

**Health and Adult Social Care
Scrutiny Board**

**Monday 17 September, 2018 at 5.30 pm
in Committee Room 1
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 July 2018 as a correct record.
4. Update on Treatment Policies Evidence Based Policy Harmonisation Programme.
5. Transforming Care Partnership (TCP) for Adults, Children and Young People with Learning Disabilities and/or Autism across the Black Country.
6. Proposed Closure of Halcyon Birth Centre.

Date of next meeting – 19 November 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 Stephnie Hancock
Democratic Services Unit - Tel: 0121 569 3189
E-mail: stephnie_hancock@sandwell.gov.uk

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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

**9th July 2018 at 5.45pm
at Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair);
Councillor Downing (Vice-Chair);
Councillor Lloyd Vice-Chair);
Councillors Akhter, Bawa, Crompton, Shaeen, and
White.

Apology: Councillor Worsey.

13/18 **Minutes**

Resolved that the minutes of the meeting held on 18 June 2018 be approved as a correct record.

14/18 **Tackling Loneliness and Social Isolation**

The Board received a report which set out the Council's current approach to tackling loneliness and isolation.

From 2014-2017 the Council had worked in partnership with the third sector to utilise £1.2m of Better Care Fund monies to support the Community Offer, an initiative that focussed on preventing the need to access more acute health and social care services and improving quality of life through befriending support to vulnerable older people. An independent evaluation of the initiative had identified many positive outcomes for individuals, however, it had been difficult to evidence in a way that demonstrated sufficient financial savings across the health and social care economy. The programme had therefore ended in March 2017.

The evaluation report had suggested that the legacy of the Community Offer could be used to develop a community development focussed approach and the report had recommended

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that the voluntary and community sector collectively considered where greater efficiencies could be made through increased partnership working. Additionally, the report had urged providers to do more to promote their services to secure greater referral numbers.

It was recognised that low level community and voluntary sector support prevented re-admission to hospital. The Sandwell Better Care Fund, using the learning from the Community Offer evaluation, had therefore identified resources of £350,000 to provide grant funding aimed at supporting people home from hospital and helping people to remain well, whilst maintaining independence at home following discharge. Applications for the grant funding had been sought in March 2018.

Sandwell and West Birmingham Clinical Commissioning Group (CCG) had funded the establishment of Communities in Sync - an organisation to support the collaboration of third sector organisations seeking grant funding. The Better Care Fund team was working to develop an innovative outcomes-based model, co-designed with commissioners and providers, in consultation with service users. It was hoped that this approach would encourage closer collaboration between providers and empower the sector to offer the kind of personalised and responsive services that traditionally commissioned services had often fail to deliver. The model was expected to be implemented from September 2018, with delivery of benefits being evidenced from winter 2018.

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

- The Community Offer had helped around 1,500 people during its two and a half years. It had been difficult to identify those people working with the voluntary sector and primary care providers.
- It was recognised that data sharing needed to be improved across health and social care and the Better Care Fund would be looking at this.
- Anyone could make a referral for support.
- There was a statutory duty to meet demand for adult social care services and this had to be balanced against investing in earlier interventions, which was a challenge.
- The grant process had been developed to enable smaller local organisations to come forward and take part in the initiatives.

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Communities in Sync would have responsibility for splitting the funding pot accordingly.

- Communities in Sync would be co-ordinating collaboration on innovative ideas to get the best outcomes for Sandwell residents.

15/18 **SPARCS Partnership**

The Board received a presentation from Murray Hall Community Trust, an organisation that had previously taken part in the Community Offer, about its soon to be launched SPARCS project, which was aimed at reducing loneliness and isolation by building stronger and more supportive communities.

The Trust, in partnership with Agewell, had secured Big Lottery funding for three years for the project, a social prescribing model aimed at enabling people aged over 65yrs across Sandwell to access support and services by building capacity, as well as creating new activities and groups.

The Trust was currently in the process of identifying the initiatives that were still taking place following the ceasing of the Community Offer, reconnecting with those groups/activities that had been forced to stop and determining where the gaps were, using both clinical and social models.

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

- Anyone could make referrals to the project, with the individual's consent.
- Agewell also offered healthy lifestyle advice.
- It was important to acknowledge informal community support work, such as the support provided by good neighbours who did not wish to volunteer formally.
- The Trust also issued foodbank vouchers.
- There was no guarantee that funding would be renewed after the initial three years so establishing services and activities that were sustainable was essential.
- An extensive information gathering and mapping exercise was taking place before the project was to be officially launched and advertised.

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- All referrals were followed up after six to eight weeks to ensure that the person referred was receiving the correct support.

