

**Health and Adult Social Care
Scrutiny Board**

**Monday 25 March, 2019 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 21 January, 2019 as a correct record.
4. West Midlands Ambulance Service Annual Quality Account 2018-19.
5. Public Health Priorities Presentation.

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

Agenda prepared by Deb Breedon
Democratic Services Unit - Tel: 0121 569 3896
E-mail: deborah_breedon@sandwell.gov.uk

This document is available in large print on request to the above telephone number. The document is also available electronically on the Committee Management Information System which can be accessed from the Council's web site on www.sandwell.gov.uk

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

**21st January, 2019 at 5.30pm
at Sandwell Council House, Oldbury**

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

Also Present: William Hodgetts (Healthwatch Sandwell);
Deb Ward, Sandwell Safeguarding Adult's Board
Manager;
Stuart Lackenby, Director – Prevention and
Protection;
Richard Norton, Environmental Health Manager.

Apologies: Councillor Bawa, O Jones, Lloyd and White.
Sue Redmond, Independent Chair Safeguarding
Adults Board.

1/19 **Minutes**

Resolved that the minutes of the meeting held on 19th
November 2018 be approved as a correct record.

2/19 **Sandwell Safeguarding Adults Board Annual Report 2017/18**

The Sandwell Safeguarding Adult's Board Manager introduced the Annual report 2017-18 and the suite of documents that had been circulated in advance of the meeting. She provided a presentation to draw the highlights from the reports and opportunity to respond to Members questions.

The presentation slides were circulated in advance of the meeting, the Safeguarding Adult's Board Manager highlighted the following points in relation to main messages and progress made:

- Partners are working together and contributing towards person centred approach.

Health and Adult Social Care Scrutiny Board – 21st January, 2019

- Three key sub groups, key information, performance monitoring and the Board subject to scrutiny.
- The West Midlands Fire Service(WMFS) was a key partner. The Vulnerable People’s Officer (VPO) would work with people in their home early to upstream safeguarding. The WMFS would work on Serious Incident Review policy to update and share learning from incidents that result in injury or death. Working to support and inform partnership working.
- West Midlands Police (WMP) the Local Authority arrangements, joint investigations and development of an adult MASH across the area were progressing. The key issue was that there was not a lot of data about vulnerable people – there may not be specific physical or mental needs, there may be situational safeguarding needs and there is more work to do to determine what that means.
- Partners are making changes to build strength in the partnership, to ensure effective working together and safeguarding, the CCG was to strengthen the role of the GP’s in safeguarding, and the Sandwell and West Birmingham Health Trust given commitment to provide safeguarding training to its staff.
- Four Boards are working together in Sandwell to identify commonalities to look for citizens of Sandwell. The Boards each agreed to lead on an identified work stream within the Prevention of Violence and Exploitation (POVE) umbrella. The objectives of the Sub-Groups were Prevention; Protection; Quality and Excellence. The ‘See Something, Do Something’ logo on all documents highlights the thrust of the campaign, people see this and understand what they are looking at; not just about what they were looking at but also about.
- Safeguarding Performance Data – ensuring the data is the right data and understanding what the picture would look like in Sandwell. The number of individuals with concerns went down in Sandwell but the number of concerns went up; the interpretation of this would be that people had more than one concern and that people with more than one concern were the people we want to be reaching because these were the people with complex needs.
- The conversion rate had gone up, safeguarding was better in every area. They are getting better understanding about what a safeguarding concern was.
- Reports from public had gone down, may need to revisit this area, may need to check that people are clear.
- Safeguarding performance data-table, people were understanding and recognising what was abuse.
- It was suggested that self-neglect had gone up and in response to an enquiry about who referred them for support the Board was advised that the person would self-refer. The Board was advised that

Health and Adult Social Care Scrutiny Board – 21st January, 2019

conversations needed to be had and people needed to understand what their options were.

- The Board was advised that MASH referrals had gone up but that the figures would be reviewed because the majority came through the contact centre and there was a commitment to look at how effective the MASH was.
- Concluded S42 enquiries by location, there was a need to look at people in their own homes and to look at behaviours. People may not see them as abusive, they may have ‘done it that way’ for years and not see the way they act as being abusive. We had to look for ways to elevate the pressures.

