

Minutes of the Health and Adult Social Care Scrutiny Board

**17th June, 2019 at 5.30pm
at Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair);
Councillors Phillips, Tranter and White.

In Attendance: David Stevens, Executive Director - Adult Social Care and Wellbeing;
Lisa Mc Nally, Director - Public Health;
Stuart Lackenby, Director – Prevention and Protection;
Dr Ian Sykes, Sandwell and West Birmingham CCG;
Kally Judge, Sandwell and West Birmingham CCG;
Angela Poulton, Sandwell and West Birmingham CCG;
Karen Drysdale, Arden and GEM Commissioning Support Unit;
Andrea Clark, Arden and GEM Commissioning Support Unit;
Alexia Farmer, Healthwatch Sandwell.

Apologies: Councillors Carmichael, Costigan, Jarvis and Piper.

7/19 **Minutes**

Resolved that the minutes of the meeting held on 25th March 2019 be approved as a correct record.

8/19 **Harmonisation of Treatment Policies (Phase 3)**

The Board received a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to Harmonisation of Treatment Policies.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

The Board noted that procedures of lower clinical value was a term recognised in the NHS but was not easily recognised by clinicians or the public, therefore a better descriptor was 'Harmonised Clinical Treatment Policies'. The purpose of the review of harmonisation of treatment policies was to ensure equal access to services of clinical necessity and effectiveness and for National Health Service (NHS) commissioners to review and update all commissioning policies based on clinical evidence.

The Board was advised that the CCG had been selected as a demonstrator site by NHS England. The CCG was working with clinicians across the area and phase 1 (21 policies) and phase 2 (22 policies) of the process to review the policies were complete. Phase 3, to review a further 12 policies, was underway and would include GPs and public health representation in the engagement process. The six-week engagement process with clinicians and public would take place from 2 September to mid-October 2019, with new policies being implemented in April 2020.

The CCG would consult with people that service users and via an internet survey for non-service users. Two engagement sessions would also be carried out.

Stakeholder events would be held in Sandwell for members of the public to meet, talk to, and ask questions of, experts around the room.

In addition to the planned consultation events, a reader panel would review the policies and leaflets in development, to ensure they were easily understandable.

The Board noted that targeted engagement would be carried out with outpatients and voluntary organisations and that all feedback from the combined methods of engagement would be collated into a report.

In response to questions, the Board noted that phase 1 of the process had gone well; no complaints about the process had been received but there were some queries raised by clinicians who requested further information. There had been a handful of queries arising from phase 2 of the process, regarding clinical evidence that physiotherapy could prevent surgery.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

The Board was satisfied that the CCG had followed a clear and transparent process to ensure all comments and feedback were taken on board to get full understanding of the public and clinical needs.

Resolved: -

- (1) that the consultation process be noted and that a further report on Harmonisation of Treatment Policies be presented to the Scrutiny Board on 23rd March 2020;
- (2) that the Executive Director – Adult Social Care, Health and Wellbeing be requested to link Clinical Commissioning Group (CCG) harmonisation engagement sessions to the information page on the Council's website.

9/19

Minor Surgery and Non-Obstetric Ultrasound Scan (NOUS) Services Listening Exercise Engagement

The Board received a presentation from Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to the engagement process for Minor Surgery and Non Obstetric Ultrasound Scan (NOUS) Services.

The Board received copies of the engagement exercise consultation papers for both services. The CCG outlined the purpose of the two proposed listening exercises which were to seek the views and experiences of stakeholders to shape future services. Stakeholders had been invited to have their say online, complete a paper copy of the survey or attend one of the three planned public meetings.

The Board was advised that there were 81 General Practitioner (GP) Surgeries in Sandwell and West Birmingham CCG and that there were 15 Primary Care Networks (PCNs) in the area. The Board noted that the combined contracts had enabled GPs to work together and that PCNs were a cornerstone for an integrated care system, working closely with local authorities.

