

**Health and Adult Social Care  
Scrutiny Board**

**Monday 19 November, 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 17 September 2018 as a correct record.
4. Sustainability and Transformation Partnership (Update)
5. Public Health Development Officers (PHDO) role and delivery plan
6. Assessments for Aids and Adaptations

Date of next meeting – 21 January 2019

**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 Deb Breedon**  
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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**

**17<sup>th</sup> September, 2018 at 5.38pm  
at Sandwell Council House, Oldbury**

**Present:** Councillor E M Giles (Chair);  
Councillor Downing (Vice-Chair);  
Councillors Akhter and Shaeen.

**Also Present:** Andy Williams (Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group);  
Jayne Salter-Scott, Kathryn Drysdale, David Hulmes, Cherry Shaw and Kulbinder Thandi (Sandwell and West Birmingham Clinical Commissioning Group);  
Rachel Carter (Director of Midwifery, Sandwell and West Birmingham Hospitals NHS Trust);  
Helen Hibbs (Accountable Officer, Wolverhampton Clinical Commissioning Group);  
Susan Brady and Habha Al (Black Country Partnership NHS Foundation Trust);  
Sarah Offley (Dudley Voices for Choices) and John Clothier and William Hodgetts (Healthwatch Sandwell).

**Apologies:** Councillors Bawa, Crompton, Lloyd, White and Worsey.

16/18 **Minutes**

**Resolved** that the minutes of the meeting held on 9<sup>th</sup> July 2018 be approved as a correct record.

17/18 **Update on Treatment Policies Evidence Based Policy Harmonisation Programme**

Further to Minute No. 5/18 (19 March 2018), the Board received an update on Phase 2 of Sandwell and West Birmingham and

## Health and Adult Social Care Scrutiny Board – 17<sup>th</sup> September, 2018

Birmingham and Solihull Clinical Commissioning Groups' Harmonised Treatment Policies programme, along with feedback on the public consultation process, which had taken place between May and June 2018.

22 policies had been reviewed in Phase 2. Clinical engagement had enabled 207 clinical and managerial colleagues with specialist knowledge of the draft policies to have the opportunity, along with primary care colleagues and other key stakeholders, to review and comment on the draft policies. 10 of the 22 policies had been further reviewed following the feedback.

Public engagement had enabled public opinion on the newly drafted policies to be sought through a number of mediums including surveys; outreach engagement; stakeholder briefings; website information and the media. Targeted engagement had also taken place with groups felt to be most affected. In total over 20,000 people had been reached.

The engagement had emphasised that no services were being de-commissioned, but the criteria for accessing services was being reviewed against clinical evidence. It had also been highlighted that treatment policies would continue to be reviewed in line with clinical evidence and guidelines from the National Institute of Clinical Excellence and some of the policies reviewed in Phase 1 had already been reviewed again.

In response to questions, the Board was informed that the psychological impact of a treatment was difficult to measure so the focus was on improvements that could be quantified. It was important to make best of use of NHS resources, in line with national clinical evidence and guidance and patients could still make an application for an Individual Funding Request if they were unable to access a particular treatment.

The Board noted the list of treatment policies that had been reviewed, as set out in the **Appendix**.

18/18

### **Transforming Care Partnership (TCP) for Adults, Children and Young People with Learning Disabilities and/or Autism across the Black Country**

The Board received a presentation from the Accountable Officer,

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Wolverhampton Clinical Commissioning Group on the NHS response to the BBC's exposé in 2011 on the psychological and physical abuse suffered by residents of Winterbourne View Hospital in South Gloucestershire. NHS England had published a national plan in 2015 – "Building the Right Support" - to drive system-wide change and put in place new models of care by March 2019".

The Transforming Care Partnership included:-

Dudley Clinical Commissioning Group (CCG)  
Dudley Metropolitan Borough Council  
Sandwell and West Birmingham CCG  
Sandwell Metropolitan Borough Council  
Walsall CCG  
Walsall Council  
Wolverhampton CCG  
City of Wolverhampton Council  
Black Country Partnership NHS Foundation Trust

and had been created in 2016 to implement the national plan and aimed to reduce the number of people with learning disabilities and/or autism residing in hospital and enable them to live in the community, with the right support in place.

A National Service Model, developed with the support of people with lived experience, clinicians, providers and commissioners, set out how services should support people with a learning disability and/or autism. Using the nine principles from the National Service Model and guidance from NHS England, the Partnership had developed a new clinical model for learning disabilities services in the Black Country.

The National Transforming Care Programme mandated that each Partnership met the nationally prescribed trajectory for bed reduction by March 2019. For the Black Country, this meant reducing CCG commissioned beds from 41 to 16. The reduction in in-patients meant that there would be investment in community services to develop capacity to support independent living.

Under the proposed new community model both an intensive support service and a forensic support service would be delivered at scale across the Black Country. Ten assessment and treatment beds would be located in Sandwell. The remaining six beds would be available for longer stays only and would be located across the

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Black Country. The reduction in the number of beds would release £3.5million to invest in community services.

As part of this programme, children's commissioners and service providers were working together to ensure that children and young people with diagnosed learning disabilities and/or autistic spectrum disorder (ASD) were supported within local communities, within capable environments to avoid unnecessary inpatient mental health admissions. It was recognised that a lot more work was required with the police, children's services, and local authorities to bring the wider system together and work with partners to support children.

Service users had been closely engaged through a variety of mediums. The priorities that had been highlighted by patients were about activities and the lack of opportunities available to people with learning disabilities. Parent and carers comments were more focused on the lack of services available for people with learning disabilities. On the whole, patients and their families felt that life was better in a community setting.

Once the new community model was in place, all citizens in inpatient care would have a regular Care and Treatment Review (CTR). These reviews would assess whether someone's care was safe, effective, whether they needed to be in hospital, and whether there was a plan in place for their future care.

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

- The number of beds proposed had been arrived at following a capacity mapping exercise, which took into account the national model, as well as other services, and looked at demand over five years.
- An Equality Impact Assessment had been done on the whole programme which had been positive.
- 102 patients were affected across the Black Country by the changes.
- There was a Memorandum of Understanding between the eight CCGs and local authorities, which would ensure that the money followed the patient.
- NHS England had recently clarified funding profiles and was currently working on a local model to ensure that no organisations were disadvantaged.
- Service users would go through a needs assessment to

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develop a package around their specific needs, which would be fluid and changed to meet their needs when necessary.

- Multi-disciplinary professionals would be available to the service user in whatever setting they were in, and both one to one and group support would be available to meet their needs.
- Higher level services would be available to anyone that required them.
- Additional beds would be purchased if required.
- A variety of measures were used to manage challenging behaviour, determine by the patient's individual needs.
- There was national evidence that the new model worked.

The Board welcomed the changes and thanked partner colleagues for their attendance and presentation.

### 19/18 **Proposed Closure of Halcyon Birth Centre**

The Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group and the Director of Midwifery Sandwell and West Birmingham Hospitals NHS Trust advised the Board of a proposal to close the Halcyon Birth Centre, due to underuse.

The Halcyon Birth Centre had been designed and purpose built to provide women with a venue for birth that was located within the Sandwell borough after the relocation of intrapartum services from Sandwell to City Hospital in 2009.

Since opening in November 2011, 337 women had accessed the Centre for intrapartum care, of which 290 had given birth. 17 births had taken place in the most recent year (2017-18). This was significantly fewer births than the forecast of 400 births per annum.

Initiatives to promote and raise awareness of Halcyon as a choice for births had 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).

Despite this, over 99% of women had chosen to give birth at Serenity Birth Centre, which was located at City Hospital.

The building from which the Halcyon Birth Centre operated was owned by Sandwell and West Birmingham Clinical Commissioning Group and leased to Sandwell and West Birmingham Hospitals NHS Trust. The Board heard that the facility was not open 24 hours a day and was only opened when required for births, therefore, it was redundant for much of the time. The Trust had determined, at its Board meeting in March 2018, that it no longer wished to lease the building. Subsequently, the Clinical Commissioning Group's Strategic Commissioning and Redesign Committee had, on 24 May 2018, decided to progress with closure of the facility.

