

**Minutes of the Health and Adult Social Care Scrutiny Board**

**29<sup>th</sup> July, 2019 at 5.30pm  
at Sandwell Council House, Oldbury**

**Present:** Councillor Piper (Chair);  
Councillors Carmichael, Costigan, Hartwell, R Jones,  
Phillips and Tranter.

**In Attendance:** Lisa Mc Nally, Director - Public Health;  
Andy Williams, Chief Accountable Officer Sandwell  
and West Birmingham CCG;  
Jayne Salter-Scott, Sandwell and West  
Birmingham CCG;  
Terence Reid, Sandwell and West Birmingham  
CCG;  
Saba Rai, Sandwell and West Birmingham CCG;  
Alexia Farmer, Healthwatch Sandwell.

**Apologies:** Councillors E M Giles, Hackett and Jarvis.

12/19 **Declaration of Interest**

Councillor R Jones declared a non-pecuniary interest in the item relating to Reconfiguration of Inpatients Respiratory Medicine, as an employee of the West Midlands Ambulance Service.

13/19 **Minutes**

**Resolved** that the minutes of the meeting held on 17<sup>th</sup> June 2019 be approved as a correct record.

14/19 **Reconfiguration of Inpatients Respiratory Medicines**

The Board received a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to Reconfiguration of inpatient Respiratory Medicine.

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The Board noted that the reconfiguration of services was a long-standing programme to bring sites together ahead of the move to the Midland Met hospital site. The Board noted that the CCG was working to pull together a hub for respiratory surgeons to be at the City site.

The proposal was when ambulance services take patients to report at accident and emergency (A&E) services, if additional care was required the patient would be transferred to City Hospital respiratory hub. The benefit of transfer from a clinical perspective would be to have expert services available for those needing specialist respiratory medicines at the earliest opportunity. It was recognised that some patients would need to receive immediate hospital care at Medical Unit (AMU) and that there was a team at Sandwell that could provide support.

It was recognised that some patients would need longer than 24 hours in hospital due to the need for additional care, and these specialist respiratory patients would be transferred from general wards to specialist care at both City and Sandwell hospitals. The CCG envisaged that with the new arrangements there would be a reduction in length of stay in hospital for respiratory patients. The new arrangements would include a rota for specialists, specialist nursing skills and the specialist unit rather than a general ward.

The Board noted that the next stages of the proposed way forward. The proposal would undergo public and staff engagement, further engagement with key partners and reconfiguration of medical wards on the City site to facilitate a single respiratory medicine hub. The delivery date was likely to be November 2019.

In response to questions, the Board noted the following:

- people would have faster access to specialist respiratory care;
- transport would be required between the two sites;
- there would be increased capacity to cope with winter respiratory caseloads;
- there would be safe transfer for acute respiratory cases;
- respiratory cases were increasing as people live longer, this was a national problem;
- there were more elderly and frail residents presenting to Sandwell Hospital hence the need for a robust presence on the Sandwell site, however more specialists would be at the City site;
- West Midlands Ambulance service transferred patients to the

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nearest hospital, the CCG were looking at ambulatory care pathways;

- seven day working arrangements reinforced continuity of care for all;
- the CCG would try to anticipate and predict what the activity patterns would look like, but there was confidence that they would be the same, no new protocols were being developed at this stage;
- the engagement process was specific and was not a consultation process.

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 relating to the reconfiguration of inpatients respiratory medicines.

### **Resolved: -**

- (1) that the report and presentation relating to the engagement process on the Reconfiguration of Inpatient Respiratory Medicine be noted;
- (2) that an update be provided to a future meeting.

15/19

### **System Changes**

The Board received a presentation from the Chief Executive of the Sandwell and West Birmingham Clinical Commissioning Group (CCG) relating to Systems Changes.

The Board was advised that there were major programmes and changes ongoing to improve the way health services were organised and would be delivered:

- Midland Metropolitan Hospital: open in 2022;
- Primary Care Networks: 10 in Sandwell and 5 in West Birmingham. Networks of General Practitioners (GP's) working together to provide better care 24/7;
- Care Alliances: social care, health and voluntary and community sector coming together. The alliance was trying to get the best value for Sandwell by partners working together in an alliance and try to do everything locally. NHS was being asked by

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Government to show collective responsibility and were thinking about creating two place-based care alliances across the CCG/Trust footprint with the following aims:

- to be aware of what each other were doing;
  - to work collaboratively;
  - to get the best value for money;
  - work with charitable and faith-based sector;
  - to focus on what is done well and on innovations;
- Sandwell: part of the Black Country and West Birmingham (STP) Integrated care system, a joined up approach to health and care across the Black Country and West Birmingham;
  - NHSE Long Term Plan (published in January 2019) creating opportunities to work together differently.