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

- Members expressed concerned that GPs were regularly in touch with elderly patients but did not actively check up on them.
- The Director of Prevention and Protection undertook to take the Scrutiny Boards concerns to the Sandwell Safeguarding Adults Board and to make representation that a number of markers could be put into place to challenge GPs and colleagues in the Clinical Commissioning Group (CCG) to contact elderly patients at least once a year.
- Members highlighted that the figures were reported in percentages rather than numbers of people and requested that the numbers of people affected be circulated for information and that the number of people affected be included in future reports.

The Sandwell Safeguarding Adult’s Board Manager advised the Board that the Independent Chair had met with all Partners and asked what they thought safeguarding looked like. She advised that the Chair wanted to get a feel about what safeguarding in Sandwell should be and that some people had fed back that they did not really understand enough about safeguarding in Sandwell. She added that Multi agency work was a front door to what safeguarding looked like.

The Chair thanked the Safeguarding Adult’s Board Manager for her presentation and response to questions.

Resolved:

- (1) that the Sandwell Safeguarding Adults Board Annual Report 2017/18 be received;
- (2) that the Director of Prevention and Protection agree to take the Scrutiny Boards concerns to

the Sandwell Safeguarding Adults Board and to make representation that a number of markers could be put into place to challenge GPs and colleagues in the Clinical Commissioning Group (CCG) to contact elderly patients at least once a year.

- (3) that the data be circulated in numbers of people affected and that future reports included both percentages and numbers of people affected.

3/19 **Air Quality Update**

The Director Prevention and Protection advised the Board that since the draft Air Quality Action Plan was presented to Board in January 2018, Ministerial Direction had been given in 2018 which had necessitated a pause and rethink in the direction the Council was going to take in relation to its Air Quality Strategy. The Ministerial Direction had wider implications for the West Midlands such as the development of the Birmingham Clean Air Zone (CAZ).

As a consequence, the Cabinet Member for Public Health and Protection had established a steering group relating to Air Quality matters to focus on the new direction, the wider issues and to develop a draft Air Quality Strategy for Sandwell. The West Midlands Combined Authority Chair (Chair of Sandwell's Scrutiny Management Board) Councillor Peter Hughes had been invited to sit on the steering group.

The Board received a presentation which provided the background, current position and an outline of the proposed process to move forward.

- The emissions measured in Sandwell had improved significantly between 1975 and 2015.
- There were a number of contributing factors highlighted to explain this improvement, such as improvements in engine technology, cleaner fuel, better filters, etc.
- The main local issues were the transport infrastructure, industry and logistics and the vehicle age.

The Board was advised that the Air Quality Action Plan had identified seven main hot spot zones based on local monitoring and exposure and that the suggested interventions outlined were based on national

guidance.

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

- The Nitrogen dioxide in the air was the main concern in the areas highlighted.
- The area around Junction 9 of the M6 at Wood Green Road Wednesbury has not currently been identified as a hotspot because the nearest houses are some distance away. However, the council's environmental consultants are reviewing the traffic flow data to check whether it should be included in the areas targeted for action.
- Junction 2, M5 was also of concern to Members, particularly during the past 12 months whilst major road works were ongoing.
- Members were advised that although pollution in some areas was high it may not be permanent and therefore interventions would not be supported based on national guidance. There were national models that determine across the country if a pollutant was likely to decline due to forecast changes in vehicle emissions or highways infrastructure.

The Board was advised that the four hot spot zones identified by DEFRA based on National modelling were determined in 2018. Due to the level of high level of pollution, Birmingham was compelled by Ministerial Direction to carry out the Clean Air Zone CAZ, Sandwell was one of 33 Councils to receive a direction to carry out a targeted feasibility study on Nitrogen Dioxide reduction as a result of Client Earth court case.

Sandwell was compelled to look at four sites where nitrogen dioxide levels were predicted to remain above 40 µg/m³ for the next 2 years. The Board was advised that if the improvements to car engines continued that level could drop below 40 µg/m³ by 2020 but that Sandwell was taking positive action to reduce pollution and improve air quality. The Board was advised that DEFRA had advised that on two of the sites identified that Sandwell was doing everything possible already to reduce pollution and were looking at traffic smoothing and a retrofit programme of buses with TfWM.

The Board was advised that TfWM was given a sizable amount of money to improve pollutant from the back of buses under the Clean Bus Technology Fund, several exhaust filter mechanisms and devices had been and were being trialled.