The Trust had implemented a communications plan to ensure that stakeholders, staff and the public were aware of the forthcoming closure plans. This had 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 booked to give birth there about alternative options (two women).

The Trust was still able to offer women three choices for births – in the community, at Serenity Birth Centre, and the consultant-led delivery service at City Hospital.

The Board noted data on clinical activity by place of birth from 2011 to date, which showed diminishing numbers of births at Halcyon.

The Accountable Officer, Sandwell and West Birmingham Clinical Commissioning Group advised the Board that he was not proposing to carry out a public consultation on the closure plans as engagement with women about their preferred location for birth had been, and continued to be, an ongoing process and the data showed that Halcyon was not the chosen place for women to give birth and therefore a consultation process be not be an effective use of resources. In addition, he did not feel that a consultation would be honest and meet consultation guidelines because there was no alternative option to put forward for consideration.

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

- The target of 400 births a year had been arrived at following analysis based on demographics, historic patterns and types of birth.
- There was no data to suggest that women had had negative experiences at Halcyon and it was felt that woman had chosen Serenity instead, due to its proximity to the delivery suite and inpatient wards at City Hospital.
- Due to the small number of women choosing Halcyon, Serenity would be able to cope with the increase in demand and would be a bigger facility once it was re-located to the new Midland Metropolitan Hospital.
- There had previously been some capacity difficulties at Russell's Hall Hospital due to women wanting their babies to be born in the Black Country, however, following an analysis of patient flows, there was now a structured way of prioritising patients.
- Even if Halcyon had been located at the Sandwell Hospital site, it would not have given patients any additional perceived safety on the basis of proximity as there was no obstetrics unit at this hospital so patients would still have had to travel to City Hospital in an emergency.
- Most woman made their final decision on their birth plan at 34 weeks of pregnancy but discussion on their options continued throughout the pregnancy.
- Some women made the choice to have an unassisted birth and clinicians could not force them to engage if they did not want to.
- It was always known that there would be a risk that Halcyon would not be a success.
- There were a number of options to be explored for the future use of the building.

A member of the public, who was a private midwife, reported that she had been in contact with 11 women within the last year who would have chosen the give birth at Halycon, however they had not been given the option. The Director of Midwifery responded that it was unfortunate that she was not made aware of this at the time.

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Having considered and discussed the data available, the Board was satisfied that it was no longer justifiable to continue to operate the Halcyon Birth Centre. The Board looked forward to the relocation and expansion of the Serenity Birth Centre at the Midland Metropolitan, which would provide a place for babies to be born in Sandwell again. The Board was also satisfied that it was not in the public interest to expend resources on a public consultation in this case.

### **Resolved:-**



- (1) that the closure of the Halcyon Birth Centre be supported, on the basis of underuse;
- (2) that the proposal forego the consultation process on the closure of the Halcyon Birth Centre be supported.

(Meeting ended at 8.00pm)

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

19 November, 2019

<b>Subject:</b>	Update on Black Country STP
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	Dr Helen Hibbs – Clinical Accountable Officer Wolverhampton Clinical Commissioning Group CCG <a href="mailto:Helen.hibbs@nhs.net">Helen.hibbs@nhs.net</a>

### 1 PURPOSE OF THE ITEM

- 1.1 The Board will receive a presentation detailing an update on the partnership, recent developments and progress in relation to the Black Country STP (Appendix 1).

### 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.

# The Black Country and West Birmingham

## Sustainability & Transformation Partnership



# Our vision



**Working together to improve the health,  
wellbeing and prosperity of our local population**

# Leadership and governance

Over the last two years, the STP has provided us with a framework to transform our local health and care system in the Black Country and West Birmingham. It has enabled us to act systematically and together - to agree and address common challenges in a way that we could not as individual organisations.

- **Senior Responsible Officer, Dr Helen Hibbs**  
(April 2018)
- **Independent Chair, Jonathan Fellows**  
(July 2018)
- **Portfolio Director, Alastair McIntyre**  
(in post from December 2018)
- **Recruited x3 STP Programme Management Office (PMO) roles** (November 2018)

## **STP Clinical Leadership Group – monthly**

- Establishing clear, robust and manageable processes to provide clinical leadership and assurance across work programmes

## **STP Partnership Board - quarterly**

- Sets the vision, strategy and pace of STP development
- Oversees the delivery of the Partnership
- Ensures effective collaborative working

## **STP Health Partnership Board - monthly**

- Identifies and advances collaborative priorities across the health system
- Oversees delivery of national NHS targets
- Aligns integrated, place-based delivery in each locality



# Our progress to date



**Individual Placement Support** (IPS) service in all localities



Meeting targets for extended **GP access**



Black Country and West Birmingham named **GP retention intensive** support site



Black Country and West Birmingham pilot site for **personalised care**



**New** Black Country Pathology Service due Autumn 2018



Action plan to **transform maternity** services in place



**New** Perinatal Mental Health Community Service launching Autumn 2018



**Providers working in collaboration**

Delivery and commissioning of some mental health services **'as one'** by April 2019



**Maternity Voice Partnerships**

in each locality



Walsall and Wolverhampton **Stroke Service Reconfiguration**

STP Independent Chair and Portfolio Director **appointed**



# Clinical Strategy

Building on our strong place-based integration and financial performance, we are developing an STP clinical strategy which is clinically led. This strategy will inform service delivery across the Black Country and West Birmingham

It will make a difference to local patients by:

- Reducing unwarranted variation and duplication across health and care services
- Helping to address the triple aim: improve people's health, improve the quality of services and deliver financial stability.

The strategy has 12 priority areas: Cancer; Mental Health; Learning Disability Services; Maternity and Neonates; Children and Young People; Urgent and Emergency Care, Cardiovascular Disease, Clinical Support Services, Pathology, Musculoskeletal conditions; Respiratory Disorders and Frailty.



# Clinical Strategy

Our current areas of focus are:

- **Cancer** – developing joint commissioning intensions across the Black Country and West Birmingham
- **Mental Health** – some services delivered and commissioned as one by April 2019
- **Learning Disability services** – new models of care implemented from September 2018
- **Maternity and neonates** – Action plan to develop maternity services by September 2018
- **Primary Care** – local place-based plans in development

We recognise that effective clinical engagement is fundamental to the delivery of our clinical strategy. Over the next few months we will be engaging with local clinicians and communicating with patients and the public, before launching the strategy in November 2018.

As part of this work, no current decisions have been made about redesigning local health and care services.



# Primary Care

Primary care is at the heart of our place-based plans and is integral to delivering improved health and wellbeing.

- Clinical champions in our four place-based areas
- GPs shaping and forming primary care networks
- GPs working together with secondary care to improve clinical pathways
- Local Medical Committee (LMC) engagement taking place in each area and at STP level
- Primary care involved and helping to shape workforce development
- The STP has received placements for up to 10 GP clinical fellowships
- New fund to aid GP retention - up to £400,000 will be made available to the STP to promote new ways of working and offer additional support to local GPs
- STP Primary Care Strategy launched - sets out how primary care services will be delivered across multidisciplinary integrated teams, seven days per week
- Meeting targets for extended GP access across the STP

# Delivering integrated care by 2020

Building on our strong track record of delivery and innovation in the Black Country and West Birmingham, the STP will work collaboratively with its health and care partners to move towards an Integrated Care System (ICS).

We believe by bringing health, social care and voluntary sector organisations together, we can achieve improved health, wellbeing and prosperity for our local population.



# Sandwell and West Birmingham – Healthy Lives Partnership

The Healthy Lives Partnership is bringing health and social care together across Sandwell and western Birmingham

- Midland Metropolitan Hospital –opens in 2022 - safe and sustainable acute services integral to our success
- GP practices working together in 11 Primary Care Networks (PCNs)
- Commissioner and provider alliances set up to ensure services work together
- Voluntary and community sector involvement will ensure the patient voice is central to our planning



- **Focus on early intervention**
- **More care in the community**
- **Hospital care there when needed**
- **Care commissioned for outcomes, not activity**

# NHS long term plan

The NHS is planning for the next 10 years and needs to decide how services will change and improve. Planning has been split into three areas.

