

# Agenda

## Health and Adult Social Care Scrutiny Board

**Wednesday, 28 July 2021 at 6.00 pm**  
**At Council Chamber - Sandwell Council House, Oldbury**

**This agenda gives notice of items to be considered in private as required by Regulations 5 (4) and (5) of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.**

**1 Apologies for Absence**

Apologies for absence.

**2 Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.

**3 Minutes**

5 - 14

To confirm the minutes of the meeting held on 29 March 2021 as a correct record.

**4 Urgent Item of Business**

To determine whether there are any additional items of business which, by reason of special circumstances, the Chair decides should be considered as a matter of urgency.

**5 Scrutiny Review of Mental Health Services in Sandwell Draft**

15 - 24



To consider and agree the scope for the Mental Health Services scrutiny review.

6      **Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council**      25 - 28

To re-establish joint health scrutiny arrangements with Birmingham City Council for 2021/22.

**Kim Bromley-Derry**  
**Interim Chief Executive**  
Sandwell Council House  
Freeth Street  
Oldbury  
West Midlands

**Distribution**

Councillor E M Giles (Chair)  
Councillors H Bhullar, Akpoteni, E Costigan, Davies, Fenton, Fisher, L Giles, Khatun, Melia and Piper

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## Health and Adult Social Care Scrutiny Board

**Monday 29 March 2021**  
**On line virtual meeting**

- Present:** Councillor E M Giles (Chair);  
Councillor Piper (Vice-Chair);  
Councillors Carmichael, Costigan, Hackett, Hartwell, R  
Jones and Kausar.
- Officers:** Lisa McNally, Director of Public Health;  
Katharine Willmette, Interim Director of Adult Social Care  
John Taylor, Chair of Healthwatch Sandwell;  
Richard Beeken, Interim Chief Executive, Sandwell and West  
Birmingham NHS Trust;  
Michelle Carolan, Managing Director, Sandwell Clinical  
Commissioning Group (CCG);  
Jayne Leeson, Chief Executive, Changing Our Lives;  
Jackie Taylor, Senior Development Officer, Changing Our  
Lives;  
Richard Thompson, Pharmacy Lead, Sandwell Better Care  
Fund.

### 08/21 **Apologies for Absence**

An apology was received from Councillor Jarvis.

### 09/21 **Declarations of Interest**

Councillor Carmichael declared a personal interest in the matter referred to in Minute No. 12/21 (Covid-19 Update – Part 2: Reopening Day Services for People with Learning Disabilities



Update) as she worked for a voluntary and community sector organisation.

## 10/21 **Minutes**

**Resolved** that the minutes of the meeting held on 8 February 2021 are approved as a correct record.

## 11/21 **Urgent Items of Business**

There were no urgent items of business to consider.

## 12/21 **Covid-19 Update**

Further to Minute No. 5/21 (8 February 2021), the Board noted an update on the pandemic position for Sandwell.

### **Part 1: Vaccination and Care Home Visiting Update**

Groups currently prioritised by the Joint Committee on Vaccination and Immunisation (JCVI) for a Covid-19 vaccination were residents in care homes for older adults and their carers (cohort 1, which had commenced December 2020); and adults aged 80+ years along with all frontline health and social care workers (cohort 2, which had commenced 11 January 2021). It was also noted that JCVI guidance would be amended to prioritise individuals with learning disabilities (cohort 6) and unpaid carers.

As of 29 March 2021, 71% of care home staff and 61% of domiciliary care staff had received their first vaccine dose. Around 4,650 staff in Care Quality Commission (CQC) regulated services in Sandwell had received their first vaccine dose.

Whilst uptake in Sandwell was above the West Midlands average, the Board noted the challenges that impacted on uptake and the steps taken to encourage uptake.



The Board also noted an update on changes to national care home visiting policy, following the publication of updated Government Guidance on Care Home Visiting on 4 March 2021.

From 8 March 2021, care home visiting was allowed in specific circumstances. However, care homes were required to take a number of actions to ensure safe visiting and the Council was providing support on implementation of this guidance, including the development of a local self-assessment tool.

