

Minutes of the Health and Adult Social Care Scrutiny Board

**19th November, 2018 at 5.30pm
at Sandwell Council House, Oldbury**

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

Also Present: Helen Hibbs (Senior Responsible Officer,
Sustainability and Transformation Partnership (STP));
Jonathan Fellows (Independent Chair, STP);
Jayne Salter-Scott (Sandwell and West Birmingham
Clinical Commissioning Group);
Ansaf Azhar, Acting Director of Public Health, SMBC;
William Hodgetts (Healthwatch Sandwell);

Apologies: Councillor O Jones

20/18 **Minutes**

Resolved that the minutes of the meeting held on 17th
September 2018 be approved as a correct record.

21/18 **Sustainability and Transformation Partnership Update**

The Board received a presentation from Dr Helen Hibbs, the Senior Responsible Officer, Sustainability and Transformation Partnership. She advised that the STP had been in place for two and a half years and it had been given the role of bringing together rather fragmented health organisations to work together to improve the health, wellbeing and prosperity of our local population. The STP vision would not detract from local place, but would look at working together across the Black Country area and West Birmingham.

The new leadership and governance framework was created over two years ago to transform local health and care system in the Black Country and West Birmingham. The Independent Chair, Jonathan Fellows was

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appointed in July 2018. The senior responsible officer advised that she took over as the overall responsible officer in April 2018. Sitting under her in the frame work was the STP Clinical Leadership Group which met monthly; the STP Partnership Board and the STP Health Partnership which also met monthly.

In relation to progress in the STP:

- quite a lot had happened in relation to primary care, with an aging General Practitioner (GP) workforce, many GP's were looking at retiring, but they were the bedrock of the primary care service. 90% of primary care was GP care and only a small percentage of money was spent there.
- All GP practices had access to other practices;
- Projects were up and running to encourage GP's not to retire early and to make the Black Country an attractive place for GP's to live and work.
- Other projects and work was under way which included: Peri-natal; mental health services; birth bids and Black Country reconfiguration of services for stroke patients.

She advised that the approach for the STP services needed to be clinically led and managerially supported.

The clinical strategy would inform service delivery across the Black Country and West Birmingham STP. The areas of focus highlighted were:

- Cancer
- Mental Health
- Learning disability Services
- Maternity and Neonates
- Primary care

The effectiveness of clinical engagement was fundamental to the delivery of the clinical strategy but it was recognised that the biggest barrier to moving forward in all areas was the workforce, the need for more clinicians in the locality and the need for work collaboration.

The Board discussed the need for services to think more about how to deliver primary care collaboratively in our locality, there were local place based plans already under development which the team felt were key to the development of primary care.

The Board heard that the right care in the home helped people to stay healthier in their homes and helped to prevent visits to the hospital. Primary care was at the heart of place based plans and was integral to

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delivering improved health and wellbeing.

The Black Country and West Birmingham STP would work collaboratively with health and care partners to move towards an Integrated Care System (ICS). The local place based integrated care based alliance in Sandwell would reflect the model in Birmingham, and those in other area in the Black Country. They would work around the patient and all would work together in a much more joined up way.

The Board was advised that work been done by the STP complimented work being carried out in the Healthy Lives Partnerships relating to the Midlands Metropolitan Hospital (2022), GP Practices, work with Commissioner and work with the Voluntary and Community Sectors. The Hospital and the changes in the way primary health care would work were important things for this area and there was a focus on early intervention and care in the community, which was the plan for the longer-term health benefits of the people of Sandwell.

The NHS is planning for the next ten years and needed to decide how services needed to change:

- Giving people the right care at distinct stages of their lives;
- Improving health in particular areas;
- Putting in the right things in place for NHS services to improve.

The NHS plan was good news for Sandwell and West Birmingham STP as it reflected what we had planned in the Health 'Life plan'.

Public and patient engagement was important, the series of working groups and events planned to gather views and interests of a range of stakeholders was planned to take place over September 2018. The engagement would build on the work already being carried out to develop the strategies and would not detract from what was already being done but would build added layers.

There were several challenges and risks outlined in the presentation. Not least that over recent years partner organisations had competed for resources and staff, under new arrangements they were expected to work collaboratively. The workforce was a huge risk to the plans going forward, national shortages, regional competitiveness and deprivation in regions all influenced the decision of potential employee's. Population health management in the region was a major risk the increase in number of years people lived without poor health could have major implications for resources.

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

- The Senior Responsible Officer acknowledged the feeling of the clinical staff in relation to change and the challenges they faced; they highlighted the importance of taking the clinicians along with the STP changes, even though it was difficult, to deliver the care on the ground. As the increasing clinical evidence had shown the best outcomes were local care delivery.
- The Centres of Excellence highlighted across the Black Country were large in terms of health profile and could cut across several health configurations, the Board asked how 'large' an area should be to react to local needs in terms of health profile. The Senior Responsible Officer recognised this as an issue across all of the Black Country areas and the STP had not got it right in all areas yet, however areas could be looked at in layers, as smaller footprints of certain areas.
- The Chair of the STP advised that the Black Country Partners Pathology Services had collaborated to appoint to a senior post recently and the collaboration had been successful.
- The Interim Director of Public Health advised that Public Health had been working with other Black Country Authorities on Population Management and some of the work crossed over into the Health agenda. He suggested that it would be worthwhile the STP engaging with the four Public Health Directors from around the Black Country area.
- The risk of General Practitioner (GP) vacancies and retirements was considered as a significant risk to the strategy. The Senior Responsible Officer said that there was more to do and that hopefully a longer-term plan could be developed, such as looking at the parts of the Doctors role that a practice nurse could pick up as part of their skill mix in primary care.