## **1. Giving people the right care at different stages of their lives**

This is about how we help everyone have better health and wellbeing at every stage of people's lives, from birth to old age

## **2. Improving health in particular areas**

Such as cancer services, services for heart and lung health, mental health and learning disabilities and autism services

## **3. Putting the right things in place for NHS services to improve**

This is about what is needed to make sure that services are available and can improve

The NHS believe these areas have the greatest potential to deliver improvements to the way the NHS provides care.

# NHS long term plan – patient and public engagement

The NHS is committed to ensuring that the long term plan will be based on the advice and experience of patients and the public and other stakeholders, including clinical experts.

During September, over 18 working groups comprising of local and national health and care system leaders, clinical experts and patient/voluntary sector representatives attended over 150 meetings with stakeholders. More than 2,000 submissions were received through the NHS online portal, representing the views and interests of 3.5 million people.

## **Local engagement**

When the NHS long term plan is published later this year, the STP will use this to develop a ‘local’ five year plan for how we will deliver these improvements across the Black Country and West Birmingham.

When developing our local plan, we want to provide staff, patients, the public and other stakeholders with the opportunity to help us determine what the long term plan means for our area, and how services need to adapt and improve in the short and medium term.



# Challenges/risks

- Collaboration across our 18 partner organisations
- Unwarranted clinical variation
- Recruitment and retention of clinical workforce
- Financial sustainability
- Development of population health management
- Digital innovation
- Primary and community care estates
- Wider determinants of health

**Thank you.**



## REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

**19 November 2018**

<b>Subject:</b>	Progress Briefing: Public Health Development Officers (PHDO) role and delivery plan
<b>Cabinet Portfolio:</b>	Councillor Elaine Costigan - Cabinet Member for Public Health and Protection
<b>Director:</b>	Executive Director of Adult Social Care, Health and Wellbeing – David Stevens
<b>Contribution towards Vision 2030:</b>	
<b>Contact Officer(s):</b>	Ansaf Azhar – Acting Director of Public Health Gordon Andrews – Programme Manager Obesity, Physical Activity & Tobacco Control

### **DECISION RECOMMENDATIONS**

A progress briefing for the Health & Adult Care Scrutiny Board to provide an update regarding the Public Health Development Officers (PHDO) team role and delivery plan as part of public health initiatives to increase physical activity and wider work to improve health and well-being.

#### **1 PURPOSE OF THE REPORT**

Following Cabinet approval in November 2017 a permanent team of Public Health - Development Officers (x6) is employed within Public Health. Building on the prior success of fixed term, two year programmes (incorporating the Community Activity Network Development Officer (CANDO) engagement programme), the current posts operate in a broader public health role in harnessing effective engagement with public health initiatives and local integration within the wider lifestyle services model for the Borough; enabling connectivity between services users, service providers, key stakeholders and partners at ‘town’ delivery level.

## 2 **IMPLICATIONS FOR SANDWELL'S VISION**

Funded and managed by Public Health, the new Public Health Development Officer (PHDO) team (x6) have the requisite skills and expertise in public health (i.e. in physical activity, weight management, substance abuse) to engage in key locality settings to deliver against the public health priorities identified under the Sandwell 2030 vision: '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 2)

The three supporting Public Health priorities as follows;

1. We want children in Sandwell to get the best start in life.
2. We want all adults in Sandwell to have excellent physical and mental wellbeing.
3. We want Sandwell residents to benefit from joined up health and social care to ensure they can live independently within the community for as long as possible.

The PH – Development Officer (PHDO) mission is 'We will work to inspire communities to be active and healthy and through our network ensure that we provide the right services in the right places accessible to all'.

## 3 **BACKGROUND AND MAIN CONSIDERATIONS**

### 2016-2018:

The original Community Activity Network Development Officer team (x6) operated for two years on a fixed-term project; co-funded between Public Health (for salaries) and Sport England (for grants & programmes). Their work was aligned to that of the PH Development Officers for Weight Management (x2) & Alcohol Awareness (x3); eleven development officer posts being operated with all salaries funded and roles managed by Public Health for the two year, fixed term period ending 31 March 2018.

### CANDOs impact/outcomes

The original Community Activity Network Development Officer (CANDO) role was not for programme delivery, but to co-ordinate one and enhance connectivity and integration across programmes and services, connecting service users, stakeholders and developing provider pathways. The value of this approach was recognised nationally (Sport England) and in the strategic frameworks of the West Midlands Combined Authority (Physical Activity Strategy) and the Black Country Sports Partnership.

Sandwell Council CANDOs established a Community Activity Network (CAN) in each of the Sandwell towns. Using the information and evidence in their town profiles each CANDO officer maintained a delivery plan for

their town in line with key performance indicators (KPIs) for the CAN programme and Sport England – Community Sports Activation Fund grants.

Within the first year, all CANDOs completed service mapping for their respective towns, assisted potential providers to access grants and support and liaised closely between communities and providers to develop integrated service pathways. They contributed to work to develop ‘tailored, personalised’ maintenance packages for Sandwell residents who successfully completed programmes as part of commissioned lifestyles (behaviour change) services. Over two years the CANDOs developed networks and relationships with specific professionals (i.e. GPs, teachers), and key settings (i.e. schools, community, faith-based centres) within localities in order to generate appropriate opportunities for individuals and/or families to become and remain physically active. CANDOs also contributed across the commissioning function of Public Health i.e. supporting the commissioning and development of an ‘Older People’s Physical Activity pathway’.

Town	Total organisations engaged	Number of successful CAN funding applications submitted	Value of successful CAN funding applications (£)	Number of interventions/ programmes/ projects	Number of new people engaged in those projects
Tipton	34	19	£44,928.07	19	935
Oldbury	64	22	£30,018.47	22	532
West Bromwich	162	29	£55,443.30	29	1582
Smethwick	53	23	£53,447.25	23	1086
Rowley	48	23	£27,445.08	23	969
Wednesbury	24	15	£24,937.35	15	654

Table 1: CANDO Programme - Summary of Engagement (6 Towns) 2016-18

#### 4 THE CURRENT POSITION

Each member of the new, permanent team of Public Health Development Officers (PHDOs) has key responsibility for one of the six Sandwell towns and works closely with the town team and other council/public & 3rd sector organisations. The key functions of the ‘Development Officer’s’ role are to:

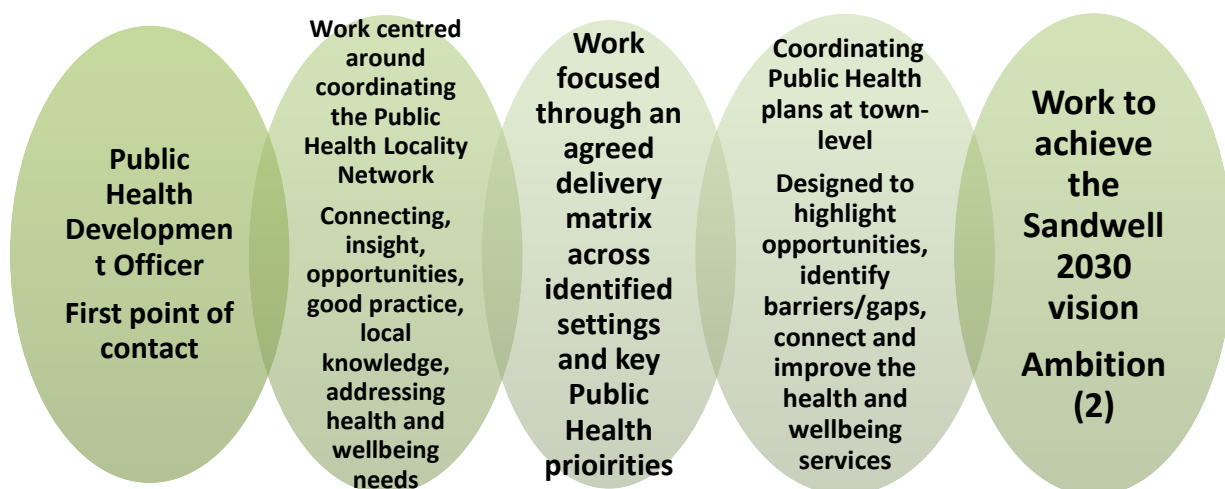
- Develop and support a locality network i.e. between commissioners / providers / key stakeholders / partnerships / community groups
- Co-ordinate the development of accessible & integrated service pathways within the locality and manage the integration of appropriate services (projects and programmes) and opportunities for local residents to engage.

