

**Health and Adult Social Care
Scrutiny Board**

**Monday 17 June, 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 25th March, 2019 as a correct record.
4. Harmonisation of Treatment Policies (Phase3) – CCG.
5. Minor Surgery and Non Obstetric Ultrasound Scan (NOUS) Services Listening Exercise Engagement – CCG.
6. Work Programming 2019-20.
7. Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council.

Date of next meeting : 29th July, 2019

J Britton
Chief Executive

Sandwell Council House

Freeth Street
Oldbury
West Midlands

Distribution:

Councillors Carmichael, Costigan, E M Giles, Hartwell, Jarvis, R Jones, Kausar, Phillips, Piper, Tranter and White.

**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

**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.

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

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:-

Health and Adult Social Care Scrutiny Board – 25th March, 2019

- 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

[ILO: UNCLASSIFIED]

Health and Adult Social Care Scrutiny Board – 25th March, 2019

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.

6/19

Public Health Priorities

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

[ILO: UNCLASSIFIED]

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

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.

Health and Adult Social Care Scrutiny Board – 25th March, 2019

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

[ILO: UNCLASSIFIED]

Health and Adult Social Care Scrutiny Board – 25th March, 2019

- 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)

Contact Officer: Deb Breedon Democratic Services Unit 0121 569 3896

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 June 2019

Subject:	Harmonisation of Treatment Policies (Phase 3)
Contribution towards Vision 2030:	 
Contact Officer(s):	Kathryn Drysdale

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

1. consider and comment on the presentation of the Harmonisation of Treatment Policies (Phase3).

1 PURPOSE OF THE REPORT

- 1.1 The CCG will be attending the meeting to provide a presentation relating to the Harmonisation of Treatment Policies (Phase3).

Surjit Tour

Director – Law and Governance and Monitoring Officer

REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 June 2019

Subject:	Minor Surgery and Non Obstetric Ultrasound Scan (NOUS) Service Listening Exercise Engagement
Contribution towards Vision 2030:	 
Contact Officer(s):	Kally Judge Engagement Manager Tel: 0121 612 2829 Mobile: 07802 721036 Email: kallyjudge@nhs.net

DECISION RECOMMENDATIONS

That Health and Adult Social Care Scrutiny Board:

Sandwell and West Birmingham Clinical Commissioning Group (CCG) are holding two listening exercises in the month of June 2019. The CCG wishes to seek the views of the committee as part of the listening exercises.

1 PURPOSE OF THE REPORT

- 1 The CCG would like to engage with the Sandwell Overview and Scrutiny Committee on two listening exercises that we are holding from Monday 3rd June 2019 to Friday 28th June 2019 for;
 - Minor Surgery
 - Non Obstetric Ultrasound Scan (NOUS) Service
- 2 The purpose of both exercises is to seek views and experiences of our stakeholders to help shape future services.
- 3 Stakeholders have been invited to have their say in a variety of ways;
 - Online survey

- Hard copy survey
 - Attend one of three public meetings
- 4 Stakeholder views and experiences captured through discussions and surveys will be analysed, themed and a report compiled and presented to the CCG's Strategic Commissioning and Redesign (SCR) to inform future commissioning decisions for Minor Surgery and NOUS for our population.

Kally Judge
Engagement Manager (SWB CCG)

Minor Surgery and Non Obstetric Ultrasound Scan Service (NOUS) Listening Exercise