## **Part 2: Reopening Day Services for People with Learning Disabilities Update**

Support had been provided throughout the pandemic in a variety of ways to ensure that service users remained safe and well. In total 5,658 virtual and telephone calls had been made. Personalised activity bags had been provided to enable service users to continue to pursue their hobbies while the centres were closed. Digital group sessions had also been held to ensure people could maintain friendships. Centres had remained closed throughout summer 2020, however, following feedback from clients and their carers, community outreach support had been provided to around 50 people. This number had been reduced to 13-15 people during the 2020 winter lockdown, where there was a risk of either carer breakdown or client hospitalisation.

The overall feedback from telephone conversations with the clients was that they had coped well. However, Changing Our Lives had been commissioned to conduct interviews with service users. Findings indicated that service users with learning disabilities did not miss the day service itself or the activities on offer but missed seeing and talking to their friends. Arrangements had therefore been made to facilitate contact using online meeting software, which service users had adapted very well to.

The findings also showed that service users needed to be better engaged in the types of activities offered to them.

The Service Manager Day Services outlined what the plans were for future provision based on the feedback received from service users. A hybrid model would be introduced, providing centre-based services for those who found it difficult to access community



support and as part of the weekly offer for all service users, along with a digital offer. Going forward, service users would have a great say over how they wanted to spend their time.

The following was noted in response to members' comments and questions:-

- 38 service users from across the six towns were interviewed by Changing Our Lives. A breakdown for each town would be provided to members.
- Carer needs had been ascertained, and potential risks of care breakdown identified as a result of the 5,000+ virtual and telephone calls made in the last year.
- The needs of carers were often different from those of service users and there would be a challenge to factor the conflicting needs into the transformation plans.
- Carers would be consulted at each stage of the transformation process.
- The service would not become completely digital but would offer a mix of digital, community outreach and day centre support to service users.

Members endorsed the proposed service changes as a platform for consultation with service users and requested a further report following the completion of the consultation.

### **Part 3: Covid-19 cases in Sandwell and City Hospitals**

The number of patients admitted to Sandwell and City hospitals had increased rapidly during January 2021 up to a peak of 426, which amounted to 40-50% of the total bed capacity of the Trust at the time. As of 26 March 2021, 67 patients were in Trust hospitals with Covid-19, which amounted to approximately 10% of the Trust's hospital bed capacity.

1190 people had now died from Covid-19 within Sandwell and West Birmingham hospitals since the start of the pandemic in March 2020.

The Interim Chief Executive outlined the clinical pathways for admission of COVID and other patients.





Maternity continued to see patients in community locations and at hospital sites, whilst general outpatient activity was conducted via mix of virtual (video or telephone) and face-to-face for more urgent types of consultations.

Planned surgical and diagnostic procedures had been significantly reduced over the last few months, however, surgery activity had resumed on 22 March 2021. Urgent diagnostics and surgery had continued at Trust hospitals as well as in some private sector hospitals.

Regular contact had been maintained with staff who were shielding. All staff had now been offered the Covid-19 vaccine. The Sandwell Hospital Hub had stepped down its vaccine clinic on 12 February 2021, having completed over 7,000 first dose vaccinations. It reopened on 23 March 2021 for second doses.

Monitoring and review of all potential cases of hospital acquired Covid-19 would continue. Masks were mandatory for patients and staff when in shared areas or in a room with another person.

Mental wellbeing had been offered to staff, including confidential counselling and a wellbeing sanctuary. Giving staff time to recover after this wave of the pandemic was deemed vital in ensuring that the Trust could restore services and tackle waiting lists. It was noted that before the pandemic waiting times were to a large degree minimised through discretionary efforts of staff, including overtime working on weekends. This was not deemed a sustainable assumption and plans to recover services would need to strike the right balance between patient needs and staff needs in terms of recuperation.

The Trust would be reintroducing limited visiting from mid-April, and further easing would occur in mid-May in line with national lockdown restrictions easing. Every hospital in the Black Country and Birmingham system would be following the same timelines for easing the restrictions.