- Promote enhanced understanding of: local needs, opportunities and barriers through engagement and INSIGHT working.
- Coordinate and support the work of project delivery and continuity in the local geographical area i.e. 6 towns.
- Organise and promote workforce development and training opportunities for local people (i.e. Community Champions).

A co-ordinated approach, using Delivery Plan Matrix working, is designed to focus PHDO team engagement within key Public Health priorities including: reducing childhood obesity, reducing alcohol related harm, improving working place health and reducing the impact of Cardio Vascular Disease (CVD). Key settings include primary care, early years, schools, workplaces, communities and digital platforms. The team work with a range of services to identify local health and wellbeing needs, opportunities, barriers, gaps and to continuously improve access into our local health and wellbeing services.

### The Public Health Locality Network

The PHDO team has established Public Health Locality Networks in each town to connect stakeholders, partners and community groups together into one central group and provide support to local services in order to build an integrated pathway of local opportunities and address the health and wellbeing needs of local people. Through the network they provide a platform which will enable partners to regularly share local knowledge and good practice of ‘what works’.



## **SUSTAINABILITY OF PROPOSALS**

- 4.1 There are currently three vacancies in the permanent PHDO team (as at November 2018). These vacancies are the result of the original post holders leaving to further progress their careers in public health (commissioning) outside the Authority. A degree of 'churn' in the team is to be expected as these Band F posts are excellent roles from which to progress working in public health (as successful, applicants need to have qualifications and skills in public health and community engagement).
- 4.2 In the interim, to maximise continuity, the existing members of the team will continue to be the point of contact for public health in their respective towns while maintaining the locality network of an additional town as follows:
- Town / Community Networks:  
Ricky Byrnes - Smethwick & Wednesbury  
Megan Smith - Oldbury & West Bromwich  
Matt Hill - Rowley & Tipton  
Katie Deeley (Physical Activity Project Manager) covering Tipton network meetings (as per her previous role)
- 4.3 Recruitment is ongoing and has attracted a high number of applications. Interviews are scheduled for the period November 1 – 6 2018 and it is anticipated that a full team (x6) will be in place from mid-January 2019.

## **5 HEALTH AND WELLBEING IMPLICATIONS**

See *Appendix A* – Current PH Development Officer work (Nov 2018)

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

- 6.1 That the Health and Adult Social Care Scrutiny Board is periodically updated as to the progress of the Public Health Development Officer (PHDO) team and their impact in the outcome areas identified by public health (as coordinated through the PHDO Delivery Plan) supporting Sandwell 2030 Vision (Ambition 2).

**Gordon Andrews**  
**Programme Manager – Public Health**

Report Presented by:

**Katie Deeley & Maxine Dixon:**  
**Line Managers – Public Health Development Officers (PHDO)**

**David Stevens**  
**Executive Director of Adult Social Care, Health and Wellbeing**

## Appendix A – Current PH Development Officer work (November 2018)

The table below details the work areas listed against key settings, the timeframe for actions to be completed and the tangible outcomes.



Settings	Work area	Timeframe	Tangibles outcomes
GP and Primary Care	<p><b>PHDOs are:</b></p> <ul style="list-style-type: none"> <li>Supporting the engagement and smooth transition of the new 'health diagnostic system' being installed in GP surgeries across the borough with a primary focus on GP engagement, this includes making regular contact with practices (GPs and Practice Managers) in towns across the borough.</li> </ul> <p><b>Oversight / governance arrangements -</b> This work is steered internally through GP engagement meetings which are held on a monthly basis by Public Health.</p> <p><b>NB.</b> GP engagement work precedes plans for further expansion into other primary care settings i.e. pharmacies, currently being considered.</p>	From Nov 2018 – <i>end date not yet determined</i>	<ul style="list-style-type: none"> <li>✓ Borough-wide GP engagement</li> <li>✓ Smooth transition from the MSDI system to the new health diagnostics system</li> <li>✓ All surgeries having the ability to use the software</li> <li>✓ System issues promptly resolved</li> </ul>
Early Years / Schools	<p><b>PHDOs are:</b></p> <ul style="list-style-type: none"> <li>Meeting with individual schools in their respective town(s), using local intelligence (NCMP school-level excess weight data provided by Public Health England (PHE), local engagement data and supportive information to ascertain individual school's current level of engagement across a range of public health initiatives, and discussing / offering support and engaging schools in the public health 'school's offer'.</li> <li>Undertaking consultations with schools to; identify gaps, ascertain what schools are currently doing, gauge levels of interest – primarily focused on physical activity, healthy eating and nutrition, the Healthy Pupil's Capital Fund and the Smoke-free school gates project.</li> <li>Supporting with the distribution of the Children and Young People's Active Lives Survey to schools (Primary and Secondary).</li> </ul> <p><b>Oversight / Governance arrangements –</b> <i>Progress is shared / monitored through the School Health Improvement Group (SHIG) on a regular basis.</i></p>	<p>Oct 2018 – March 2019</p> <p>Nov 18 &amp; Jan 18 (x2 waves)</p>	<ul style="list-style-type: none"> <li>✓ Discussions with schools regarding their NCMP school-level excess weight data and other reports such as the 'School Meals Survey' findings</li> <li>✓ Consultations / scoping work per school</li> <li>✓ Schools engagement in the 'Smoke Free School Gates' project</li> <li>✓ Evaluation report produced to inform future school engagement work</li> </ul>



<p><b>Community</b></p>	<p><b>PHDO are:</b></p> <ul style="list-style-type: none"> <li>• Developing locality networks within towns that aim to provide a central platform to bring together key stakeholders/partners with Public Health and/or related priorities to identify and share best practices, identify needs, funding streams and collaborative working opportunities. <i>PHDOs are currently reviewing/refreshing membership lists.</i></li> <li>• Supporting the development of community initiatives; Weigh2GO (W2G - smart scales self-monitoring programme) – reviewing / revising library and workplace offers, and supporting community-based W2G initiatives.</li> <li>• CAN legacy – maintaining contact and supporting the evaluation process through distributing surveys to organisations through to participants to contribute to qualitative analysis as part of the overall evaluation.</li> <li>• Signposting organisations to Town Grant funding where required.</li> </ul> <p><b>Oversight / Governance arrangements –</b>  <i>Progress is shared / monitored through Locality Network Meetings, PHDO Working Group Meetings School Health Improvement Group (SHIG) on a regular basis.</i></p>	<p>From June 2018 ongoing</p>	<ul style="list-style-type: none"> <li>✓ Established PHDO locality networks in each town</li> <li>✓ Weigh2GO - Increased levels of engagement</li> <li>✓ CANs - Completed participant surveys</li> </ul>
<p><b>Workplaces</b></p>	<p><b>PHDOs are:</b></p> <ul style="list-style-type: none"> <li>• Supporting the development of a Public Health workplace offer, involved in discussions with Public Health leads on the development of an engagement strategy to include the engagement across the business sector i.e. semi-skilled, manual workers, office workers. The work will range from developing a tailored health and well-being plan, to developing pathways for referring/signposting employees based in Sandwell into Public Health services.</li> <li>• Internally (SMBC), supporting the development/monitoring of workplace initiatives i.e. workplace physical activity programme</li> </ul> <p><b>Oversight / Governance arrangements –</b>  <i>Progress is shared / monitored through the Workplace Health Improvement Group (WHIG) on a regular basis.</i></p>	<p>From Jan/Feb 19</p> <p>Ongoing</p>	<ul style="list-style-type: none"> <li>✓ Increased engagement from the business sector in the Public Health offer</li> <li>✓ Increasing participation levels in physical activity</li> </ul>

## HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

**19 November, 2018**

<b>Subject:</b>	Assessments for Aids and Adaptations
<b>Contribution towards Vision 2030:</b>	 
<b>Contact Officer(s):</b>	Karen Emms - Service Manager (Social Work and Reablement) <a href="mailto:Karen_Emms@sandwell.gov.uk">Karen_Emms@sandwell.gov.uk</a> contact : 0121 569 5872

### 1 PURPOSE OF THE ITEM

- 1.1 The Board will receive a presentation on the progress on delivering the new service model and to provide performance data

### 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.

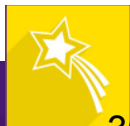
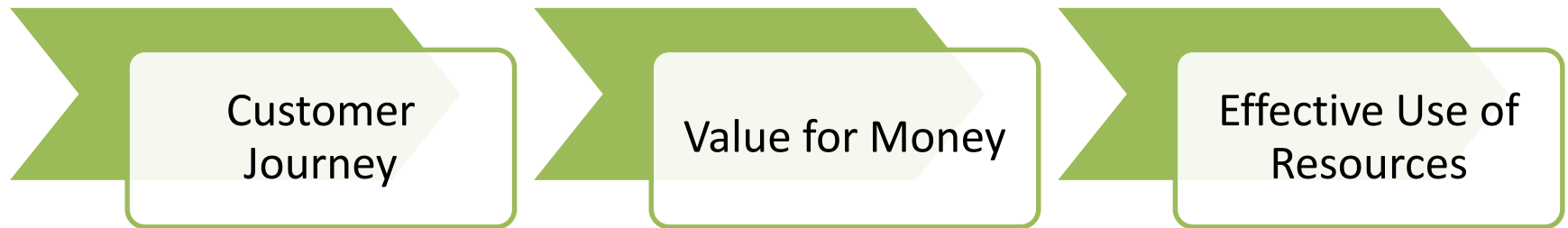
Ambition 10 – Sandwell has a national reputation for getting things done, where all local partners are focussed on what really matters in people's lives and communities.

# Supporting People to Live Independently in their Own Home

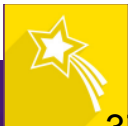
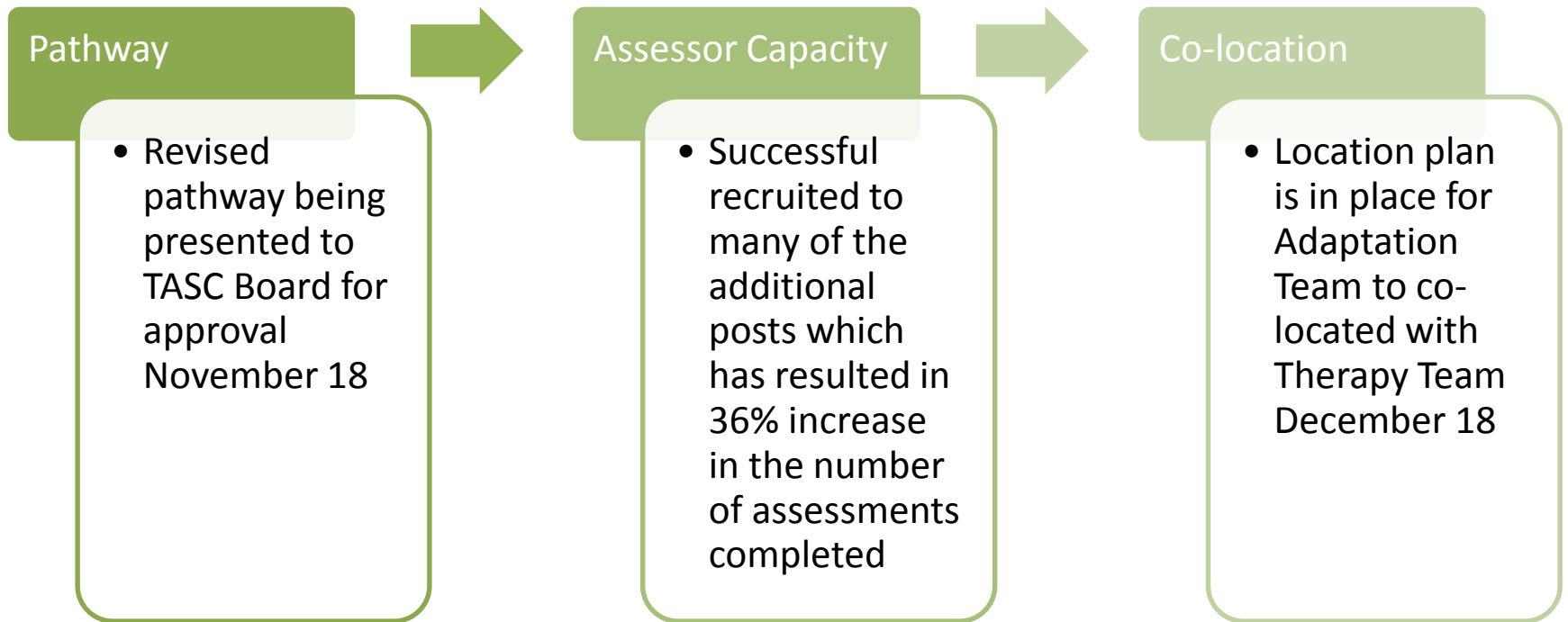


# Adaptation Programme – Service Update

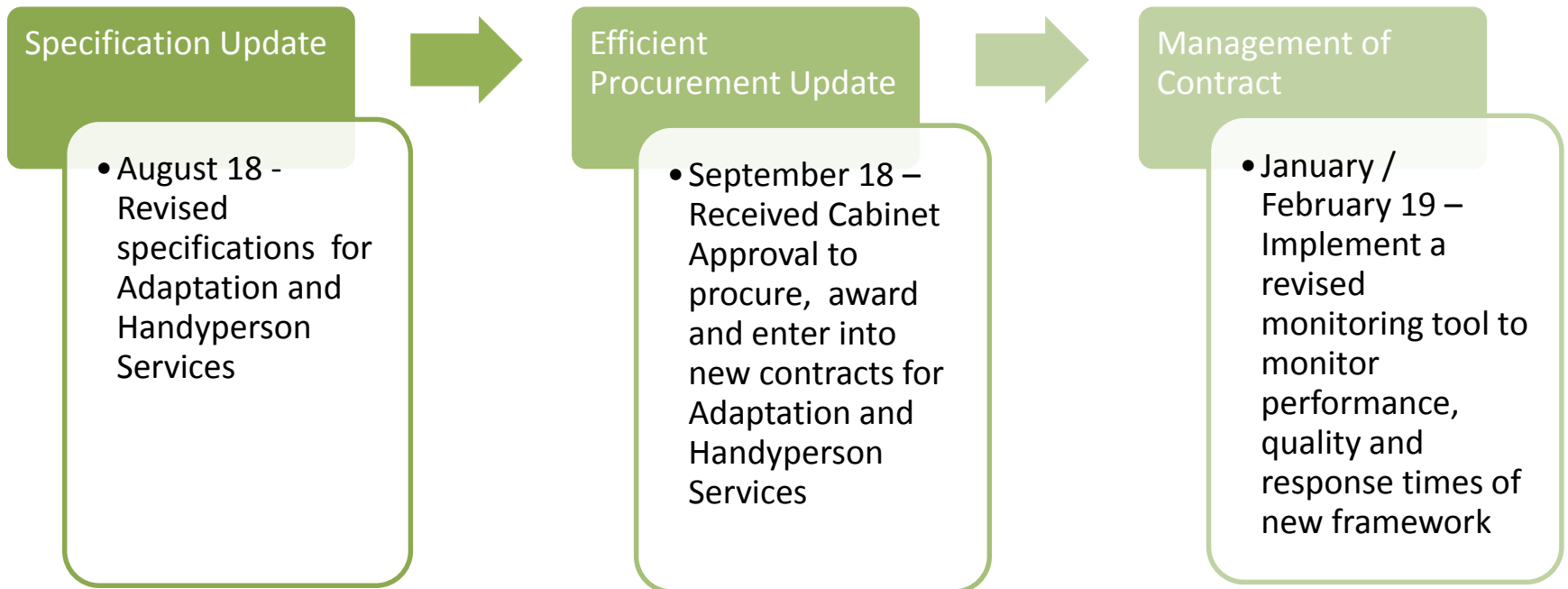
The Service has made good progress over the last 6 months in all key areas relating to improving customer experience, ensuring value for money and effective use of resources