Health and Adult Social Care Scrutiny Board – 21st January, 2019

The Birmingham Clean Air Zone was a requirement from DEFRA due to the high levels of Nitrogen Dioxide. The CAZ would introduce a charge for non-compliant (generally older vehicles) when travelling into the Zone. The recent death of a child from pollution related symptoms has raised public awareness of the issue. The consultation process had raised some concerns and issues from a Sandwell perspective.

- The traffic camera's in Birmingham would be complex, measuring the emissions from vehicles;
- The level of poverty in Sandwell would impact on the age of vehicle residents would own;
- Drivers of older vehicles would dodge going into the CAZ therefore shunting some of the traffic into the Sandwell area;
- Buses travelling into Birmingham would have more efficient buses; buses traveling on the outskirts of the centre would have the older buses.

Sandwell had made written representation to the consultation process and had asked for support for funding bid to respond to the required change to improve air quality.

The Board was advised that there was a need to pull together the Local Area Action Plans in the context of producing a single Air Quality Action Plan that:

- Improved air quality locally to reduce the number of hot spot zones;
- Met the requirements of the Ministerial Direction including additional sites by Defra from updated Pollution Climate Mapping data;
- Sets out mitigations against the impact of the Birmingham Clean Air Zone.

The Board welcomed the suggestion to bring together ward members to seek their views.

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

- The Board was advised that more would be done to look at the frequency, routes and schedules of buses (programming and smoothing).
- A large-scale air quality consultation would be undertaken in April 2019.
- The timing and use of smart traffic signals would be considered traffic flow / green lighting and intelligent systems.

Health and Adult Social Care Scrutiny Board – 21st January, 2019

- There was more work to be done with bus and taxi companies.
- More work should be done to consider trees in the environment.
- The build-up on roundabouts should be monitored.
Factory emissions of 100 or so processors through environmental permit were monitored.
- Members sought assurance that lorry emissions were monitored.
- There was a need to incentivise local businesses to be on the ‘front foot’.
- To incentivise taxi drivers to be forward thinking and to encourage them to get Euro 6 compliant vehicles in the established taxi licensing forums as part of their existing fleets. At the first Black Country Taxi Drivers meeting many were on board with the initiative.
- Sandwell fleet vehicles - the current vehicles were not going to meet the new standards and would end up paying out penalties until the end of the current contracts. When the leases were due for renewal there would be a fleet of electric and hybrid vehicles.

The Chair thanked officers for their presentation and comprehensive responses to the questions from members.

Resolved:


- (1) that the update relating to Air Quality be received.
- (2) The Board welcomed the suggestion to bring together ward members to seek their views.

(Meeting ended at 6.50pm)

Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

25 March 2019

Subject:	West Midlands Ambulance Service Annual Quality Report 2018-19
Contribution towards Vision 2030:	
Contact Officer(s):	Pippa Wall, West Midlands Ambulance Service Pippa.Wall@wmas.nhs.uk

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. consider the progress report relating to priorities set in the West Midlands Ambulance Service Annual Quality Account for 2018 -19 and note the priorities identified for 2019-20;
2. provide feedback which will form part of the final WMAS Quality Account report 2018-19.

1 PURPOSE OF THE REPORT



- 1.1 West Midlands Ambulance Service (WMAS) will be attending the meeting to present an update on the progress made on the priorities set in the Annual Quality Account for 2018/19 and provide an overview of those identified for 2019/20.
- 1.2 WMAS are consulting in the region by holding three engagement events and attending local meetings where diaries permit.
- 1.3 The full draft Quality Account will be circulated by 29 March 2019 for formal review and scrutiny committees are requested to provide feedback, which will form part of the final report, to be published in June 2019.

Surjit Tour

Director – Law and Governance and Monitoring Officer

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

25 March 2019

Subject:	Public Health Priorities
Cabinet Member:	Councillor Elaine Costigan - Cabinet Member for Public Health and Protection
Director:	Executive Director of Adult Social Care, Health and Wellbeing – David Stevens
Contribution towards Vision 2030:	 
Contact Officer(s):	Lisa McNally - Director of Public Health Lisa_Mcnally@sandwell.gov.uk

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. Consider and comment upon the information provided.

1 PURPOSE OF THE REPORT

The Board will receive a presentation from the Director of Public Health relating to the Public Health Priorities.

Surjit Tour

Director of Law and Governance and Monitoring Officer

Public Health Priorities



Dr Lisa McNally

Director of Public Health for Sandwell

Public Health Priorities

VISION
2030
SANDWELL



“It’s where we call home and where we’re proud to belong - where we choose to bring up our families, where we feel safe and cared for, enjoying good health, rewarding work, feeling connected and valued in our neighbourhoods and communities, confident in the future, and benefiting fully from a revitalised West Midlands.”

