

Minutes of the Health and Adult Social Care Scrutiny Board

**25th March, 2019 at 5.30pm
at Sandwell Council House, Oldbury**

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

Also Present: David Stevens, Executive Director - Adult Social
Care and Wellbeing;
Lisa Mc Nally, Director - Public Health;
Pippa Wall, Head of Strategic Planning - West
Midlands Ambulance Service;
William Hodgetts (Healthwatch Sandwell).

4/19 **Minutes**

Resolved that the minutes of the meeting held on 21st
January 2019 be approved as a correct record.

5/19 **West Midlands Ambulance Service Draft Quality Accounts
2018/19**

The Head of Strategic Planning, West Midlands Ambulance Service, attended the meeting to provide an update on the progress made on priorities set in the 2018/19 Draft West Midlands Ambulance Service Annual Quality Accounts and to provide an overview of priorities identified for 2019/20. The draft Quality Account had been prepared but was not in the public forum and would be circulated for comment before the end of the financial year.

The Head of Strategic Planning advised that the West Midlands Ambulance Service (WMAS) was obliged to consult with key stakeholders and a new approach had been adopted in the region this year by holding three engagement events and attending local authority scrutiny meetings.

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It was reported that: -

- the Care Quality Commission CQC had carried out an inspection visit three years ago which resulted in an excellent rating. A further inspection was expected soon, and it was hoped that the excellent rating would remain;
- WMAS was proud of its excellent rating and was proud of recent innovations to develop and future-proof the service;
- WMAS was developing a relationship with local universities to train student paramedics and, as such, it would become the first University Ambulance Trust in the Country;
- WMAS was strengthening relationships with partners, building on its pro-active recruitment and training programme and opening the first academy for ambulance student paramedics in the country;
- the Quality Account document followed a formula and had been prepared to demonstrate the priority, overview and achievements in the report. The WMAS summary of the year highlighted that WMAS had achieved everything it had set out to do last year;
- the priorities for WMAS next year would be categorised under three main themes:-

Patient Experience;
Patient Safety;
Clinical effectiveness.

1. Patient experience summary:

- increased patient experience, by direct liaison with the patient in hospital;
- seeking patient feedback and evaluating this;
- patient liaison could assist, by seeking comments on behalf of WMAS. New liaison guidance was expected including key questions that could be asked;
- learning and development could improve on skills to gather feedback;
- the 'Making Every Contact Count' (MECC), Public Health England initiative was based in Sandwell. The MECC outlined an approach to behavioural change that used daily contacts to support people and to make positive changes to their physical and mental health and wellbeing;
- MECC supported the opportunistic delivery of timely consistent and concise healthy tips and information held up as best practice, such as reminding people not to swim in lakes and to

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not ride motorbikes wearing shorts in hot weather.

- MECC used social media to share lifestyle information to enable individuals to engage in conversations about their health at scale across organisations and populations. In the case of elderly patients, MECC highlighted what might cause a fall, for example, a loose carpet grip, or how to prevent a fall by using hand grips.

2. Patient Safety Summary:

- in relation to patient safety investigations and serious incidents, there had been in excess of one million incidents last year. The Board acknowledged that there was a need to monitor timelines to carry out investigations and to make improvements;
- WMAS was doing everything possible to prevent drug administration incidents;
- safeguards had been put in place for a range of risks including reducing harm to patients during transfer to and from the ambulance, ensuring a foot did not slip off the wheelchair foot rests or that the straps on the chair did not unfasten.

3. Clinical Effectiveness Summary:

- the Board was keen to ensure that WMAS was up to date and aware of clinical processes and effectiveness;
- WMAS was up to date with sepsis awareness, carrying out benchmarking to make sure that risks were being identified and symptoms treated appropriately;
- WMAS was successfully treating maternity patients. WMAS did not employ midwives therefore it was essential to make sure that paramedics were as skilled in maternity matters as they could be;
- WMAS needed to improve safety and clinical appropriateness of safety of staff on the scene;
- WMAS staff in training were paired with a more experienced member of staff. Judgements on the scene and how to deal with a social situation, or how to ensure that people were safe and in touch with the appropriate service could only come from experience;
- assessing needs, when to leave someone alone at home, when they were safe, being able to see the signs and have the skills, knowledge and ability to make decisions in many situations could only be gained by working with an experienced colleague.