The following was noted in response to comments and questions:-



- Point-of-care testing was in place for immediate test results for every inpatient requiring admission to the emergency department. Elective and day care admission inpatients were tested using PCR swabs. Tests were repeated at days 3 and 7 of inpatient admission. Lateral flow testing was used only as a last resort in the emergency department.
- Incident of patients being discharged after testing Covid-19 positive were treated as serious and investigated by senior medical practitioners and escalated to the Health and Safety Executive where necessary.
- Long Covid clinics had become nationally mandated and deemed good practice.

#### **Part 4: Covid-19 update – Sandwell and West Birmingham Clinical Commissioning Group (CCG)**

Primary care had continued to operate in Sandwell, although some sites had closed or were operating remotely. Face-to-face surgery appointments were taking place subject to need and prior risk assessment.

Primary care had been supporting the vaccination programme. The eight Primary Care Networks (PCN) in Sandwell had collaborated with four local vaccination sites, namely Brasshouse Community Centre (Smethwick), Lyng Community Association (West Bromwich); Portway Lifestyle Centre (Oldbury), Whiteheath Medical Centre (Rowley Regis). From 22 February 2021, Tipton Sports Academy had also begun operating as a large-scale vaccination centre.

The Borough had achieved an uptake of over 90% for the most vulnerable cohorts (cohorts 1 and 2). Strong collaboration with the Public Health team through the Local Vaccine Board had contributed to this. The Healthy Sandwell Team was on hand to contact people who had any concerns about the vaccine and local champions promoted vaccination in the community. Public clinics, where teams were going out into local community centres, also proved effective in increasing local uptake.



The following was noted in response to comments and questions:

- Those at risk but who were not extremely clinically vulnerable should book their vaccination through the GP.
- Residents could get vaccinated at all pharmacies which had signed up. The national booking system showed all vaccination site locations, including pharmacies.

13/21

## **White Paper – NHS and Social Care Reform**

The Interim Director of Adult Social Care delivered a presentation on the Department of Health and Adult Social Care (DHSC) legislative proposals for a Health and Care Bill, published on 11 February 2021.

The rationale behind the White Paper proposals were to seek more integration between health and care services, embed local collaboration and remove some of the main barriers to partnership-working.

The main legislative proposals of the White Paper were:

- Creation of a statutory Integrated Care Systems (ICS) in each area, supporting the health and wellbeing of local populations by looking at wider determinants of health.
- Focus on place level but with local organisations free to make their own place-based arrangements;
- Increased assurance and oversight of adult social care services and data from providers, possibly with model similar to the Ofsted framework for education;
- Provision to allow the Secretary of State to make emergency payments directly to social care providers.
- Increased power of the Secretary of State to direct NHS England on specific public health functions, for example tackling obesity.
- A new standalone basis for the Better Care Fund (BCF), which would remove it from the NHS mandate setting.



It was noted that Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) were both working with the Department of Health and Social Care (DHSC) to influence some of the proposals on adult social care.

The following was noted in response to comments and questions:

- There was concern that Public Health could lose its ability to set local health priorities.
- There was no detail in the White Paper on method of integration between adult social care and the NHS, or on how social care would be funded going forward and provided no detail on the accountability of the proposed partnership arrangements.
- The proposal to create a bespoke tendering service to set health contracts would mean that there would be no opportunity for local scrutiny of health contracts.
- It was not known whether local public health responsibilities would remain within local councils.

(The Chair lost connectivity and the Vice Chair assumed the chairmanship of the meeting).

14/21

### **Sandwell's Air Quality Action Plan – Health Implications**

The Board received a report on Sandwell's Air Quality Action Plan, which had been approved by Council in March 2021.

Sources of key air pollutants and their effects were outlined and their impacts on air pollution. Long-term exposure to air pollution was estimated to kill 1 in 19 people in the UK. It was very rare for air pollution to be cited as the direct cause of death but diseases such as cancer and respiratory diseases would often be caused by air pollution issues. Those with asthma, pneumonia, diabetes and respiratory and cardiovascular diseases were more susceptible to the effects of particulate matter pollution. Deprived populations were also more likely to live in areas with poor air quality and have conditions which made them more susceptible to effects of poor air quality.



Sandwell had a higher than average emergency hospital admission rate for respiratory illnesses and the second highest diabetes prevalence in the UK.

In 2017 the cost of just one pollutant the NHS and social care was estimated at £41.2 million. This did not include the wider costs to the population.