How will we work?

In everything we do we will keep a focus on...



How will we work?

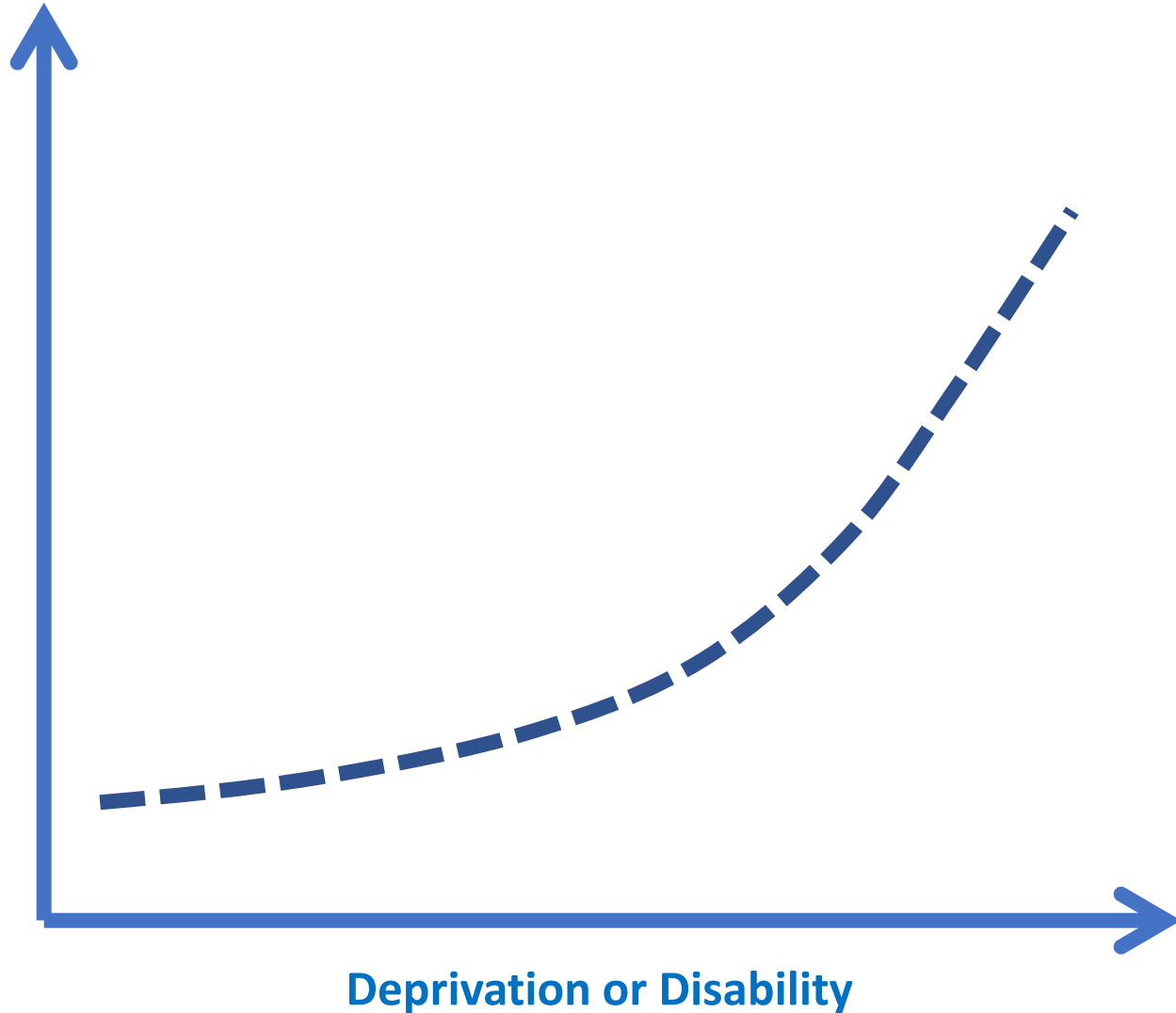
In everything we do we will keep a focus on...