SWB CCG

- Who Are We?
- Our Purpose?
- Our Population

NHS 10 Year Plan

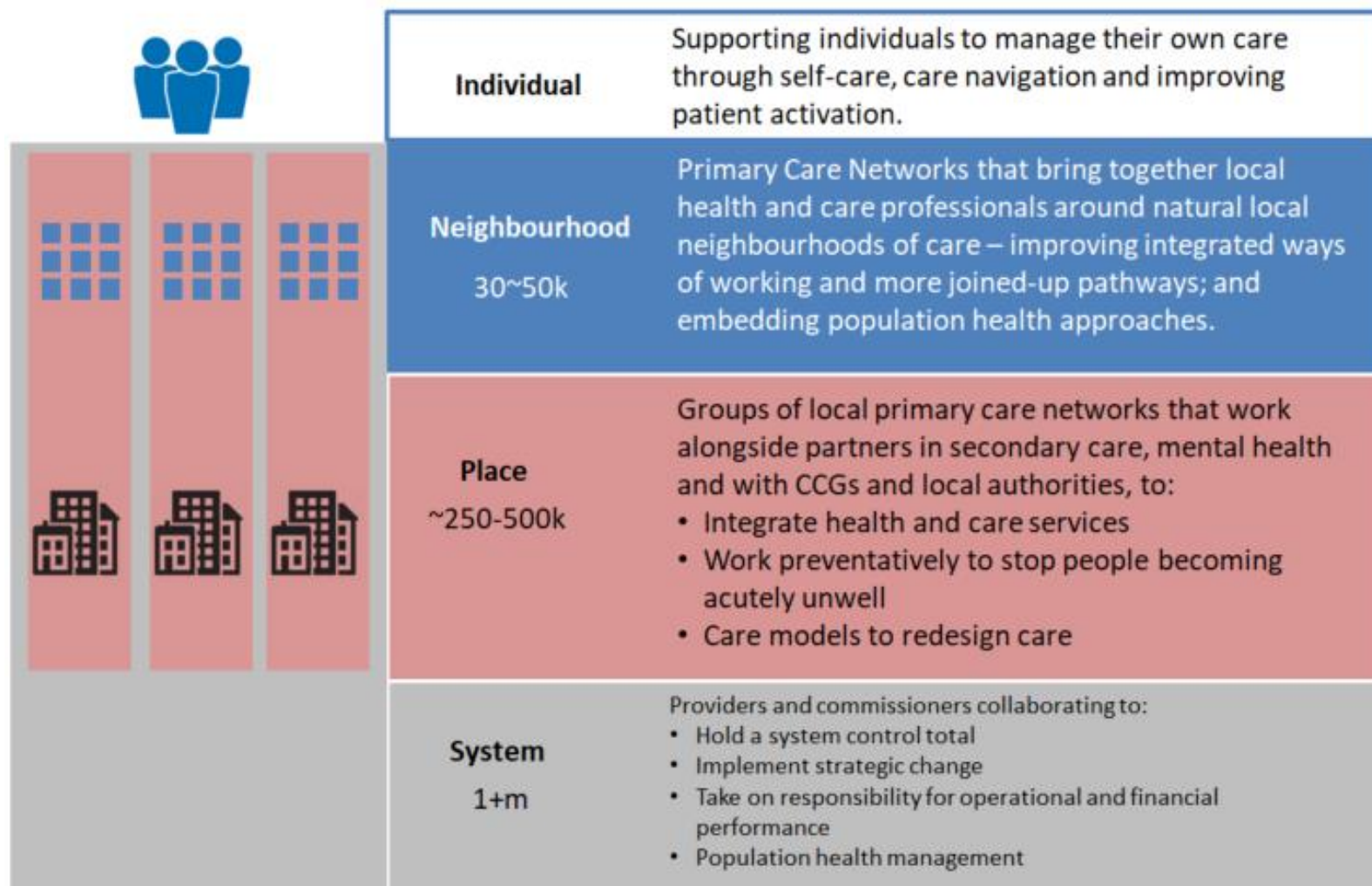
NHS Long Term Plan

#NHSLongTermPlan

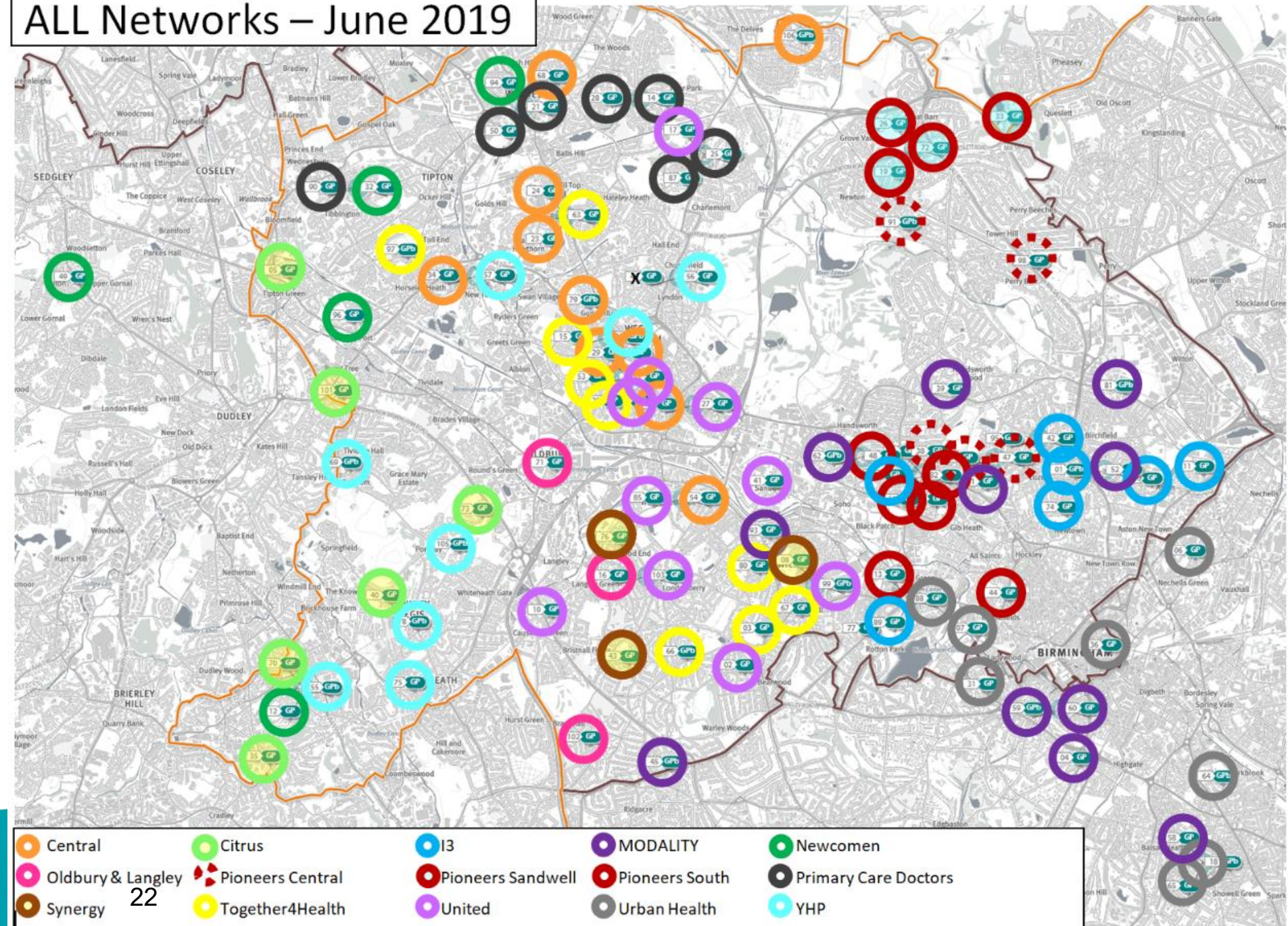
Primary Care Network (PCN) Boundaries

- National requirements
- List Size
- Boundary

Primary Care in an ICS



ALL Networks – June 2019



Minor Surgery



Minor Surgery

- What is Minor Surgery?
- What are the Current Arrangements for Minor Surgery?
- What do the Changes Mean for Our Patients?