Air pollution was also linked to mental health problems, including depression, a reduction in intelligence equivalent to a lost school year (exacerbated by Covid-19 impact for schoolchildren) and aggressive behaviour. Children were found to be more anxious and suicidal in areas of deprivation that had worse air pollution. Latest research had identified patterns of higher Covid-19 incidence and deaths in areas with higher levels of air pollution.

In 2005 monitoring had found that national air quality standards in relation to Nitrous Oxide levels were not being met in Sandwell, and consequently, the borough had been declared an Air Quality Management Area (AQMA). As of 2019, there were still seven areas within the Borough where national standards were exceeded.

The Board noted the actions proposed within the Air Quality Action Plan (AQAP) to address poor air quality within the Borough.

The air quality team had been successful in obtaining funding from Department for Environment, Food and Rural Affairs (DEFRA) for a project with faith centres, to provide mobile pollution monitors and screens, along with toolkits to support education on air quality.

21 air quality monitors would places across the borough, spread across the six towns. Community groups, councillors and schools would be supported to utilise them to reach a wide section of the population with messaging about improving air quality.

Air pollution was a public health priority, with 2.5 million cases of non-communicable diseases predicted to be attributable to air pollution by 2035 if particulate matter and Nitrous Oxide remained at current levels





The impact of Covid-19 had shown that drastic behaviour change was possible in a short space of time and it was hoped that this would be the case for tackling air pollution and climate change as well.

(The Chair re-joined the meeting).

The following was noted in response to comments and questions:-

- The government had brought forward a ban on sale of new petrol and diesel cars from 2030. Stronger regulation around areas such as new-build houses emissions would be desirable.
- It is hoped that the whole of Sandwell would become a smoke-controlled area.
- Only standard level of abatement could be requested from industrial units, so it was difficult to ask factories to reduce pollution by any more than the minimum level required by national legislation.
- The Energy Savings Trust had been asked to produce a report estimating the cost of replacing all Council fleet vehicles with electric vehicles and the Environmental Team staff was looking at the cost of implementing the necessary electric vehicle infrastructure.
- Conversations were also taking place about replacing the current mayoral cars.
- It was hoped that the Covid-19 community champion programme would transition post-Covid to become an air quality and climate change champion programme.

Meeting ended at 7.38 pm

Contact: [democratic\\_services@sandwell.gov.uk](mailto:democratic_services@sandwell.gov.uk)



## Report to Health and Adult Social Care Scrutiny Board

**28 July 2021**

<b>Subject:</b>	Mental Health Services
<b>Director:</b>	Director of Public Health – Lisa McNally Director of Adult Social Care – Rashpal Bishop
<b>Contact Officer:</b>	Senior Democratic Services Officer Stephnie Hancock – <a href="mailto:Stephnie_Hancock@sandwell.gov.uk">Stephnie_Hancock@sandwell.gov.uk</a>

### 1 Recommendations

- 1.1 To consider and agree on the scope of the review of Mental Health Services in Sandwell.

### 2 Reasons for Recommendations

- 2.1 The Health and Adult Social Care Scrutiny Board has agreed to carry out a review of Mental Health Services in the Borough. The scope document (appendix 1) sets out the rationale and suggested way forward for the review to progress, with the possibility of working group being set up to review and refine the scope further.
- 2.2 At the mental health scrutiny review sessions undertaken in Autumn 2020, it was predicted that the pandemic would lead to a steady increase in the presentation of common mental disorders. Sixteen months into the pandemic the mental health impact of lockdowns on Sandwell communities has been considerable, with increased social isolation has been perhaps the most visible aspect. Thus, the Board considered it



necessary to investigate issues relating to mental health services in Sandwell.

- 2.3 The scope document (appendix 1) sets out the proposed areas of inquiry for the mental health services review plan, together with a description of range of methods that could be used to gather evidence including experts by experience and carers interviews, public engagement focus groups, and local and national datasets. Views will also be sought from health partner organisations in Sandwell and voluntary organisations.