Inequality

Adverse
Health
Outcomes



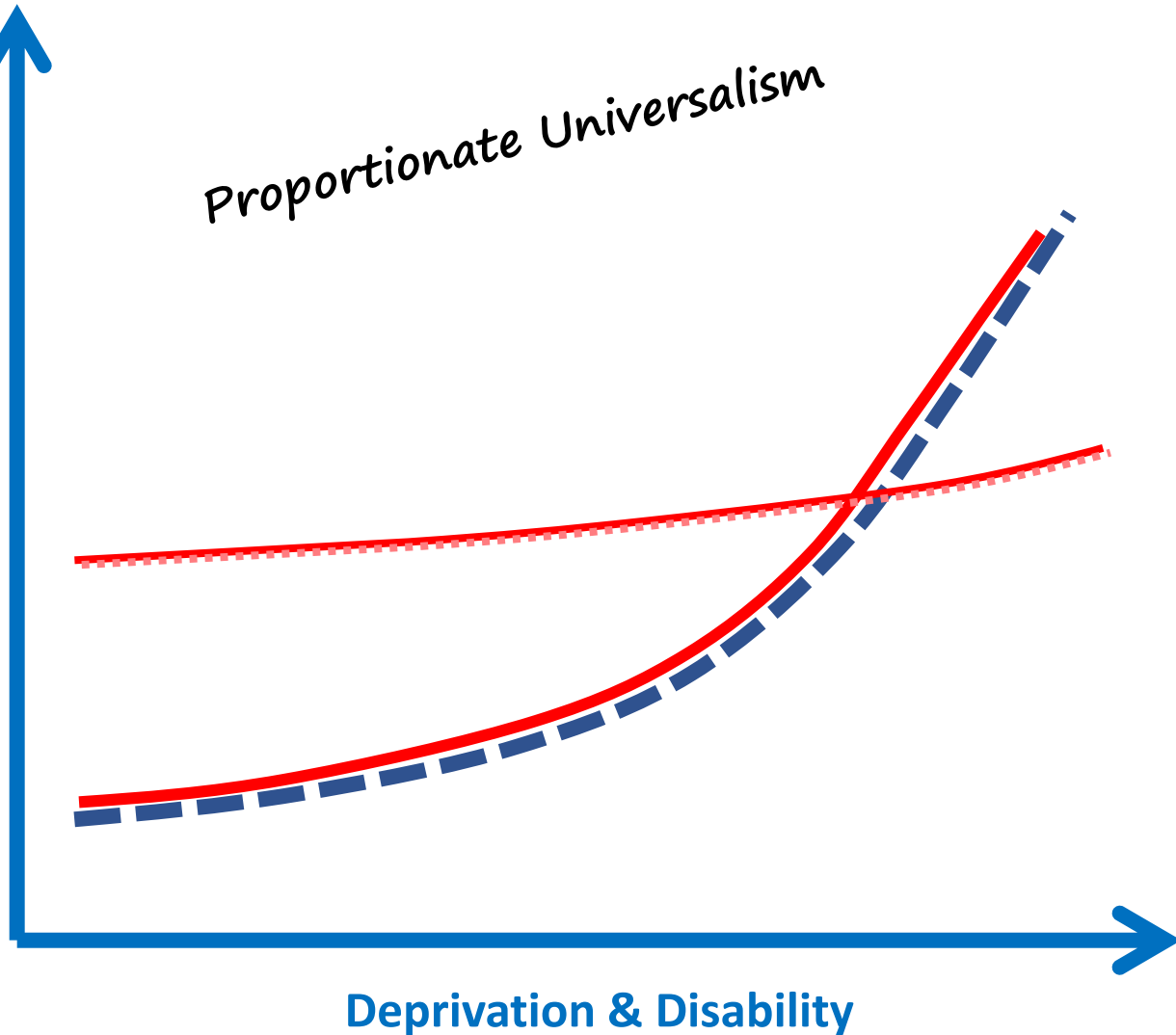


Does PH spend in the UK match need?