The Board noted that minor surgery could already be carried out at some GP surgeries in Sandwell and more minor procedures could be carried out at more GP surgeries across the area, such as joint injections, skin tag removal and treatment of skin lesions. The

Health and Adult Social Care Scrutiny Board – 17th June, 2019

Board was advised that some practices provided minor surgery in house, but the contract with Health Harmony for minor surgery was to end. The CCG would be rationalising the services they had and would consider the provision of minor surgery in house by local GPs in Sandwell. The Board noted that there would be at least one practice in every area and was re-assured that there would be no reduction in service, however services would be provided in a different way.

The following points were noted in response to comments and question from the Board: -

- there were 14 GP practices in Sandwell and West Birmingham not signed up to minor surgeries, which indicated that a sizeable proportion of patients in the area, approximately 57,000, were able to access services;
- although there was a GP shortage, GPs were not the only practitioner that could provide minor surgeries. Physician associates and other practitioners with the skills needed could be used to carry out minor procedures;
- Non Obstetric Ultrasound Scan (NOUS) could be carried out on all people who were not pregnant;
- Health Harmony, the current provider, had given notice on the service; they had agreed to keep the service going at an increased cost, but the CCG had determined to go out to consultation and carry out the listening service engagement;
- the CCG had felt it was important to hear user experiences and to consider the skills needed to ensure any future service met the needs of patients.

The listening exercise was to be carried out between 3rd – 26th June 2019, using the following methods to collect data:

- three public events in the community, with facilitated workshops;
- engagement with carers, the public and healthcare professionals using an online survey or by receipt of completed paper surveys.

To maximise circulation, partners had offered to host the consultation on their website.

Once the process was complete there would be a report back to the CCG and Health and Adult Social Care Scrutiny Board to evaluate the feedback.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

The Board noted that the first event had been attended by 12 people and it was anticipated that more people would take part in the online consultation.

The following comments were noted in response to comments and questions from the Board: -

- the engagement process would be completed by end of June, at which time alternative provision could be identified and commissioned;
- the current provider would continue to provide cover until the end of the contractual arrangements;
- there were alternative pathways available.

The Chair thanked the CCG for the presentation and responses to questions raised.

Resolved

- (1) that the Board notes the process for the listening exercise and engagement process for Minor Surgery and Non-Obstetric Ultrasound Scan (NOUS) Service and that comments made at the meeting be provided as feedback to the consultation process.
- (2) that a further report be submitted to the Scrutiny Board following the engagement and consultation process.

10/19 **Work Programming 2019-20**

The Board received a presentation from the Executive Director of Adult Social Care, Health and Well Being, Director – Public Health and Director – Prevention and Protection.

The Board noted the work of:

- Adult Social Care Directorate: Social Care which was a large team that provided the following services: enquiry responses related to social work and therapy services, commissioning of over £60 million services (not including Public Health commissioning) and directly provided services (Granges, Star, day services and Telecare).

Health and Adult Social Care Scrutiny Board – 17th June, 2019

- Protection and Prevention Directorate provided the following services: environmental health, licensing and trading standards, private sector housing and care home regulation.
- Public Health provided the following services: health visiting, school nursing, sexual health, drug and alcohol service, smoking cessation, physical activity and weight management services.

The Board noted that Council commissioned services were working toward more services being community delivered. The seven directorate priorities highlighted how the services would work towards the 2030 Vision ambitions.

1. Our Children benefit from the best start in life:
 - to work closely with partners, GPs and health care practitioners to develop interventions;
 - to engage colleagues;
 - to get the best care for children.
2. Adults – live happy and healthy lives for longer:
 - to have excellent physical and mental wellbeing;
 - to offer a package of support with our partners for people in Sandwell.
3. Communities are built on mutual respect and taking care of each other;
 - to protect our communities from rogue and illegal traders;
 - to make sure our communities were regulated and had been licensed appropriately;
 - to make sure there was private sector housing, and houses of multiple occupation (HMO's) and selective licensing.
4. A place where vulnerable people feel respected and cared for:
 - to join up health and social care services;
 - to keep people out of hospital as long as possible;
 - to work with partners to keep those at risk out of harm's way.
5. Communities are supported by agencies to ensure they feel safe, well and protected in our homes and in our communities:
 - Sandwell was second in the country for reducing delayed centres and the first in the West Midlands.
6. We want vulnerable people living in our communities to be free from abuse and neglect and for individuals to be protected.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

7. We want Sandwell to be a safe and clean place to live and work;
 - to tackle littering and fly-tipping and work with partners in the community to address anti-social behavior.

