of the Board.

## **Health and Adult Social Care Scrutiny Board**

### **Declaration of Interests**

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.

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

**9<sup>th</sup> April, 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, Lloyd and Shaeen.

**Apologies:** Councillors Crompton and Hevican.

8/18 **Minutes**

**Resolved** that the minutes of the meeting held on 19<sup>th</sup> March, 2018 be approved as a correct record.

9/18 **Public Health Underspend**

Further to Minute No. 2/17(11) of the Budget and Corporate Scrutiny Management Board (22<sup>nd</sup> June 2017) the Board received a report detailing the activities undertaken by Public Health to address lifestyle risk factors and explanations for underspends on these activities.

The Public Health budget had been underspent year on year since 2015. These underspends had largely arisen as a result of provider under performance as a consequence of targets being set too high. This had also had an impact in reducing the number of providers coming forward when the contracts were due for re-commissioning as payment by results models created more of a risk for the provider if the targets were difficult to achieve. Consequently, payment models had been redesigned and targets adjusted.

## Health and Adult Social Care Scrutiny Board – 9 April 2018

Targets set in 2015 for the NHS Health Check had been set significantly higher to compensate for previous years' (2013 to 2015) underperformance. Whilst this had helped to considerably improve the uptake rate in Sandwell, it still did not achieve the set target of 97% of those invited and therefore contributed to a significant underspend. This target had now been reduced. However, it was noted that Sandwell had been recognised as the most improved borough in the region and was now above the national target.

It was noted that the underspend was subject to the same ring-fence restrictions as the Public Health Grant. There was still uncertainty about the future of the Public Health Grant, although year on year reductions continued and so the reserve would be used to protect services. Going forwards, new ways of working needed to be explored as the underspend alone could not fully mitigate the financial pressures. The continued uncertainty was also a hindrance to long-term planning. The priorities for Public Health were being reviewed to ensure that they aligned with the Vision 2030 and that funding was prioritised accordingly. Once these priorities had been agreed, staffing structures would be reviewed.

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

- Despite the explanation given for targets not being achieved, there was still an unmet need based on the priorities set out in the Joint Strategic Needs Assessment (JSNA). Local consultations suggested that people were keen to change their behaviour but preferred support for self-help.
- The self-help agenda was being promoted in relation to drug and alcohol support, weight management and sexual health.
- The former Community Activity Network Development Officer posts had been re-designated Public Health Development Officers, with six made permanent. They would be based one in each town and they would work across four settings (primary care, workplaces, community centres and schools) focussing on a range of lifestyle issues and supporting the self-help agenda.

## Health and Adult Social Care Scrutiny Board – 9 April 2018

- A mixed approach to service delivery was required, that was tailored to the local population's needs, and the Public Health Development Officers were essential to this work gathering intelligence, local insight and making connections with other service providers.
- Engagement activities were being undertaken with the provider market, as well as with services users, to understand their views.
- Digital platforms – e.g. apps - were used to monitor uptake and results from self-help programmes.
- The Healthy Sandwell website would appear on page one of a Google search and would signpost people to interventions and support.
- Automated messaging was being trialled to connect with service users but person to person contact was available to those who needed it and the Public Health Development Officer roles would be key to facilitating this.
- It was challenging to keep track of those who took up services but did not progress, however services would be more visible with the Public Health Development Officers working across four settings in each town. Workplace contacts would help to support those who worked 9-5pm, however out of hours services would be explored as part of the development of the new service.
- The first step to change was self-help but it was also recognised that other support services might be needed before lifestyle issues could be addressed – e.g. signposting to Citizens' Advice Bureau to address debt issues before tackling smoking cessation.
- It was known that residents from Eastern European communities were heavy smokers and alcohol users so those communities would be targeted and Healthy Sandwell offered information in a number of languages.
- The National Diabetes Programme was proving very successful and Sandwell had the highest referrer rate, which was ensuring that people were captured early with the disease. It was estimated that 33,000 people in Sandwell were pre-diabetic, 11,000 of which were in the clinical system.
- South Asian communities were at a high risk of diabetes so activities were being targeted at these groups.
- Councillors could assist in championing the NHS Health Check programme.