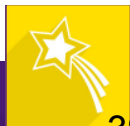
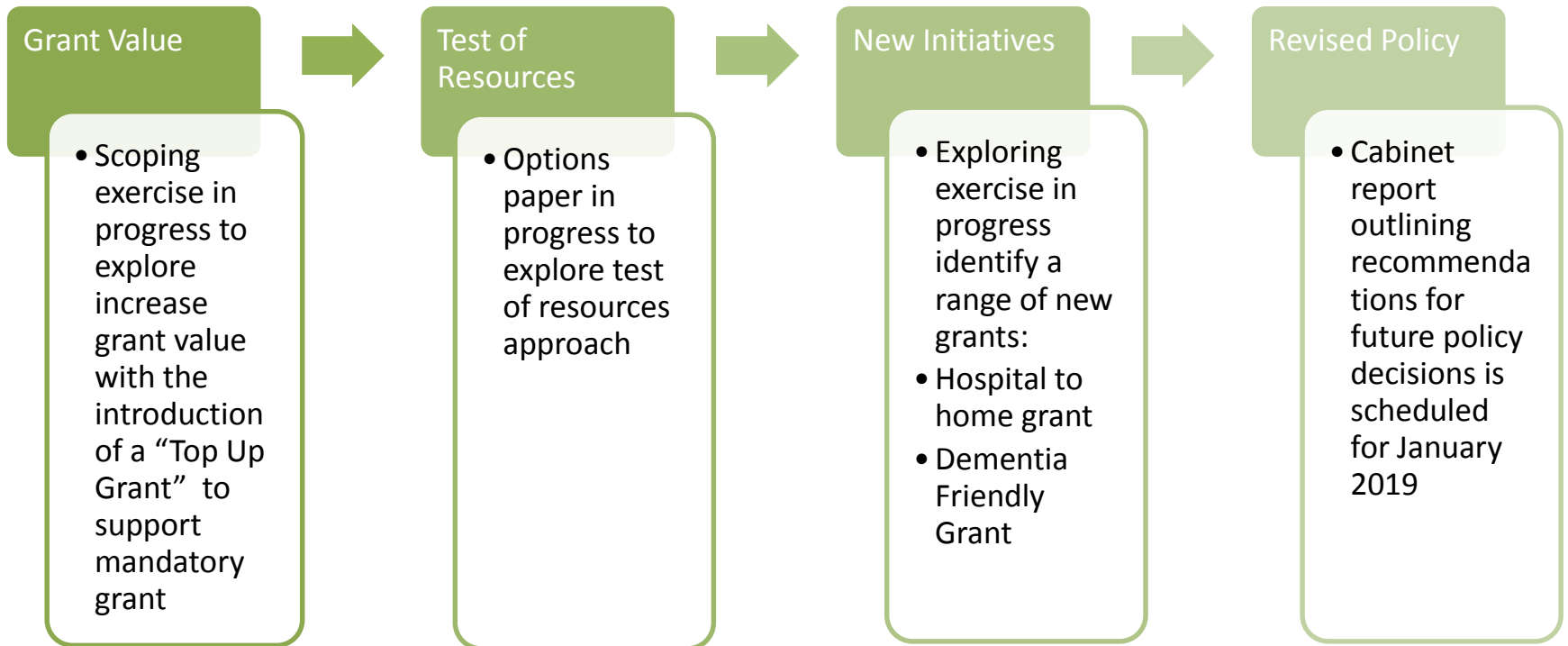
# Adaptation Programme - Customer Journey



# Adaptation Programme - Value for Money



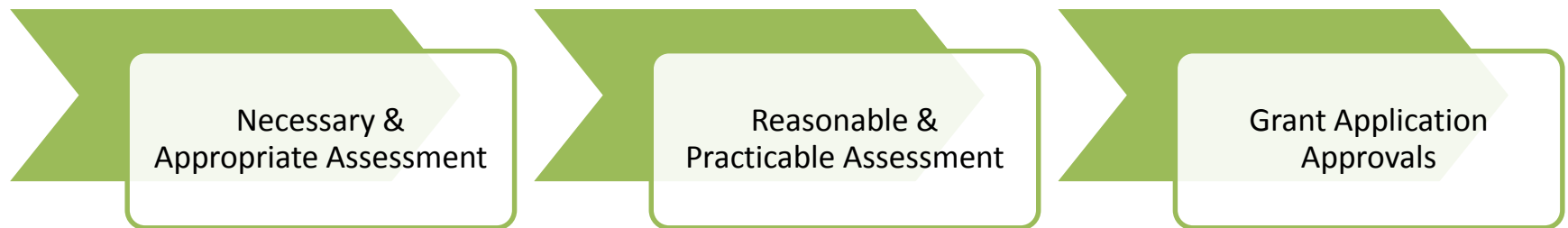
# Adaptation Programme - Effective Use of Resources



## Adaptation Pathway Data

**Necessary** and **appropriate** to meet the needs of the disabled person – this test is primarily carried out by the occupational therapists within the **Therapy Team** but recommendations are also received private Occupational Therapists

**Reasonable** and **practicable** depending on the age and condition of the property – this test is carried out by the adaptation technicians within the **Home Improvement Team**

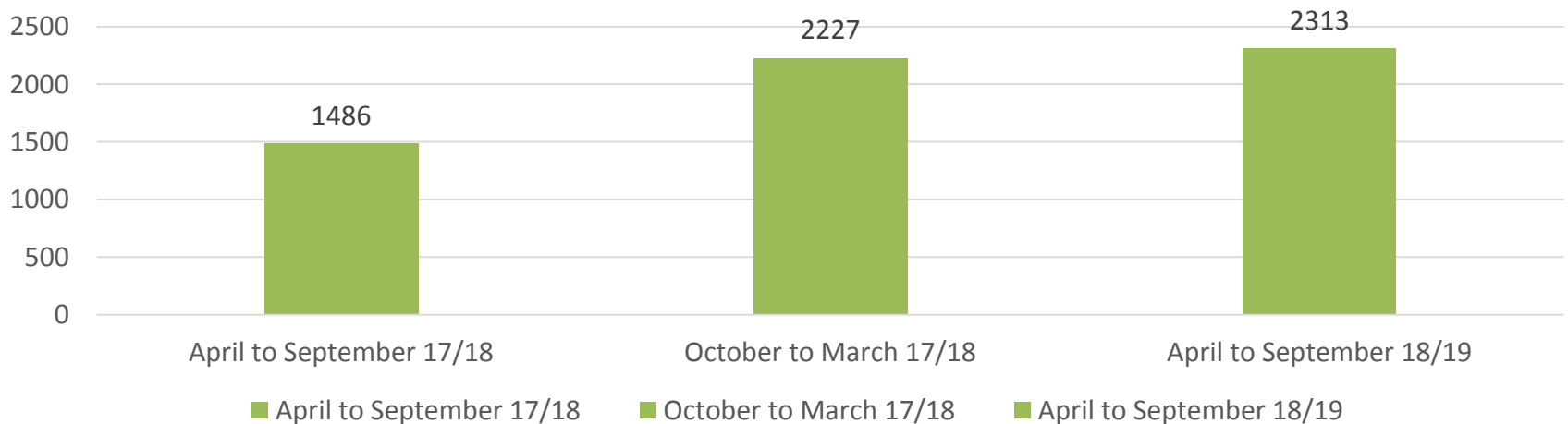




## Therapy Service - Assessment Activity

Therapy Service has seen a significant increase in the number of assessment requests. The service have completed 2313 assessments in the past 6 months from April to September 18 compared to 1488 assessments the same period for 2017 showing an increase of 36%