The Board welcomed the presentation and felt that an in-depth review was required to further investigate the work of the Council and its partners in relation to tackling loneliness and isolation.



Resolved that a working group be established, comprising Councillors Akhter, Downing, Shaeen and White to carry out a review into the Council's approach to tackling loneliness and isolation.

(Meeting ended at 7pm)

Contact Officer: Stephnie Hancock Democratic Services Unit 0121 569 3189
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HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 September, 2018

Subject:	Update on Treatment Policies Evidence Based Policy Harmonisation Programme
Contribution towards Vision 2030:	 
Contact Officer(s):	Paul Russell Sandwell and West Birmingham Clinical Commissioning Group paul.russell@nhs.net

1 PURPOSE OF THE ITEM

- 1.1 The Board will receive a presentation detailing an update on Sandwell and West Birmingham and Birmingham and Solihull Clinical Commissioning Groups' collaboration to develop a second phase (Phase 2) of Harmonised Treatment Policies following Phase 1 which was developed and introduced in November 2017, and feedback on the consultation process.
- 1.2 The aim of developing and reviewing treatment policies is to:-
- ensure policies incorporate the most up-to-date published clinical evidence so that priority is given to funded treatments that are proven to have clinical benefit for patients;
 - stop variation in access to NHS funded services across Birmingham, Solihull and the Black Country (sometimes called the 'postcode lottery' in the media) and allow fair and equitable treatment for all local patients;
 - ensure access to NHS funded treatment is equal and fair, whilst considering the needs of the overall population and evidence of clinical and cost effectiveness.
- 1.3 At the first presentation for Sandwell Health and Adult Social Care Scrutiny Board in March 2018 the Sandwell and West Birmingham CCG gave an overview of the purpose of the project, milestones and deadlines and informed the Board of the consultation process.

2 **RECOMMENDATION**

That the Board considers and comments upon the presentation.

3 **IMPLICATIONS FOR SANDWELL'S VISION**



The matter detailed in the report and presentation supports:-

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 has a national reputation for getting things done, where all local partners are focussed on what really matters in people's lives and communities.

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 September, 2018

Subject:	Transforming Care Partnership (TCP) for adults, children and young people with Learning Disabilities and/or Autism across the Black Country
Contribution towards Vision 2030:	 
Contact Officer(s):	Kathryn Meredith Commissioning Engagement Manager Sandwell and West Birmingham Clinical Commissioning Group SWBCCG.engagement@nhs.net

1 PURPOSE OF THE ITEM

1.1 The Board will receive a presentation providing:-

- an overview of the Black Country Transforming Care Programme;
- an update on progress to date and plans for the future;
- an outline of the new clinical 'national service model' of care details of the localised model to be delivered in Sandwell and across the Black Country;
- an opportunity to comment on progress and plans for the future.

1.2 Following the exposure by the BBC of the abuse of people with learning disabilities that took place at Winterbourne View Hospital, the Government set out in a Concordat its pledge to work with others, including NHS and local government commissioners, to transform care and support for all children, young people and adults with learning disabilities and/or autism who display behaviour that challenges.

1.3 Although many were transferred out of inpatient care, the numbers admitted remained higher than the numbers transferred out. To make more and urgent progress on this issue, the Local Government Association and five delivery partners (including NHS England, the Department of Health, the Association of Directors of Adult Social

Services (ADASS), the Care Quality Commission and Health Education England) have developed the Transforming Care Programme (TCP). This renewed approach brings key local delivery partners together with shared governance structures to improve community services for this group and reduce the numbers in inpatient care, with a view to making significant progress by 2019.

1.4 To support TCPs a service model was also published in October 2015 to describe 'what good looks like' in services and support. The model is structured around nine principles seen from the point of view of a person with a learning disability and/or autism:-

- I have a good and meaningful everyday life.
- My care and support is person-centred, planned, proactive and coordinated.
- I have choice and control over how my health and care needs are met.
- My family and paid support and care staff get the help they need to support me to live in the community.
- I have a choice about where I live and who I live with.
- I get good care and support from mainstream health services.
- I can access specialist health and social care support in the community.
- If I need it, I get support to stay out of trouble.
- If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality and I don't stay there longer than I need to.

1.5 In April 2016 the Black Country Clinical Commissioning Groups and local authorities formed a partnership to transform care for people with learning disabilities and/or autism. A board was established to ensure the success of the programme. The key aim of the programme is to reduce the number of Adults, Children and Young People with learning disabilities in hospital by March 2019 and put in place a new service model that will focus on keeping people well in the community and preventing their admission to hospital.