## Health and Adult Social Care Scrutiny Board – 9 April 2018

- The option of mobile screening was being explored.
- Universal services would be reduced in order to provide targeted services to certain high-risk groups.

### **Resolved:-**

- (1) that the proposed new priorities for Public Health be submitted to the Health and Adult Social Care Scrutiny Board for consideration and comment prior to Cabinet's approval;
- (2) that a further report be submitted to the Board in October 2018 on the performance of programmes to address lifestyle risk factors.


(Meeting ended at 6.21 pm)

Contact Officer: Stephnie Hancock Democratic Services Unit 0121 569 3896
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## REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

12 June 2018

<b>Subject:</b>	Work Programming 2018-19
<b>Director:</b>	Director – Monitoring Officer – Surjit Tour
<b>Contribution towards Vision 2030:</b>	
<b>Exempt Information Ref:</b>	The information contained in this report is not exempt from publication.
<b>Contact Officer(s):</b>	Alex Goddard, Scrutiny Officer <a href="mailto:alexander_goddard@sandwell.gov.uk">alexander_goddard@sandwell.gov.uk</a>

### DECISION RECOMMENDATIONS

**That the Health and Adult Social Care Scrutiny Board:**

1. receives the presented information from the relevant Director(s);
2. considers and agrees a draft work programme for the 2018-19 municipal year for submission to the Budget and Corporate Scrutiny Management Board for approval.

#### 1 PURPOSE OF THE REPORT

- 1.1 The Board is asked to consider its work programme for 2018-19 taking into account outstanding items from the previous municipal year, suggestions from the public and how it can add value, support Vision 2030 and enhance the services that the Council delivers.
- 1.2 The draft work programme that arises from this meeting will be reported to the Budget and Corporate Scrutiny Management Board

#### 2 IMPLICATION FOR SANDWELL'S VISION

- 2.1 The focus of the Council's overview and scrutiny function is aligned to support Sandwell's Vision 2030 and the 10 ambitions it contains. All items selected for inclusion in the work programme for the Board must support and strengthen the Council and its partners' work to achieve Vision 2030.

- 2.2 A review of overview and scrutiny is currently being carried out in consultation with the Chair of the Budget and Corporate Scrutiny Management Board. Workshop events will be held with scrutiny members during the summer to focus on effective scrutiny, aligning scrutiny's work with Vision 2030, ensuring work programming is focussed to support the ambitions, considering various engagement options with the public and stakeholders and identifying progress made to deliver intended outcomes.

### **3 BACKGROUND AND MAIN CONSIDERATIONS**

- 3.1 The relevant Director(s) have been invited to attend this meeting to provide the Board with an overview of the services, key issues and priorities relevant to this Board's terms of reference and how they support Vision 2030.

### **4 THE CURRENT POSITION**

- 4.1 In accordance with the Council's Scrutiny Procedure Rules, each Scrutiny Board is responsible for developing and agreeing its own work programme.

### **5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)**

- 5.1 The Council's Scrutiny Officers, supported by Communications Team and Councillors, have undertaken a public call for suggestions for potential work topics for overview and scrutiny. Over 90 submissions have been received and the suggestions relevant to this Board's remit are attached at Appendix 1.

### **6 ALTERNATIVE OPTIONS**

- 6.1 If the Scrutiny Board does not determine a work programme then the opportunity to review policies and services will not be realised meaning that improvements, savings and income generation possibilities may be missed.

### **7 STRATEGIC RESOURCE IMPLICATIONS**

- 7.1 The Scrutiny function is directly supported by the Council's Statutory Scrutiny Officer and a team of Scrutiny Officers within the Council's Governance service. Additional technical expertise and evidence on specific matters will be provided by officers within the various directorates of the authority.
- 7.2 The strategic resource implications of the topics selected for scrutiny will be identified and reported to members on a case by case basis.