The Board noted the structure, risks and priorities for each of the directorates.

The Board noted the following comments in relation to work programme items:

Priorities:

- Health and Social Care Integration agenda – pushing greater integration and bring back social care and health integration;
- Local Government Association (LGA) risk review finding;
- market management / provider failure;
- balancing budget and the green paper.

Projected Spend:

- £14 million savings had to be made;
- the production of the Green Paper highlighted the need to know the financial implications for Adult Social Care (ASC);
- Sandwell Council had some budget carry forward;
- increased demand would challenge available resource and there would be a need to reduce spend on adult social care, pending recommendations of the Green Paper;
- Public Health finances would be monitored, with income and expenditure getting further apart, there was recognition that pressures would need to be addressed.

Protection and Prevention Service:

- The Board noted that there were three main priorities in the next 6 months:
 - Completion of the Regulated Services restructure;
 - Consultation on Selective and Additional Licensing;
 - establishing the Learning Disability People's Parliament.
- The longer-term focus for the Prevention and Protection Service would be:
 - development of further 'Extra Care' type provisions;
 - learning disabilities and autism;
 - system wide approach to exploitation.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

- Public Health long term focus:
 - community development and co-creation;
 - mental and social well-being;
 - focus on those with the greatest need;
 - living within our financial means.

- Public Health – six-month focus:
 - social prescribing and community event;
 - children and young people mental health;
 - poverty work (e.g. period poverty);
 - reduce contracts with external providers.

The Board considered the information presented and noted the following matters for the Health and Adult Social Care Scrutiny Board to focus on this year:

- progress on health and social care integration;
- Transforming Care Partnership;
- continuing health care;
- deprivation of liberty protection safeguards (DOLS);
- physical activity;
- mental health promotion;
- reducing social isolation;
- health inequalities.

The Board highlighted the following matters to consider in the work programme:

- Deprivation of Liberty Safeguards (DOLS) - the Mental Capacity Act 2005 safeguards which aimed to make sure that people in care homes and hospitals were looked after in a way that did not inappropriately restrict their freedom. The Government was reviewing DOLS, and the Board indicated that there was an interest in reviewing the impact that moving from DOLS may have on people in Sandwell who were unable to protect themselves and of the burden the change may have on the Local Authority;

Health and Adult Social Care Scrutiny Board – 17th June, 2019

- physical activity - increasing activity and reducing obesity;
- promoting mental health;
- reducing social isolation;
- smoking cessation for the people who found it hard to quit - the whole approach;
- vaping was safer - advice from Public Health England to reduce smoking risk and risks of driving and vaping;
- transient sites – progress report.

The Chair thanked officers and the Board members for their contribution and agreed to meet with officers to finalise the draft work programme for consideration by the Scrutiny Management Board.

Resolved that the draft work programme be submitted to the Budget and Corporate Scrutiny Management Board for consideration.

11/19 **Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council**

The Board considered a report to re-establish Joint Health Scrutiny arrangements with Birmingham City Council.

Resolved: -

- (1) that the Joint Health Scrutiny arrangements of matters affecting the Sandwell and West Birmingham area be re-established with Birmingham City Council;
- (2) that the following members of the Health and Adult Social Care Scrutiny Board be appointed to the Joint Health Overview and Scrutiny Committee with Birmingham City Council:
Councillors Carmichael, Costigan, E M Giles, Phillips and Piper.

Health and Adult Social Care Scrutiny Board – 17th June, 2019

(Meeting ended at 7.00pm)

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