Non Obstetric Ultrasound Scan (NOUS)



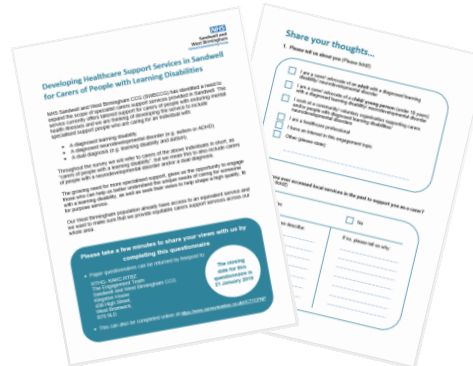
NOUS

- What is NOUS?
- What are the Current Arrangements for NOUS?
- What do the Changes Mean for Our Patients?

Our Responsibilities To Our Patients

The Health and Social Care Act 2012 dictates the NHS has a duty to involve people in decisions about their health care and to consult and involve people when planning or changing commissioned health services.

Our Engagement Approach



Our Public Meetings

- Tuesday 4th June 2019, 2.00-5.00pm

Handsworth Fire Station, Rookery Rd, Birmingham, B21 9QU

- Tuesday 25th June 2019, 2.00-5.00pm

Portway Lifestyle Centre, Newbury Lane, Oldbury, B69 1HE

- Thursday 27th June 2019, 6.00-9.00pm

YMCA 38 Carter's Green, West Bromwich, B70 9LG

Further Details

- Complete our online surveys:
- For NOUS

<https://www.surveymonkey.co.uk/r/SWBNOUS>

- For Minor Surgery

<https://www.surveymonkey.co.uk/r/SWBMinorSurgery>

- For more information contact our Engagement Team on 0121 612 1447 or email swbccg.engagement@nhs.net

Next Steps











- Report presentation to Strategic Commissioning and Redesign Committee (SCR) for
 - Minor Surgery
 - NOUS
- Report availability
<https://sandwellandwestbhamccg.nhs.uk/public-engagement>

Question and Answers



REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 June 2019

Subject:	Work Programme 2019-20
Director:	Director – Monitoring Officer – Surjit Tour
Contribution towards Vision 2030:	         
Exempt Information Ref:	The information contained in this report is not exempt from publication.
Contact Officer(s):	Deborah Breedon deborah_breedon@sandwell.gov.uk

DECISION RECOMMENDATIONS

That the Economy Skills Transport and Environment Scrutiny Board:

1. receives the presentation from the relevant Director(s);
2. considers matters for inclusion on the draft work programme 2019-20 to be submitted to the Budget and Corporate Scrutiny Management Board for approval.

1 PURPOSE OF THE REPORT

- 1.1 The Board is asked to consider its work programme for 2019-20 taking into account where scrutiny can add value, strengthen decision making to enhance services that the Council delivers and aligns to the Vision 2030.
- 1.2 The draft work programme that arises from this meeting will be reported to the Budget and Corporate Scrutiny Management Board for approval.

2 IMPLICATION FOR SANDWELL'S VISION

- 2.1 The scrutiny function will support the Sandwell Vision 2030 and focus on the 10 ambitions. Items selected must support and strengthen the Council and its partners' work to achieve Vision 2030.

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 The relevant Director(s) have been invited to attend the meeting to provide the Board with an overview of the services, key issues and priorities relevant to the Board's terms of reference.
- 3.2 A list of outstanding items from 2018-19 work programme, items identified during the year for scrutiny and pre-decision items and any suggestions received from the public are included at appendix 1 for the Board to consider for inclusion in the work programme for 2019-20.
- 3.3 To assist members in this the Sandwell Scrutiny Prioritisation Tool is attached at Appendix 2. This Tool can help determine priorities for each topic and provide members with a structured method of creating a focussed work programme.

4 THE CURRENT POSITION

- 4.1 In accordance with the Council's Scrutiny Procedure Rules, each Scrutiny Board is responsible for developing and agreeing its own work programme.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

- 5.1 The Scrutiny page on the Council's website includes an online form that invites the public to send their suggestions, or suggest a topic, of what they would like the scrutiny boards to look into. This is available all year and advises the public that all suggestions will be passed on to members for consideration.