## **8 LEGAL AND GOVERNANCE CONSIDERATIONS**

- 8.1 Local Government Act 2000 states that Councils operating executive arrangements must also make provision for the appointment of overview and scrutiny committees.
- 8.2 Further powers relating to overview and scrutiny are set out in the Police and Justice Act 2006, the Localism Act 2011, the Police Reform and Social Responsibility Act 2011 and the Health and Social Care Act 2012.

## **9 EQUALITY IMPACT ASSESSMENT**

- 9.1 An equality implications of topics selected for scrutiny will be identified and reported to members on a case by case basis.

## **10 DATA PROTECTION IMPACT ASSESSMENT**

- 10.1 Data protection implications of any topics included on the work programme for the Board will be reported to members at the relevant time.

## **11 CRIME AND DISORDER AND RISK ASSESSMENT**

- 11.1 Any crime and disorder impacts of scrutiny work programme items will be reported to members on a case by case basis.

## **12 SUSTAINABILITY OF PROPOSALS**

- 12.1 Sustainability will be addressed within reports for each identified topic for consideration by the Scrutiny Board.

## **13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)**

- 13.1 These will be included in reports to members for each item of work.

## **14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND**

- 14.1 Any impact on Council managed land or property will be detailed in reports for each topic throughout the year.

## 15 **CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

- 15.1 To ensure effective and efficient use of resources the Scrutiny Board is requested to determine its work programme for 2018-19. To assist members in this the Sandwell Scrutiny Prioritisation Tool is attached at Appendix 2. This Tool can help determine priorities for each topic and provide members with a structured method of creating a focussed work programme.
- 15.2 This will then be submitted to the Budget and Corporate Scrutiny Management Board for approval in accordance with the Council's Scrutiny Procedure Rules.

## 16 **BACKGROUND PAPERS**

- 16.1 All relevant papers are included in the appendices to this report.

## 17 **APPENDICES:**

Appendix 1 – List of outstanding items from 2017-18 and suggestions received from the public.