**Investment
In Prevention**



Proportionate Universalism





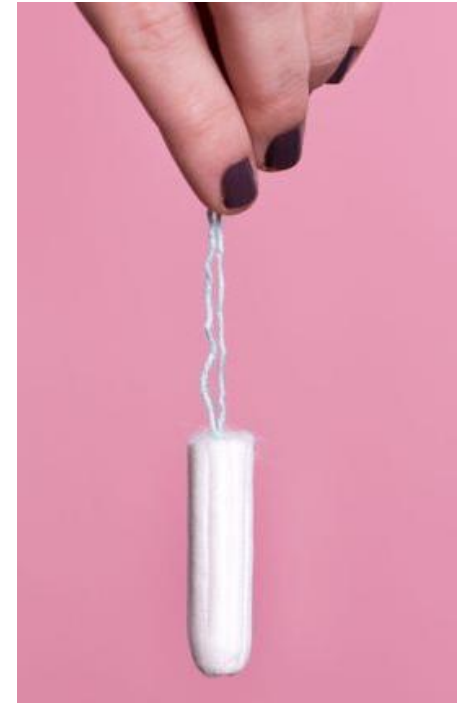
Example: Period Poverty

Period poverty can impact on education, bullying, self-esteem & health.

Work is underway to ensure girls in all secondary schools can access free sanitary products.

We will also make support available to primary schools and youth services.

In addition, NHS colleagues have joined our programme meaning we can extend the work out to hospital clinics and wards.



How will we work?

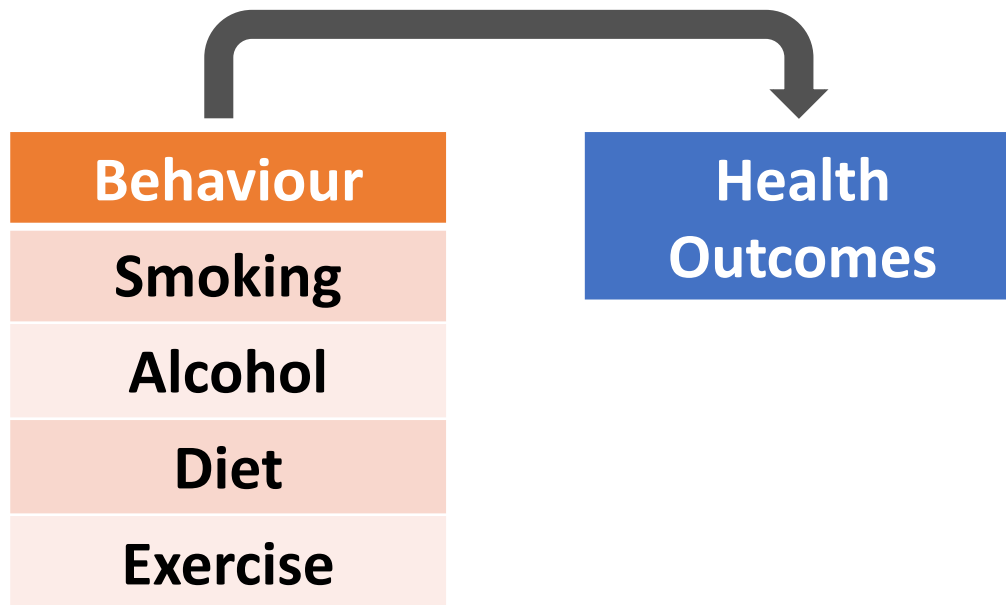
In everything we do we will keep a focus on...