6 ALTERNATIVE OPTIONS

- 6.1 If the Scrutiny Board does not determine a work programme then the opportunity to review policies and services will not be realised meaning that improvements, savings and income generation possibilities may be missed.

7 STRATEGIC RESOURCE IMPLICATIONS

- 7.1 The Scrutiny function is directly supported by the Council's Statutory Scrutiny Officer and a team of Scrutiny Officers within the Council's Governance service. Additional technical expertise and evidence on specific matters will be provided by officers within the various directorates of the authority.
- 7.2 The strategic resource implications of the topics selected for scrutiny will be identified and reported to members on a case by case basis.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 Local Government Act 2000 states that Councils operating executive arrangements must also make provision for the appointment of overview and scrutiny committees.
- 8.2 Further powers relating to overview and scrutiny are set out in the Police and Justice Act 2006, the Localism Act 2011, the Police Reform and Social Responsibility Act 2011 and the Health and Social Care Act 2012.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 Equality implications of topics selected for scrutiny will be identified and reported to members on a case by case basis.

10 DATA PROTECTION IMPACT ASSESSMENT

- 10.1 Data protection implications of any topics included on the work programme for the Board will be reported to members at the relevant time.

11 CRIME AND DISORDER AND RISK ASSESSMENT

- 11.1 Any crime and disorder impacts of scrutiny work programme items will be reported to members on a case by case basis.

12 SUSTAINABILITY OF PROPOSALS

- 12.1 Sustainability of proposals will be addressed within reports for each identified topic for consideration by the Scrutiny Board.

13 HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

- 13.1 These will be included in reports for each item of work.

14 IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

- 14.1 Any impact on Council managed land or property will be detailed in reports for each topic throughout the year.

15 CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 15.1 To ensure effective and efficient use of resources the Scrutiny Board is requested to determine items for the work programme for 2019-20.
- 15.2 This draft work programme will then be submitted to the Budget and Corporate Scrutiny Management Board for approval in accordance with the Council's Scrutiny Procedure Rules.

16 BACKGROUND PAPERS

- 16.1 All relevant papers are included in the appendices to this report.

17 APPENDICES:

Appendix 1 – List of items identified during 2018-19.
Appendix 2 – Sandwell Scrutiny Prioritisation Tool.

