

Minutes of the Health and Adult Social Care Scrutiny Board

**7th October, 2019 at 5.30pm
at Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair)
Councillor Piper (Vice-Chair);
Councillors Carmichael, Costigan, Hackett, Hartwell,
R Jones, Kauser, Phillips and Tranter.

Apologies: Councillors Jarvis and Shaeen.

In Attendance: Christine-Anne Guest
Jayne Salter-Scott, Sandwell and West
Birmingham CCG;
Angela Poulton, Deputy Chief Officer, Strategic,
Commissioning and Redesign;
John Taylor, Chair, Healthwatch Sandwell
William Hodgetts, Healthwatch Sandwell.

17/19 **Minutes**

Resolved that the minutes of the meeting held on 29th July 2019 be approved as a correct record.

18/19 **Black Country and West Birmingham Long Term Plan**

The Board received a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to the Black Country and West Birmingham Long Term Plan.

The Deputy Chief Officer for Strategic Commissioning and Redesign, and the Head of Communications provided the report and a presentation which highlighted the following:

- That there were service quality challenges faced by the Clinical Commissioning Group (CCG). These related to delivery of high quality services across seven days, the need to provide care and treatment focusing on the whole person,

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- clinical workforce challenges and sustainability of services;
- there were financial challenges - the current delivery model would not be sustainable for several reasons, including historical underinvestment in estates and infrastructure, the service demands, underinvestment in mental health services and the pressure facing Local Authorities in relation to Public Health, Adult Social Care and Children’s Social Care services;
- there were health challenges in Sandwell, the area was reported to have a highly diverse population and many people faced complex issues that affected their health and wellbeing, such as mental health problems, obesity in adults and children, high infant mortality, dementia, respiratory disease, cardiovascular disease and diabetes, and substance misuse admissions;
- Sandwell was reported to have an ageing population, people lived with more long-term health conditions, and health inequalities around life expectancy were not improving;
- feedback from the consultation process had been collected and evaluated;
- the vision for the Long Term Plan (LTP) was ‘Working together to improve the health and wellbeing of local people’, the priorities of the LTP would move towards a health care system fit for the future, delivering best quality care for our population and for partners to work together to be a sustainable health and care system;
- the ambition of the new service model was to have more actions on prevention and health inequalities, to make further progress on care quality and outcomes, to support NHS staff and roll out digitally-enabled care to support wider social goals of the Vision 2030;
- the Board was advised of the need for a future model for the delivery of integrated care and the proposed new service model for 21st Century Sandwell and West Birmingham CCG. There were a range of service partners already collaborating on this and looking at what would be different in 5 years’ time, the CCG commitment to the population, the system and the staff;
- the focus was on a collaborative approach to move away from market, competition and transacting and focus on engagement to develop and deliver the local plan.

The following comments and responses to question from the Board were noted: -

- concern was raised that the consultation on the Long Term

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Plan had been rushed and was not genuine. The Board was advised that the consultation process had reached key stakeholder groups but had taken place in a two-week period to meet the short deadlines set for submission of the bid. The Board was reassured that the consultation had taken place with a good participation rate and that comments and feedback from the Health and Wellbeing Board had been taken into consideration;

- the Long-Term Plan would be finalised by 15 November 2019 and the Board was advised that the consultation had highlighted that issues relating to emergency transport and access to services by public transport were not included. Approval had subsequently been given to a review of NHS access to services by public transport and some of the publicly funded transport issues were starting to be addressed;
- in relation to developing a local plan the Board highlighted the need to understand public access to GP surgery services and the roles of adverse nurse practitioners and pharmacists to deal with some procedures to take pressure off GPs;
- there was clarification that there was competition for work force across the Country and that the employment offer needed to be stronger and attractive to encourage people to come to Sandwell to work, train and want to stay here;
- new approaches were being developed and showing positive outcomes, developing digital enabled care was being used. This was the process of the patient sending an image on line for initial diagnosis and the health practitioner advised if the patient needed to attend a surgery for further treatment. This approach would support a wider goal to reduce appointment issues and assist patient prioritisation.

The Board noted the proposed future model for integrated care and it was explained that the Council was developing a Hub to consider commissioning services at the appropriate level. The Board noted that funds would be made available to train people to carry out social prescribing which would enable them to signpost people in need of care to the relevant service or voluntary sector.

The Board was advised that there was more to consider about the voluntary sector role in the care alliance, voluntary sector funding and the care fund to support the community offer. Timelines had been extended because it was identified that Sandwell had some quite challenging cases.