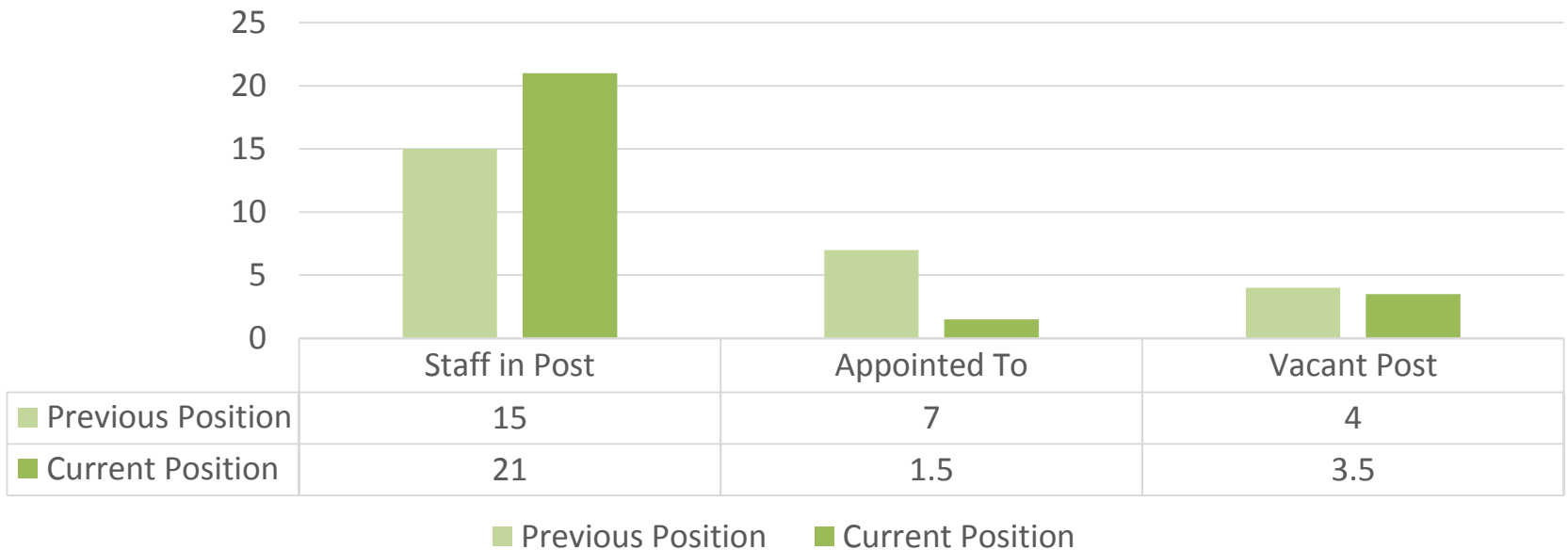
Completed Assessments



# Therapy Service - Assessment Capacity

In order to respond to increase in demand team continue to drive a recruitment programme to fill all funded posts at a time when Health Education England have identified a national shortage of therapy posts across the country

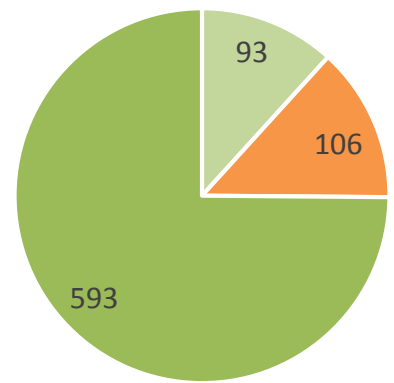
Therapy Staff



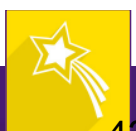
## Therapy Service - Assessment Types

In order to respond to increase in demand the service have introduced a variety of ways of undertaking equipment assessments and now offer customers assessments within our demonstration flat at the ILC which **increases capacity** and **increases response times**

Types of Assessment



■ Desk Top   ■ Demonstration Flat   ■ Face to Face

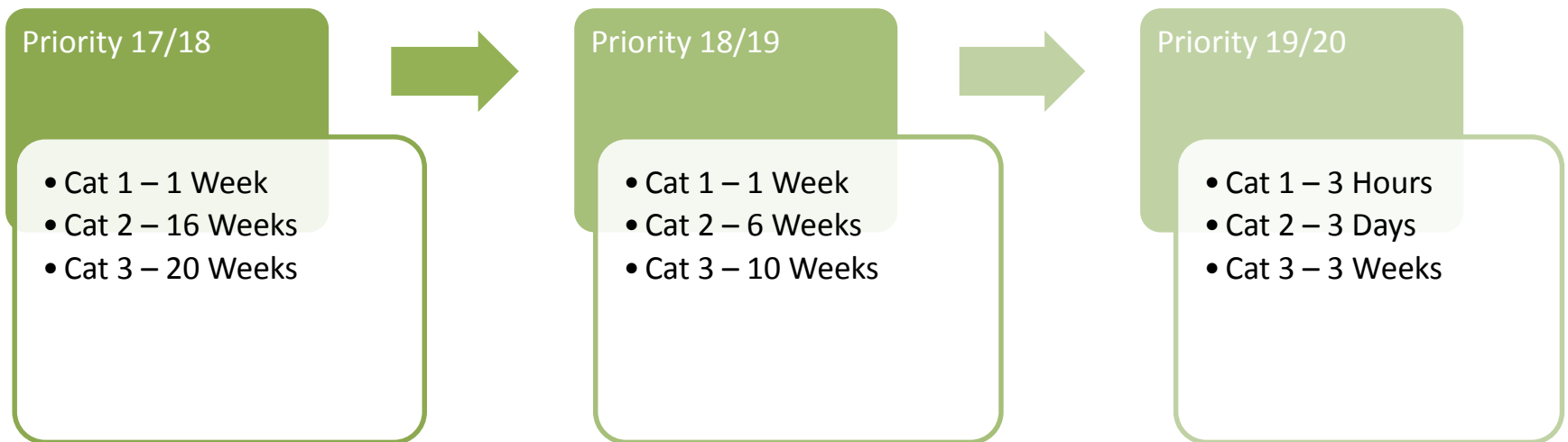


## Therapy Service - Assessment Categories

Cat 1 – Emergency provision of adaptation required

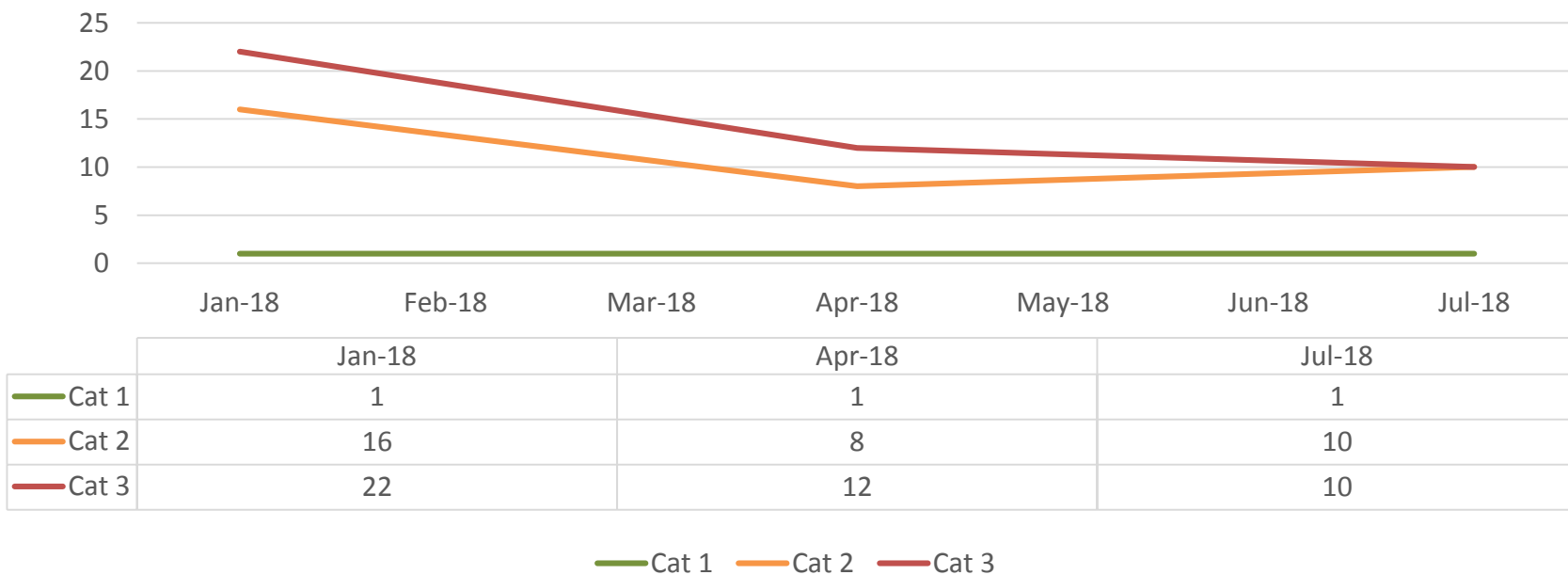
Cat 2 - Urgent provision of adaptation required