Mental Health

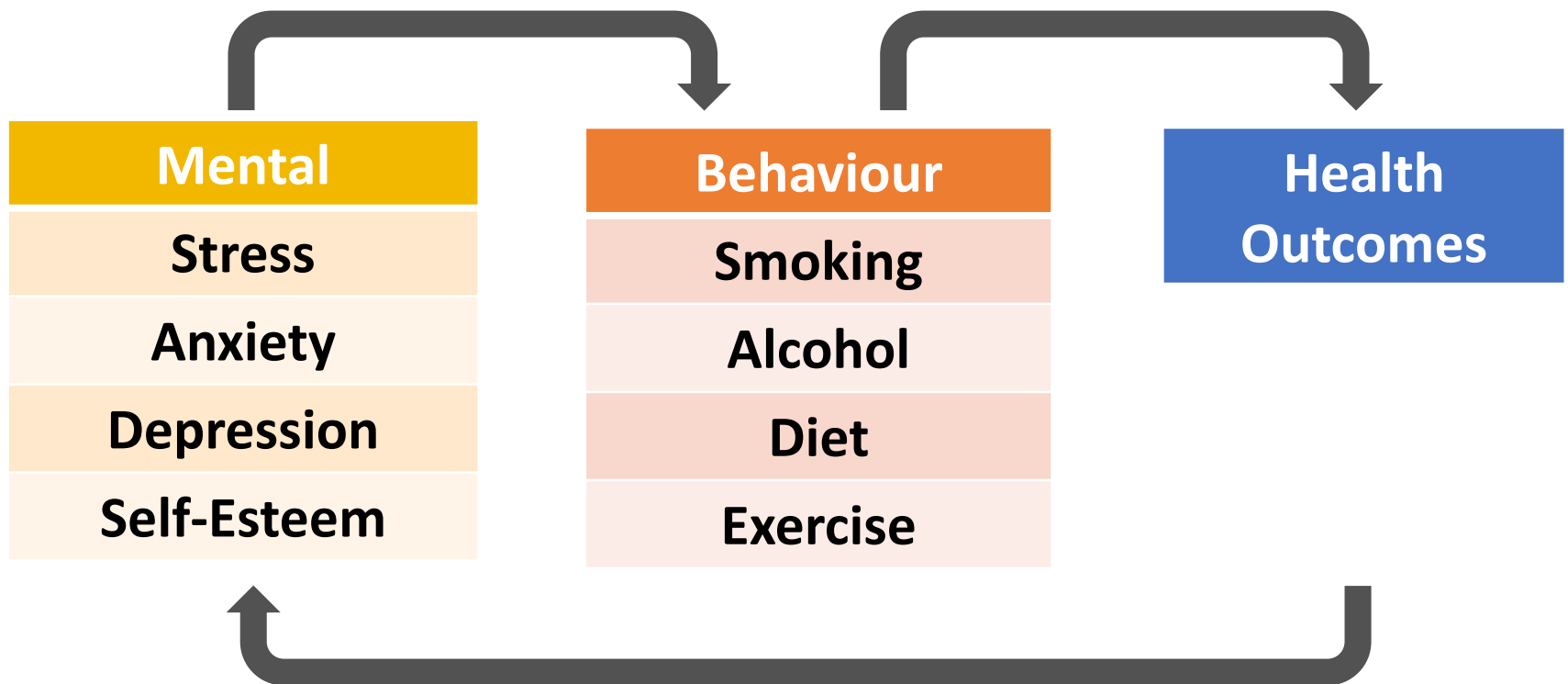
In Public Health we can often have 'behavioural blinkers'





Mental Health

But what drives those behaviours?



National Child Measurement Programme in Primary Schools

No improvement in child obesity in the UK in over a decade of the NCMP

Reports of adverse emotional reactions in children (Nnyanzi, 2015)



Poor mental well-being in childhood predicts adult obesity even when childhood weight is taken into account (Baldwin et al., 2016).

Low self esteem is more predictive of future eating disorders and compulsive eating than children's body weight (Nicholls et al., 2016).



THE CHALLENGE

The National Child Measurement Programme: Time for a shift in focus?