Appendix 2 – Sandwell Scrutiny Prioritisation Tool









**Surjit Tour**  
**Director – Monitoring Officer**

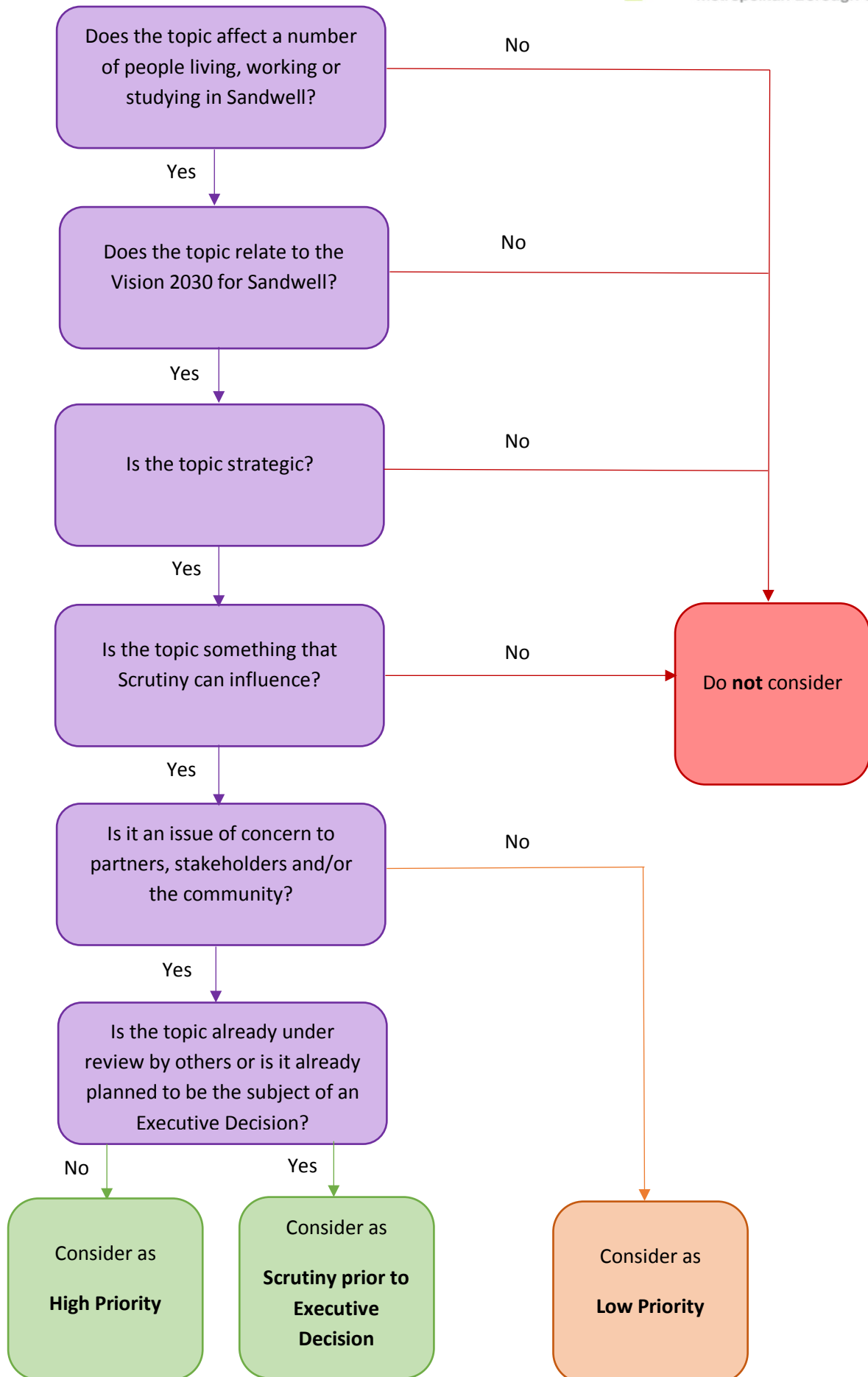
**Outstanding Items from 2017-18**

Outstanding items suggested or arising during 2017-18:

- Performance of programmes to address lifestyle risk factors



**Items suggested by members of the public**

Suggestion	Links with Ambitions	Notes
Alcohol Problems/Issues within Ethnic Minorities (especially the Punjabi community)		Also impacts on employment, families and children, partner organisations – not just health.
Public Health		
Care at Home		Raised concerns about the framework and the choice available.
Long waits in A&E		
Smoking outside of A&E/hospital entrances		
Health of residents caused by Air Pollution		<b>2</b> suggestions
Appointment making at local GPs		Difficulty making non-urgent appointments.
Ambulances queuing to admit patients at hospitals		Suggests a facility to receive and hold patients to free up ambulances and also to avoid leaving patients in corridors.



## REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

12 June 2018

<b>Subject:</b>	Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council
<b>Director:</b>	Director – Monitoring Officer – Surjit Tour
<b>Contribution towards Vision 2030:</b>	 
<b>Exempt Information Ref:</b>	The information contained in this report is not exempt from publication.
<b>Contact Officer(s):</b>	Stephnie Hancock, Scrutiny Officer <a href="mailto:stephnie_hancock@sandwell.gov.uk">stephnie_hancock@sandwell.gov.uk</a>

### DECISION RECOMMENDATIONS

**That the Health and Adult Social Care Scrutiny Board:**

1. re-establishes arrangements with Birmingham City Council for the joint scrutiny of matters affecting the Sandwell and West Birmingham area;
2. appoints five members of the Health and Adult Social Care Scrutiny Board to the Joint Health Overview and Scrutiny Committee with Birmingham City Council.