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The Board noted the following comments in response to further questions:

- the merger of mental health services was challenging, and targets were not being met. The Board was advised that assessment tests were carried out by GP's, but it was difficult to get patients to attend appointments. The Board was advised that some mental health providers varied what they delivered in neighbouring Authorities depending on the service agreement;
- in relation to people with learning difficulty, the Board was advised that there was a need to bring services together to focus on the person in the NHS led process. It was noted that the narrative and technical terms in the document were NHS terminology, and that it was important to translate the Long Term Plan to make it easier for all to understand;
- the Board was advised that relationships between Health providers and partners was developing, and that the work locality and place-based approach was important;
- the Board noted that the Sandwell and West Birmingham CCG NHS was moving toward a single Commissioning Group with an accountable officer heading the service. It was clarified that the appointment of the accountable officer across the two CCGs commissioning process did not mean the CCGs would merge.

Resolved:

- (1) to invite the Cabinet Member for Living Healthy Lives to present the final Long-Term Plan;
- (2) to invite the new accountable officer – Sandwell and West Birmingham CCG Commissioning to a future meeting;
- (3) to recommend that the relevant officers give consideration to establishing a Joint Black Country and West Birmingham Scrutiny Board with a remit across the Black Country and West Birmingham area to scrutinise the implementation and delivery of the Long-Term Plan.

19/19 Care Alliance

The Board received a presentation from the Service Manager, Prevention and Integration, to provide background to the Integrated Care Alliance and a progress update.

The Board noted that the Sandwell Integrated Care Alliance (the Alliance) was a partnership between the Sandwell and West Birmingham Clinical Commissioning Group, Black Country Partnership NHS Foundation Trust, Primary, Community, Secondary Care, the Local Authority and the Voluntary and Community Sector. Partners aimed to refocus care towards more preventative, primary and community models of care, supported by greater personalisation and self-determination.

The Alliance started to meet in Spring 2018 and aimed to consider how the movement of resources, such as funding and people, may be realigned to shift between health and social care, or mental and physical care, to where it would be best utilised.

The vision for the Alliance was that, in the future, the health and care system for Sandwell (all provider organisations) would work together to ensure that everyone starts well and stays well for as long as possible enabling them to build their skills and achieve their aspirations.

The Board noted main messages from the presentation and the following responses to questions:

- the Alliance priorities had been agreed at Sandwell Health and Wellbeing Board in July 2019. There was a need to have a shared conversation with all parties involved, the Alliance was at a very early stage and there was a willingness of all partners to move forward, but not yet a formal approach;
- the Board noted the Alliance outcomes framework priorities:
 - best start in life
 - leading a healthy lifestyle in a healthy place
 - best possible end of life care
- there was recognition that investment in early intervention and prevention was required, and that early healthy life potentially reduced health costs throughout life;

The Board welcomed the Alliance approach and remarked that it

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was very aspirational, but that Members felt there was a need to look wider than health matters, towards a whole Council agenda and suggested issues that impact on health such as poor housing, diets and air pollution.

The Board noted Healthwatch's disappointment that the approach had not been considered earlier, because all partners were on the Sandwell Health and Wellbeing Board, but that it was encouraged that the Sandwell Alliance was now moving forward.

The Board was advised that the deadlines set were short, which was thought to be difficult to deliver, considering potential obstacles. The CCG agreed that it had taken longer than expected to reach this stage but explained that other priorities had taken over (Midlands Metropolitan Hospital etc).

The Board was advised that the Primary Care Network, a key building block of the NHS Long Term Plan, would bring general practices together to work at scale to manage financial and estates pressures and provide a wider range of services to patients. It was envisaged that this would then more easily integrate with the wider health and care system and link to Alliance, care for all.

The Board welcomed early involvement and looked forward to more integrated and aligned services and management.

The Board noted the following comments in response to further questions:

- there was more work to do relating to capitated budgets;
- there more to do to prepare the terms of reference and the scope of the Alliance;
- several issues had been identified by the Board to consider in further detail:
 - to consider the consultation and engagement plans;
 - to review the timelines and project plan;
 - to consider best practice examples of Care Alliances;
 - to carry out a mapping exercise of existing and planned adult care arrangements in the Sandwell area;
 - to consider what in addition to the Care Alliance proposal was happening;
 - to report the work group findings to the Health and Adult Social Care Scrutiny Board and Care Alliance Board.

The Board welcomed the presentation and open and honest

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discussion.

Recommendations

- (1) to establish a work group of the Health and Adult Social Care Scrutiny Board to work in collaboration with partners to consider the issues highlighted in relation to the Care Alliance;
- (2) that the Work Group membership be agreed as follows:
 - Councillors E M Giles, Piper and Carmichael;
 - Co-opted representatives from:
 - Sandwell and West Birmingham NHS CCG
 - Sandwell Hospital Trust
 - Healthwatch
 - Sandwell MBC Adult Social Care;
- (3) The Work Group terms of reference to be agreed at the first meeting;
- (4) The final report and recommendations of the Work Group be referred to the Sandwell Health and Wellbeing Board to be taken into consideration by the Health and Well Being Board when it considers the proposals for the Sandwell Care Alliance.

(Meeting ended at 7.05pm)

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