Having considered the progress members of the Scrutiny Board the made the following comments:-

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- when calling out to an elderly person, there may be occasions where the patient was scared, confused or lonely but not in need of emergency medical attention. The range of age related issues included dementia, frailty and difficulty getting around their homes. In every case, the crew would make a judgement call and refer the individual to the most appropriate service(s);
- West Midlands Fire Service (WMFS) ‘Safe and Well Service’ worked with elderly people in their homes to highlight that falls and trips in the home could potentially lead to fires in the home. It was suggested that WMAS liaise with WMFS to make more people aware of the service;
- the Board heard that there was no firm target for response time to complaints because the ambulance crews worked shifts and at night, as such, it was difficult to get a response back within a set time;
- in response to questions about ‘holds ups’ at Accident and Emergency (A&E) handovers, the Board was advised that in Sandwell, the hospital worked particularly hard to clear patients, however, there was a problem in the wider region;
- patients had an element of choice which hospital they were taken to, however, there were a number of factors to consider when the crew was directed on a call such as the strategic overview; number of crews; waiting times; specialist services required etc.
- the crew should have access to information including patient records, contacts etc using a mobile device, the information could inform the crew and avoid taking people to hospital unnecessarily, the information could also tap into social care available;
- the Board welcomed the high level of commitment from WMAS from the interface with the hospital to patient care in their homes;
- the Head of Strategic Planning had no recollection of an ambulance service ‘never event’ and would check if never events were reported through NHS processes and if any had happened in the Sandwell area;
- the Board suggested that an annual report of incidents including never events would be an interesting addition for future Annual reports. The Head of Strategic Planning confirmed that the WMAS was planning to deliver an annual report and that there would be a number of quality appendices and details of areas the service had responsibility for;
- the Board noted that the reason ambulances were parked with engines running when on call was to ensure the equipment on board was functioning, the engine generated power to maintain

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the equipment. The Head of Strategic Planning confirmed that she would check the policy for keeping the ambulance engine running, but that the doors should be locked at all times when the vehicle was unattended;

- the Board noted that the frequency of attacks on ambulance crews was increasing and becoming more violent, which include verbal attacks and physical abuse with missiles thrown. The WMAS had a zero-tolerance policy in relation to violence towards ambulance staff on call and had on occasions withdrawn until the violence ceased. This seemed to be an increasing national trend;
- new standards for response times had been piloted by WMAS, the response time had recently been amended from 8 minutes to 7 minutes. The service was currently performing better than the standard response time in an emergency attending in 6 minutes;
- WMAS was the only service in the UK to have a paramedic on every vehicle.

The Chair thanked the Head of Strategic Planning for the presentation. The Board was advised that the Quality Accounts would be submitted to the WMAS Board on Wednesday 27th March 2019 with the final circulated for comment and responses to the WMAS by 5 May 2019.

Resolved:-

- (1) That the comments of the Scrutiny Board in relation to the West Midlands Ambulance Service be submitted to the Executive Director Adult Social Care, Health and Wellbeing and the Cabinet Member for Social Care to consider for inclusion in a response to the West Midlands Ambulance Service by 5th May 2019;
- (2) That the Director – Law and Governance and Monitoring Officer make arrangements for the Health and Adult Social Care Scrutiny Board to visit for the Ambulance Control Room at Brierley Hill.

The Director - Public Health provided a presentation which highlighted her Public Health priorities for 2019-2020 and how they

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related to the Sandwell Vision 2030.

The Director highlighted the importance of work with young people, school readiness and mental health. She highlighted the need for people to feel connected and valued and of the value in neighbourhoods of health nurses, community and prosperity and for people to be proud to belong and choose to bring up families in Sandwell.

The Director indicated that inequality, community development and mental health were the three pillars of everything that public health did, that should be borne in mind in everything the Council and its partners did to deliver services and to aspire to the Sandwell Vision 2030.

In relation to inequality, the Director indicated that the most affluent people and communities in Sandwell had as much access to services as those less affluent and it was considered that more resource should be spent where it was most needed and that those with less may need more. It was reported that the NHS health check programme and government mandate had not followed the curve.

The Director indicated that the Board may want to consider proportionate universalism and the idea that the people who needed more help should receive more help. The example given of this was period poverty. Members received a brief outline of the work being carried out in Sandwell and across the UK to address period poverty. Members were concerned that girls of school age were staying away from school because they could not afford sanitary products and welcomed the work that Public Health was carrying out with secondary schools to give resources for access to sanitary products.