The Board noted the keys to success outlined by the Chief Executive in the presentation and welcomed work going on to improve health services in Sandwell.

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

- some GP's already work together in the Sandwell area, but this was ahead of the Government directive nationally for groups of GP's to be brought together and for a general medical services contract between the Government and the practice;
- there are some practices where the patient register would cross over the Sandwell border. The CCG voted to work across borders with both Councils and partners to ensure continuity and no gaps in service across the boundary.

### **Resolved: -**

- (1) that the report and presentation relating to the engagement process on the Reconfiguration of Inpatient Respiratory Medicine be noted;
- (2) that an update be provided to a future meeting.

16/19

### **Tackling Loneliness and Isolation – Social Prescribing**

The Board received a presentation from the Director – Public Health relating to 'Tackling Loneliness and Isolation – Social Prescribing'.

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The Board noted the importance of tackling social isolation and the potential benefits:

- to improve health in Sandwell;
- to reduce permanent admissions to care;
- to reduce the mortality rate;
- to effect on the Health and Social Care budget;
- to improve health behavior in people in Sandwell.

The Board noted the impact of using social prescribing and the quote from Mark Hyman MD – ‘The power of the community to create health is far greater than any physician, clinic or hospital’. The Board acknowledged that a large number of residents in Sandwell would benefit from meeting up with a voluntary group.

The Board noted the following comments in relation to social prescribing and a hub:

- the social prescribing network provided support to GP’s, Partners and the Voluntary Sector who provided social prescribing and considered development of a hub to provide help itself and support to others;
- setting up a social prescribing hub would bring individuals and voluntary groups together to provide support to others;
- social prescribing could be found in Primary Care Network (PCN), in Portway leisure Centre, there were 10 PCN’s in Sandwell;
- two workshops had been planned to pull together what social prescribing looked like for individuals in Sandwell and what outcomes were expected;
- support would be provided to GP’s, partners and the voluntary sector;
- social prescribing would support collaborative working and would be considered to develop a hub which provided help itself and support to others.

The Board heard that the previous funding from the ‘Community Offer’ fund was lost due to the difficulty in demonstrating outcomes. The Board recognised the need to invest in providers and work with them to support people and keep them healthy in their homes. The Board welcomed that people would be supported to get involved in their community to prevent isolation and that social prescribing would encourage health and wellbeing of people to help them stay healthy and avoid transfer of their care to homes and hospitals. Sandwell Prescribing Model could be the first in the Country to champion a social prescribing hub.

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The Board noted that officer's consultation was ongoing and that some scrutiny board members had attended workshops at the Brasshouse Centre and had contributed to the consultation process.

The Board welcomed the combined effort from the Primary Care Network (PCN), Clinical Commissioning Group (CCG) and Voluntary Sector and endorsed the way forward, the new version of the Community Offer and the draft proposal to make information available from a number of sources, and that referrals would be from several points across the Sandwell area.

The Board noted the following responses to questions:

- voluntary sector workers carried out their own DBS checks, the social prescribing network would signpost people to services;
- the Healthy Sandwell team will support the development of social prescribing in the borough;
- support workers would be available at several places in the Towns of Sandwell, they would be accessible to people and they could be agile, stopping where there was most need,
- in relation to measuring outcomes the Board accepted that attributing outcomes to increased wellbeing was very difficult to demonstrate, but the Board was advised that people could record how social prescribing had helped them and how they felt, i.e. how many people would say that they had felt a positive benefit of social prescription?

The Chair thanked officers and the Board members for their contribution and noted that further information from consultation was expected in September 2019.

**Resolved** that the Board welcomed the combined effort from the Primary Care Network (PCN), Clinical Commissioning Group (CCG) and Voluntary Sector and supported the work by Public Health to design and implement the new 'Social Prescribing Network'.

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(Meeting ended at 7.00pm)

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