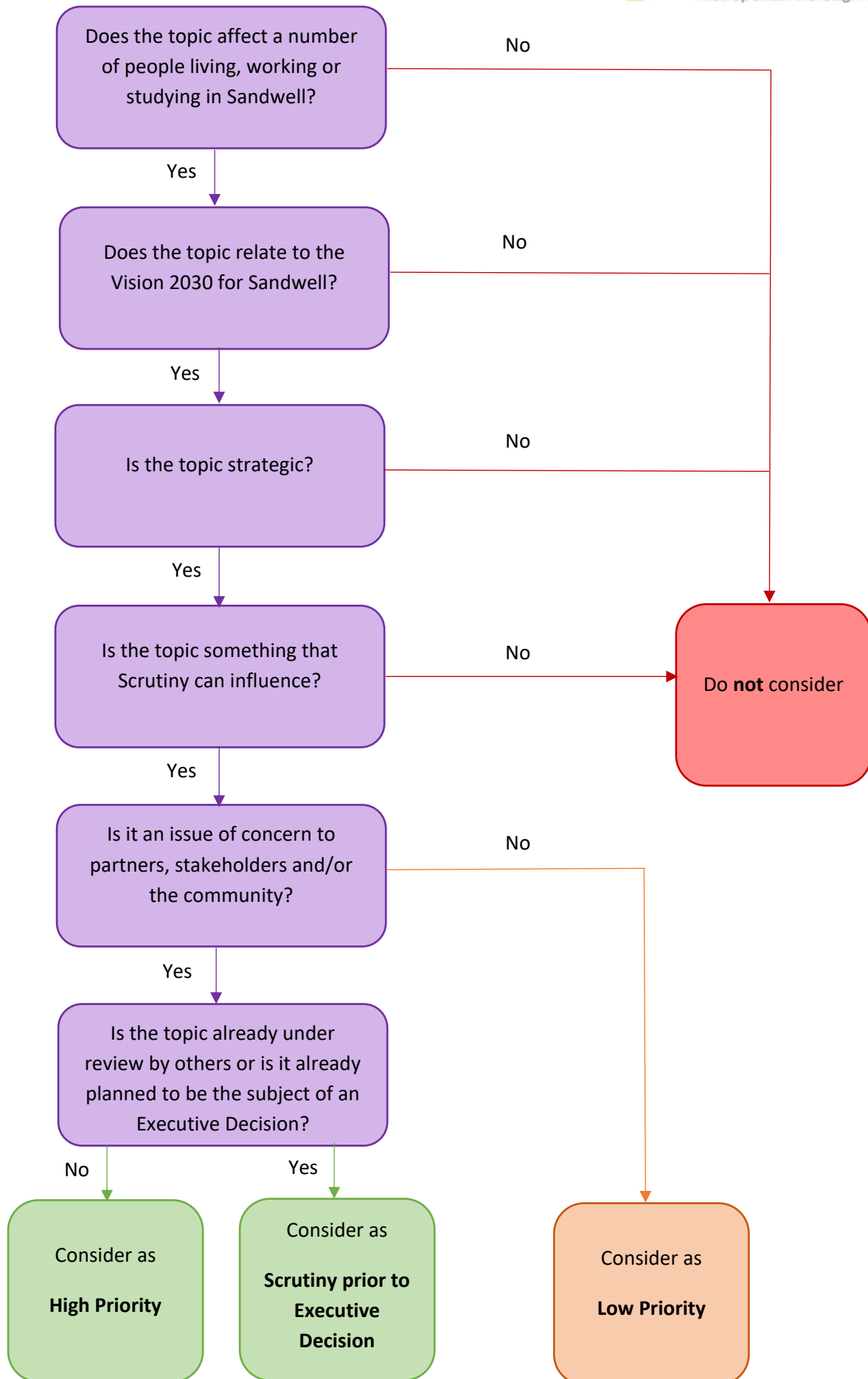
Surjit Tour
Director – Monitoring Officer

Potential Items from 2018-19

Potential items suggested or arising during 2018-19:

Items to carry forward or consider for 2019/2020:-

1. Dementia Rates in Sandwell.
2. Diabetes Rates in Sandwell.
3. Commissioning Intentions – Operating Plan CCG _(June 2019).
4. Long Term Plan - Members Development Plan.
5. Tackling isolation and loneliness - Agewell - June/July 2018 – update (SPARCS / Akhter / Downing / Shaeen / White/ E M Giles).
6. Performance of Programmes to Address Lifestyle Risk Factors (deferred from March 2019).
7. Social Isolation report back on work groups (deferred from March 2019).
8. CCG - Phase3 of the harmonisation work (on 18 November 2019 or 20 January 2020) however if there is flexibility around the timing.
9. Continuing Healthcare.



REPORT TO HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD

17 June 2019

Subject:	Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council
Director:	Director Law and Governance and Monitoring Officer – Surjit Tour
Contribution towards Vision 2030:	 
Exempt Information Ref:	The information contained in this report is not exempt from publication.
Contact Officer(s):	Deborah Breedon Democratic Services Unit deborah_breedon@sandwell.gov.uk

DECISION RECOMMENDATIONS

That the Health and Adult Social Care Scrutiny Board:

1. re-establishes arrangements with Birmingham City Council for the joint scrutiny of matters affecting the Sandwell and West Birmingham area;
2. appoints five named members of the Health and Adult Social Care Scrutiny Board to the Joint Health Overview and Scrutiny Committee with Birmingham City Council.