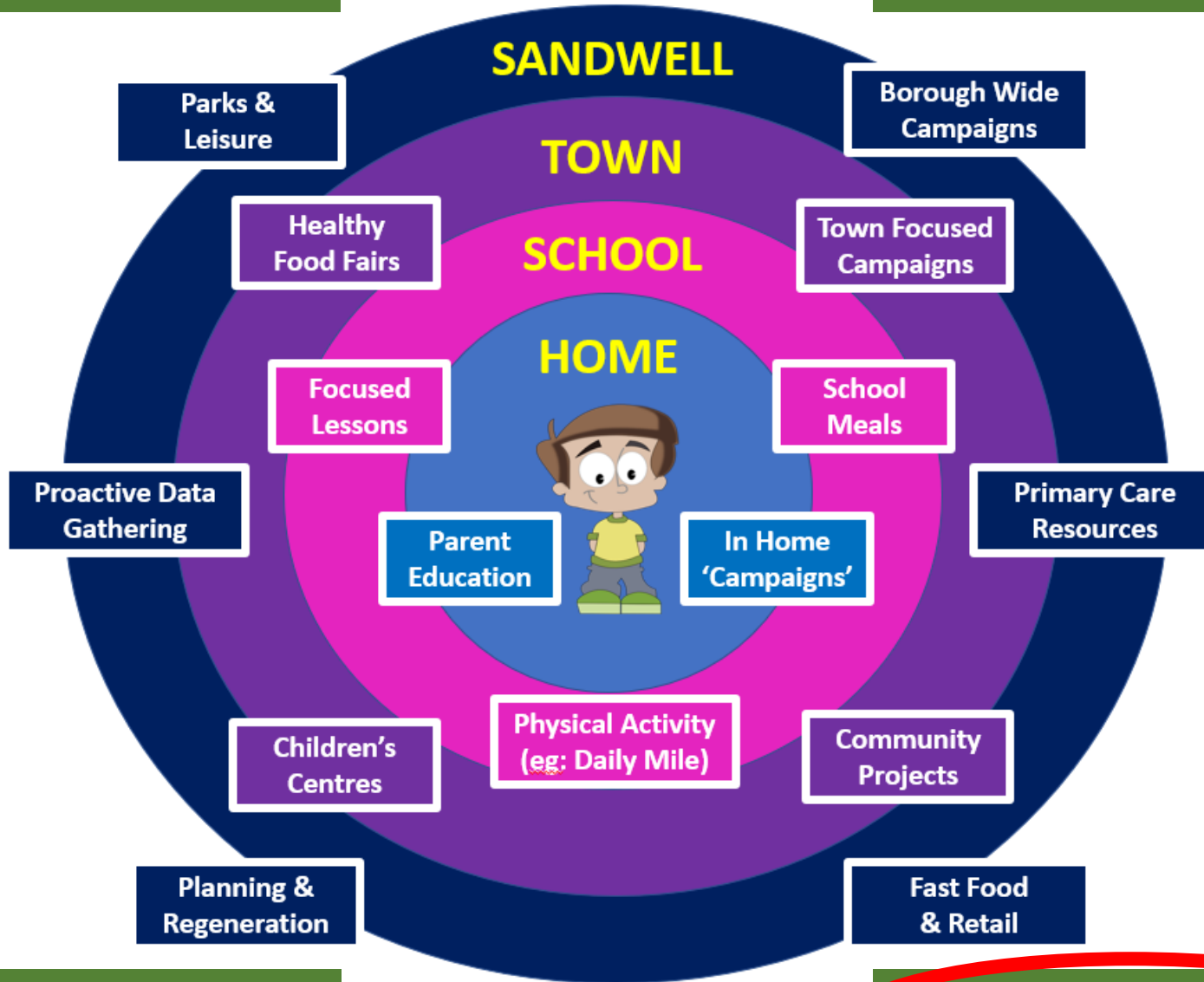
“Maybe we need to move away from weighing and measuring children and more towards understanding and supporting them.”

Principle 1:

System Wide Collaboration

Principle 2:

Co-produced with Residents



Principle 3:

Evidence Based

Principle 4:

Positive - No Stigma!



Example: Well-being Charter Mark

Developed by Educational Psychologists and the Public Health Team.

Funded via the PH Grant it includes...

- The Charter Mark School Audit
- The Healthy Mind, Happy Me Curriculum
- The Pupil Well-being Survey

So far, the Charter Mark is being carried out in 90 schools across Sandwell, with 31 already achieving their Charter Mark.



How will we work?

In everything we do we will keep a focus on...





Community Development


If you ask people...

“if you want to improve your health, where can you go?”

...what would they say?

- *“To my doctor”*
- *“To the gym?”*
- *“To my neighbours and friends?”*

Evidence suggests that the most significant and sustainable source of health improvement is our own local community.

A photograph of two elderly men playing soccer on a grassy field. The man on the left is wearing a light-colored cardigan, a light blue shirt, and a straw hat. The man on the right is wearing a brown sweater, a blue shirt, and a dark cap. A soccer ball is in the air between them. The background shows trees and a red fence.

**The power of community to
create health is far greater than
any physician, clinic or hospital.**

Mark Hyman MD



Social Isolation

Impact on healthy LE, NELs, LTC onset & progression, DTOC and permanent admissions into care. (Review: McNally 2018)

Research has even shown that when people join a new, group-based social activity, the extent to which they need to see their doctor or go to hospital reduces significantly (Pikala et al 2009)

Addressing social isolation also has 'side effect' of improving health behaviour (eg: physical activity).



Example: Social Prescribing

Public Health is leading on the design and implementation of a new 'social prescribing network'.

This is in collaboration with CCG, Primary Care, Social Care, Libraries and the Voluntary Sector.

Aim – signposting to community support will be embedded within a wide range of local services.



Conclusion



Our Public Health Priorities are the same as the Council's priorities in its 2030 Vision.

In addressing these we'll ensure we never lose sight of the need to address inequality, promote good mental health and support community development.

This will be achieved in partnership with local people, and by doing Public Health work **with** people not **to** them.