Resolved:

- (1) that the update on the partnership and recent developments in relation to the Black Country STP be received

22/18

Public Health Development Officers (PHDO) role and delivery plan

The Acting Director of Public Health provided an update regarding the Public Health Development Officers (PHDO) team role and delivery

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plan as part of the delivery plan initiatives to increase physical activity and wider work to improve health and well-being.

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

- There are six PHDOs one for each of the six Sandwell towns each works closely with the town team and other council/public and third sector organisations. They will work closely with primary care on issues such as obesity, in the community with old people and in the work place. The PHDOs will go where the people are.
- The posts have recently been appointed to and all should be in post by the end of January 2019. The posts were jointly funded between Sports England and the Council.
- The PHDO team has established Public Health Locality Network in each town to connect stakeholders, partners and community groups together in one central group and provide support to local services.
- The PHDOs are having a significant impact in communities over 300 organisations are engaged, engagement from the business sector and over 500 people are taking part in physical activities.

The Acting Director of Public Health agreed for officers to share statistics of organisations and activities in the programmes by town to Members of the Board.

Resolved:

- (1) The Board welcomed the update and changes and thanked partner colleagues for their attendance and presentation.

23/18

Assessments for Aids and Adaptations

The Executive Director Adult Social Care, Health and Well Being David Stevens, Social Care Team Manager, Charlotte Leadbeater-Chase and Home Improvement Manager, Stuart Hall were in attendance to provide a presentation 'Supporting People to live Independently in their Own Home'.

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

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- The Executive Director advised that there had been success in recruiting additional occupational therapists to post which had in turn resulted in a
- 36% increase in the number of assessment that had been carried out in Sandwell this year.
- Expectation of higher standards to challenge if not delivering against expectations.
- Building works to be done in a timely manner due to new procurement specifications.
- Demand for the service is increasing.
- Have a good quality workforce in place.
- Would like to increase the number of demonstrations of aids and adaptations given and develop more demonstration flats. The Executive Director suggested bringing a report to consider developing more demonstration flats in Sandwell.

Address the contingency plan next steps:-

- Continue to respond to the increased demand and the national shortage of occupational therapist challenges;
- Introduce an assessment approach;
- Design a trusted assessor model;
- Continue to build relationships with partners at Coventry University to increase our Occupational Therapy Student Programme to support the national agenda to address the national shortage of therapists and encourage newly qualified therapists to identify a career in social care.
- The Home Improvement Service has capacity to respond to 980 adaptations and had responded to 901 (92%) capacity in the last 12 months. The service was in a good position with an allocated budget of £6,041,000 for 2018/19 in relation to major adaptation grant applications plus £2,637,000 carried forward from 17/18.
- Approximately 80% of adaptations are completed within 10 months, however there are many variables due to outlying factors and complexities such as;
 - Complex planning issues
 - Customers finances
 - Landlords choice
 - Customers hardship
 - Partnership issues – party walls etc
- The capacity for the number of assessment has increased by 36% for 2018/19. The number of assessments carried out per day depended on the level of assessments carried out. The

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prevention assessors could carry out approximately 17 assessments per day where an occupational therapist would be expected to carry out six new assessments per day levelling out to about 5,000 cases a year.

- In response to questions about how many of the assessments convert to adaptations the Board was advised that about 20% were converted.
- There was some short-term funding available for additional workforce through Better Care Funding (BCF). This would not solve the problem in the longer term and the additional occupational therapists or managers to manage the additional occupational therapists would not be sustainable. The aim was to 'grow our own' occupational therapists through a training and development programme both in-house and university modules.
- The team were keen to learn from complaints from customers and Councillors and to adjust services to ensure the work they are doing takes account of a range of obstacles to reduce frustrations and to help the case work move quicker and more smoothly through processes.
- There was an increase in demand for all aids and adaptation services. The Board found that the need to take the pressure off occupational therapy services was real but there was no resource to grow capacity, they considered the time taken to deal with the number of lower value aids and adaptation assessments and how this would free up some capacity to ease the pressure on occupational therapy services.
- Members agreed that there was a need to increase the financial limit for minor adaptations currently provided free of charge to residents with an assessed need from the value of £1,000 to £1,500 as part of the current review of the Council's aids and adaptations policies.
- Residents get referred to occupational services through many routes, including members contacting the Adult Social Care Number 2266. Officers advised that it was always better if a family member contacted Adult Social Care where possible because the team could better triage with the family member.
- Assistive technology will be part of the living independently offer.
- The time taken for residents to contact the Adult Social Care Centre has improved considerably since 2017, 400 calls were taken today (19th November 2018) with a 42 second response time.

The Health Watch representative congratulated the service for the way that they were planning to support people to live independently in their

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own home.

Agreed:

To recommend to Cabinet to increase the financial limit for minor adaptations currently provided free of charge to residents with an assessed need from the value of £1,000 to £1,500 as part of the current review of the Council's aids and adaptations policies.

(Meeting ended at 7.05pm)

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