Mental Health

- in the past, Public Health had been criticised for having ‘behavioural blinkers’ and not looking at what was the driver of a behaviour such as smoking, drinking, eating or lack of exercise; person’s lifestyle, mental health and mental wellbeing.
- childhood obesity and the National Child Measurement Programme in primary schools measured children and sent a letter to parents to advise of the result. There had been no improvement in child obesity in UK for over a decade, there had been adverse emotional reactions, poor mental health and low

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self-esteem issues which were predictive of more eating disorders in adulthood;

- the Child measurement programme was an example of public health criticising the child being overweight rather than looking at what had driven the behaviour. The Director had previously challenged this and highlighted the need to move away from weighing and measuring children and move towards understanding and supporting them, however, the Director - Public Health was mandated to commission and deliver National Child Measurement Programme. The main message was to stop focussing on the behaviour and focus on what was driving the behaviour;
- work was ongoing to find out what was happening in Sandwell, mapping out what was happening in schools and towns from a home and regional perspective. The Well-being Charter Mark had been developed by educational psychologists and the public health team, and was funded via a public health grant, the charter mark was being carried out in 90 schools across Sandwell, with 31 already achieving their Charter Mark.

Community Development

- The Board was advised that people thought that the best place to go to improve health was the local doctor, the gym, neighbours and friends. Evidence indicated however that the most significant and sustainable source of health improvement was the local community.

Social Isolation

- The Director - Public Health highlighted that there was evidence to indicate that community development may be required to develop and support groups and social based activity. Community development could reduce the extent to which people needed to see their doctor or go to hospital and could be a tool to address social isolation. It also had the side effect of improving health behaviour such as physical wellbeing;
- Public Health was leading on the design and implementation of a new social prescribing network which was a collaboration with Clinical Commissioning Group (CCG) primary care, social care, libraries and the voluntary sector;
- Sandwell aimed to be the best to link people back up to the local groups and services in their local community.

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Conclusion

- The Public Health priorities were the same as the Council priorities in its 2030 vision, in everything it did public health wanted to address inequalities, work with communities for communities in partnership with local people.

In response, the Scrutiny Board:-

- welcomed the Public Health approach and wanted to be part of the processes outlined;
- were concerned that poverty was the cause of many mental health, eating disorders and health inequality matters and that previous projects and initiatives had been short term funded;
- felt that members should invest in programmes for longer terms to afford them opportunity to embed, demonstrate the longevity of the initiatives and to change the culture;
- noted that teenage pregnancy had been an issue in Sandwell for some time but that the work carried out by Public Health and voluntary organisations in the area had proved that sticking at an issue had changed the culture, raised awareness of the issues, reduced the numbers and put the support network in place in Sandwell;
- noted that the priorities for Health and Well-being Board CCG and Public Health were aligned. It was important for the community to change and in order to do that, Public Health could not continue to do things to people it had to work with them;
- highlighted the need to find out what clubs and activities were taking place in Sandwell and to work to increase the awareness of groups in the communities of Sandwell. Asset mapping was essential to know what local people knew about and could get involved with;
- noted that many groups were not advertised because local people did not think that the small ‘get together’ they organised would be classed as an interest group or club;
- referred to a workshop they had recently attended, and the mechanism discussed for raising awareness of local activities such as advertising in libraries, Doctors surgeries and at bus stops. They highlighted the need to raise awareness through the press and social networks and highlighted that that word of mouth was the best way to let people know about activities in communities and encourage people to attend;
- noted the need for social prescribers and for partners and front-line workers to have access to information, to provide information and confidence to customers and to develop and support

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- befriending programmes;
- express concern that the ring and ride bus service had been taken into administration and may be lost to communities. Members asked that this situation be monitored to consider the impact on older people travelling to activities and getting out and about;
- considered the small things that people could do in their communities to counter social isolation and improve well-being, such as check on neighbours and older people in adverse weather conditions, knock the door and share tasks which may be difficult or strenuous for some people such as gardening or walking a dog;
- noted that there were examples of schemes in Sandwell, Soho and Victoria had a friends and neighbours scheme which was a voluntary led scheme to develop community cohesion.

The Chair thanked the Director - Public Health for the presentation of priorities for the year.

(Meeting ended at 7.00pm)

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| Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896 |
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