Cat 3 – Non-urgent provision where the person’s self-care skills are impaired but alternatives exist or support is available



# Therapy Assessment Response Times

OT Assessment



# Therapy Service

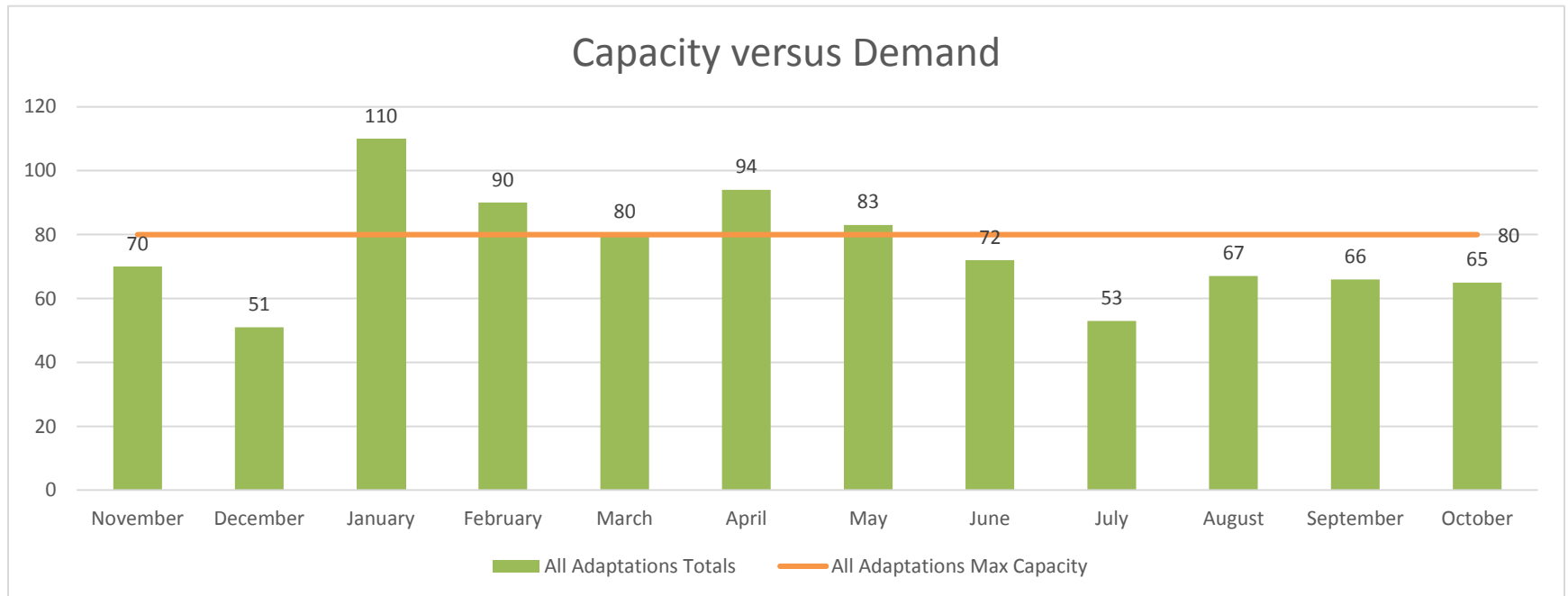
## Contingency Plan - Next Steps

- Continue to respond to the increased demand and the national shortage of occupational therapist challenges
- Introduce an assessment approach which gives permission for the local authority to delegate others to undertake assessment activity on their behalf, with the local authority adopting an assurance and sign off approach
- Design a trusted assessor model in relation to equipment pathway which would enable equipment technicians to deliver, fit, demonstrate and observe customers assessed equipment
- Continue to build relationships with partners at Coventry University to increase our Occupational Therapy Student Programme to support the national agenda to address the shortage of therapists and encourage newly qualified therapists to identify a career in social care



## Home Improvement Service - Major Adaptation Activity

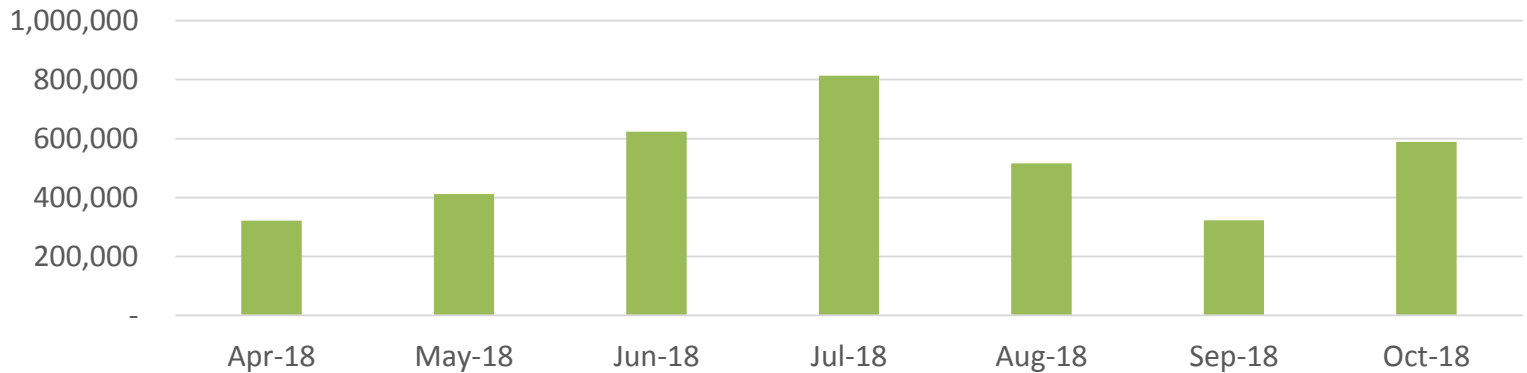
The Home Improvement service has capacity to respond to 980 adaptation requests per year. The service has responded to 901 major adaptation requests in the last 12 months which equates to 92% capacity.



# Home Improvement Grant Approval Activity

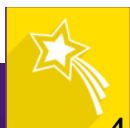
The Home Improvement service has an allocated budget of £6,041,000 for 18/19 in relation to major adaptation grant applications plus £2,637,000 carried forward from 17/18). From April to October 18 the service has approved grant applications to the value of £3,597,117 which equates to 102% of the allocated budget and 72% of the allocated budget (including carried forward from 17/18) for this period.

### Grant Approval Value



	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
■ Grant Approval Value	321,756	411,750	623,292	813,443	515,713	322,854	588,310

■ Grant Approval Value





# Home Improvement Service

## Contingency Plan - Next Steps

- The service continues to respond to the challenges it faces in relation to the quality, response times and cost of works and has identified approaches to address the challenges.
- Re-design major adaptation pathway in accordance with new contractor framework performance indicators
- Develop a performance management tool to monitor the quality and response times of new contractor framework
- Amend current policy in order to consider grant values, test of resources and other initiatives