1 PURPOSE OF THE REPORT

To re-establish joint working arrangements with Birmingham City Council for the purpose of scrutinising health matters across the Sandwell and West Birmingham area.

2 IMPLICATION FOR SANDWELL'S VISION

- 2.1 The focus of the Council's overview and scrutiny function is aligned to support Sandwell's Vision 2030 and the 10 ambitions it contains.
- 2.2 The work of the Joint Health Overview and Scrutiny Committee contributes to: -

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

3 BACKGROUND AND MAIN CONSIDERATIONS

- 3.1 NHS bodies have responsibilities to consult overview and scrutiny committees on about substantial reconfiguration proposals, this is in addition to the duty under S11 of the Health and Social Care Act 2001 to involve and consult patients and public. Experience has shown that there is a need for authorities to be ready to respond quickly to such consultations.
- 3.2 In accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 local authorities may appoint a discretionary joint health scrutiny committee to look at issues that cross local authority boundaries. The Regulations also mandate local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals.
- 3.3 Joint health scrutiny arrangements with Birmingham City Council have been established annually since 2004/05 (under previous and current legislation) and provide a mechanism for both informal and formal joint scrutiny of matters relating to the planning, provision and operation of health services in the area affecting both local authorities.
- 3.4 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

4 THE CURRENT POSITION

- 4.1 Joint health scrutiny arrangements with Birmingham City Council have been established annually since 2004/05 (under previous and current legislation) and provide a mechanism for both informal and formal joint scrutiny of matters relating to the planning, provision and operation of health services in the area affecting both local authorities.
- 4.2 Issues ongoing or still to be the subject of joint health scrutiny (either on an informal or potentially formal basis) with Birmingham City Council include:-
- the development of the Midland Metropolitan Hospital and any substantial variations arising from service reconfigurations;
 - the current review of oncology services (being led by NHS England);
 - the implementation of the Black Country Sustainability and Transformation Plan and any substantial variations arising.

5 CONSULTATION (CUSTOMERS AND OTHER STAKEHOLDERS)

No consultation is required on this matter.

6 ALTERNATIVE OPTIONS

- 6.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 mandate local authorities to appoint joint committees where a relevant NHS body or health service provider consults more than one local authority's health scrutiny function about substantial reconfiguration proposals.

7 STRATEGIC RESOURCE IMPLICATIONS

There are none.

8 LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, confers health scrutiny functions to local authorities.
- 8.2 The Joint Health Overview and Scrutiny Committee is established in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013
- 8.3 In accordance with the provisions of the Local Government Act 2000 and specific guidance from the Secretary of State, the political balance

requirement must be applied in respect of each joint committee which may be established. However, it is possible for political proportionality to be waived subject to the agreement of all parties involved.

9. EQUALITY IMPACT ASSESSMENT

An equality impact assessment is not required.

10. DATA PROTECTION IMPACT ASSESSMENT

A data protection impact assessment is not required.

11. CRIME AND DISORDER AND RISK ASSESSMENT

A crime and disorder risk assessment is not required.

12. SUSTAINABILITY OF PROPOSALS

The Joint Health Overview and Scrutiny Committee will meet as required throughout the 2019-20 municipal year.

13. HEALTH AND WELLBEING IMPLICATIONS (INCLUDING SOCIAL VALUE)

The overall aim of the joint committee is to improve the health and wellbeing of the population of Sandwell and West Birmingham.

14. IMPACT ON ANY COUNCIL MANAGED PROPERTY OR LAND

There is no impact on any council owned property or land.

15. CONCLUSIONS AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

The Board is asked to re-establish the Joint Health Overview and Scrutiny Committee for 2020/20 so that scrutiny of important matters affecting the population of Sandwell and West Birmingham can continue at both the information (discretionary) level and a formal (mandatory) level.

16. BACKGROUND PAPERS

There are no background papers.

17. APPENDICES:

None.

Surjit Tour
Director – Monitoring Officer