#### 1 PURPOSE OF THE REPORT

To re-establish joint working arrangements with Birmingham City Council for the purpose of scrutinising health matters across the Sandwell and West Birmingham area.

#### 2 IMPLICATION FOR SANDWELL'S VISION

- 2.1 The focus of the Council's overview and scrutiny function is aligned to support Sandwell's Vision 2030 and the 10 ambitions it contains.
- 2.2 The work of the Joint Health Overview and Scrutiny Committee contributes to: -

Ambition 2 – Sandwell is a place where we live healthy lives and live them for longer, and where those of us who are vulnerable feel respected and cared for.

Ambition 10 – Sandwell now has a national reputation for getting things done, where all local partners are focused on what really matters in people’s lives and communities.

### **3 BACKGROUND AND MAIN CONSIDERATIONS**

- 3.1 NHS bodies have responsibilities to consult overview and scrutiny committees on about substantial reconfiguration proposals, this is in addition to the duty under S11 of the Health and Social Care Act 2001 to involve and consult patients and public. Experience has shown that there is a need for authorities to be ready to respond quickly to such consultations.
- 3.2 In accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 local authorities may appoint a discretionary joint health scrutiny committee to look at issues that cross local authority boundaries. The Regulations also mandate local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority’s health scrutiny function about substantial reconfiguration proposals.
- 3.3 Joint health scrutiny arrangements with Birmingham City Council have been established annually since 2004/05 (under previous and current legislation) and provide a mechanism for both informal and formal joint scrutiny of matters relating to the planning, provision and operation of health services in the area affecting both local authorities.
- 3.4 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

### **4 THE CURRENT POSITION**

- 4.1 Joint health scrutiny arrangements with Birmingham City Council have been established annually since 2004/05 (under previous and current legislation) and provide a mechanism for both informal and formal joint scrutiny of matters relating to the planning, provision and operation of health services in the area affecting both local authorities.



4.2 Issues ongoing or still to be the subject of joint health scrutiny (either on an informal or potentially formal basis) with Birmingham City Council include:-

- the development of the Midland Metropolitan Hospital and any substantial variations arising from service reconfigurations;
- the current review of oncology services (being led by NHS England);
- the implementation of the Black Country Sustainability and Transformation Plan and any substantial variations arising;
- the current review of policies on procedures of lesser clinical value.

## 5 **CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)**

No consultation is required on this matter.

## 6 **ALTERNATIVE OPTIONS**

6.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 mandate local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals.

## 7 **STRATEGIC RESOURCE IMPLICATIONS**

There are none.

## 8 **LEGAL AND GOVERNANCE CONSIDERATIONS**

8.1 The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, confers health scrutiny functions to local authorities.

8.2 The Joint Health Overview and Scrutiny Committee is established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

8.3 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

9. **EQUALITY IMPACT ASSESSMENT**

An equality impact assessment is not required.

10. **DATA PROTECTION IMPACT ASSESSMENT**

A data protection impact assessment is not required.

11. **CRIME AND DISORDER AND RISK ASSESSMENT**

A crime and disorder risk assessment is not required.

12. **SUSTAINABILITY OF PROPOSALS**

The Joint Health Overview and Scrutiny Committee will meet as required throughout the 2018-19 municipal year.

13. **HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)**

The overall aim of the Joint Committee is to improve the health and wellbeing of the population of Sandwell and West Birmingham.

14. **IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND**

There is no impact on any council owned property or land.

15. **CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS**

The Board is asked to re-establish the Joint Health Overview and Scrutiny Committee for 2018/19 so that scrutiny of important matters affecting the population of Sandwell and West Birmingham can continue at both the information (discretionary) level and a formal (mandatory) level.

16. **BACKGROUND PAPERS**

There are no background papers.

17. **APPENDICES:**

None.

**Surjit Tour**  
**Director – Monitoring Officer**