2 **RECOMMENDATION**

The Board is asked to:-

- Note the programme of work taking place across the Black Country and in Sandwell through the Transforming Care Partnership.
- Note the progress to date in supporting local citizens with learning disabilities and/ or autism out of hospital and to live as independently as possible in the community

- Note the new clinical service model being implemented across Sandwell and its implications for Sandwell
- Comment on and provide feedback to the Black Country Transforming Care Programme Board on any matters arising.

3 IMPLICATIONS FOR SANDWELL'S VISION



The matter detailed in the report and presentation supports:-

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 has a national reputation for getting things done, where all local partners are focussed on what really matters in people's lives and communities.

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 September, 2018

Subject:	Proposed Closure of Halcyon Birth Centre
Contribution towards Vision 2030:	 
Contact Officer(s):	Rachael Carter Director of Midwifery Sandwell and West Birmingham Hospitals NHS Trust

1. Halcyon is a stand-alone midwifery led birthing centre which is located in Sandwell, as part of maternity care provision for low risk women in Sandwell and West Birmingham. It was designed and purpose built to support women to have choice regarding place of birth, as part of the Sandwell and West Birmingham Hospitals (SWBH) reconfiguration of Maternity services. Halcyon was created to provide women a venue for birth that was located within the Sandwell borough after the relocation of intrapartum activity from Sandwell to City hospital site.

2. Since opening in November 2011, 337 women have accessed the birthing centre for intrapartum care, of which 290 gave birth at Halcyon, with 17 births in the most recent year (2017-18). This is significantly fewer births than the forecast of 400 births per annum (12% of target).

3. Despite significant initiatives to attract more women to give birth in Halcyon, decreasing numbers of women have made this choice. Initiatives to promote and raise awareness of Halcyon as a choice for births have included:
 - Offering the facility to all suitable women as an option through their antenatal care.
 - Promoting the facility through open days and events.
 - Increasing the use of the facility for a range of antenatal purposes including regular clinics, birth and parenting preparation, reflexology sessions and also postnatal clinics (so that Halcyon can be considered as an option for subsequent births).

4. Offering choice alongside high quality, safe and sustainable care for all women is a priority for the Trust in line with National Agenda (Better Births, 2016) however the vast majority of local women (over 99%) have not chosen Halcyon as their preference for their place of birth, instead opting to use Serenity, the birth Centre at City Hospital which is close by the delivery suite and inpatient wards, as it will be within the new Midland Metropolitan Hospital when it opens in 2022.

Women's preference for this option is reflected in Table 1, below:

Table 1: Clinical activity by place of birth:

Year	Home Births	Babies born before arrival of health care professional (BBA)	Serenity Births	Halcyon Births	City Hospital Obstetric Unit births (all birth types)	Total Births
2011 - 2012	46	50	1120	(Nov-Mar) 47	4422	5685
2012 - 2013	32	104	1446	68	4359	5941
2013 – 2014	37	82	1273	50	4066	5508
2014 – 2015	16	78	1292	59	4160	5605
2015 - 2016	12	77	1328	32	4200	5649
2016 - 2017	15	107	1337	18	4788	5967
2017 – 2018	13	109	1341	17	4324	5804
%TOTAL births (n)	0.43% (171)	1.51% (607)	22.75% (9137)	0.72% (291)	75.5% (30319)	40159

5. Within the existing contract, the Trust has a 'break clause' option in October 2018. For the break clause to be valid there is a six month notice period required, following which the building will be handed back to NHS properties. After a review of women's uptake of Halcyon and the static low uptake, despite the initiatives to increase activity, the Trust Board determined at its public Board meeting in March 2018 that Halcyon was no longer sustainable as a viable option. The Trust is still able to offer women three choices for births – in the community, at Serenity (the alongside midwife-led birth centre) supported by the same midwives, and the consultant-led delivery suite service at City Hospital.

6. The matter has been considered by the Clinical Commissioning Group at the Strategic Commissioning and Redesign Committee on 24th May where it was decided to progress with closure of the facility. The Accountable Officer and the Trust's Director of Midwifery subsequently met with the Health and Adult Social Care Scrutiny Board's Chair to discuss the closure.
7. The Trust has implemented a communications plan to ensure that stakeholders, staff and the public are aware of the forthcoming plans to close the facility.

This has included:

- Open meetings with maternity service staff.
- Informing neighbouring Trusts of forthcoming closure.
- Publicity in local media.
- Information at the Trust's public meetings.
- Individual conversations with women who are booked to offer them alternative places of birth should they need to deliver beyond the date of closure (two women).

Information will also be shared with primary care colleagues so that they can be aware of the options available to local women and families.