### 3 How does this deliver objectives of the Corporate Plan?

	<p><b>People Live Well and Age Well</b></p> <p>The review will enable the Board to gain an understanding of the issues faced by residents in terms of mental health services access and quality. The Board will be able to analyse data and evidence considered through the review process to make informed recommendations, so that mental health services are coordinated and responsive to residents' varied needs.</p>
	<p><b>Best Start in Life for Children and Young People</b></p> <p>Young people are one of the groups at greater risk of suffering with mental health and depression.</p>
	<p><b>Strong and Resilient Communities</b></p> <p>Addressing any barriers people have to accessing mental health services will contribute towards creating stronger and more resilient communities.</p>
	<p><b>Quality Homes in Thriving Neighbourhoods</b></p> <p>Housing is one of the wider determinants of health and housing conditions and security of tenure can significantly impact on people's mental health.</p>





	A Strong and Inclusive Economy
	Mental health has enormous impact on people's mental health. It is essential that people are provided with support to remain in employment during or following a mental health crisis.
	A Connected and Accessible Sandwell
	Access to walkable and cyclable places in green spaces is another wider determinant of good mental health.

## 4 Context and Key Issues

- 4.1 The Health and Adult Social Care Scrutiny Board, at its work programming meeting, received suggestions collated from a general scrutiny public consultation conducted in May 2021. Mental health services had been recommended as a topic for review by the Health and Adult Social Care Scrutiny Board. At the work programme setting in June 2021 meeting, the Board took the decision to review mental health services in Sandwell in 2021/22.
- 4.2 The review aims to gather evidence to inform service shaping and future provision of mental health services. Recognising and protecting the future of these valuable services is important for the residents of Sandwell, but it is also important to note an environment of increasing demand.
- 4.3 The review will gather evidence from stakeholders, the Council and partners, evaluate findings and options and make recommendations to influence service delivery and provision in regard to mental health services in the borough.

## 5 Consultation

- 5.1 There is no content within this report that requires any further consultation at this stage.



## 6 Alternative Options

- 6.1 The purpose of the review is to develop an understanding of the mental health services in the Borough and if the Council should consider alternative options.

## 7 Implications

<b>Resources:</b>	There are no specific financial implications arising from this report.
<b>Legal and Governance:</b>	The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, confers health scrutiny functions to local authorities.
<b>Risk:</b>	There are no associated risks with this report.
<b>Equality:</b>	There are no current considerations.
<b>Health and Wellbeing:</b>	Effective and efficient mental health services contribute to the wellbeing, cohesion and resilience of Sandwell's communities.
<b>Social Value</b>	There are no specific social value implications arising from this report.

## 8. Appendices

- 8.1 Appendix A – Mental Health Review Scope Document Draft



## Scrutiny Review – Scoping Document

<b>Review Title:</b>	Mental Health Services
<b>Scrutiny Board:</b>	Health and Adult Social Care Scrutiny Board
<b>Date of Review:</b>	2021
<p><b>Reasons for undertaking the review:</b></p> <p>At the mental health scrutiny review sessions undertaken in Autumn 2020, it was predicted that the pandemic would lead to a steady increase in the presentation of common mental disorder.</p> <p>Sixteen months into the pandemic the mental health impact of lockdowns on Sandwell communities has been considerable. Increased social isolation has been perhaps the most visible aspect and the Board considered it a priority to investigate how people can reconnect again in the post-pandemic period.</p> <p>In Autumn 2020, the Board also envisaged that there would be ongoing scrutiny of work done to expand mental health service capacity in Sandwell. Such scrutiny is designed to ensure that mental health services keep in touch with residents' needs and are ready to meet demand.</p> <p>Moreover, recommendations one and two of the most recent Sandwell Adult Mental Health and Wellbeing Joint Strategic Needs Assessment (JSNA) identified the need for review of mental health services in terms of:</p> <ul style="list-style-type: none"> <li>• the routes into acute mental health services in order to establish a clear emergency pathway that is understood by everyone;</li> <li>• barriers that residents face when engaging in routine mental health and wellbeing services, including the need to develop clear referral pathways and reduce waiting times.</li> </ul> <p>The review will enable the Board to investigate some of the following topics after the precise scope of the review has been determined:</p> <ul style="list-style-type: none"> <li>• To develop a clear understanding of the current pathways for accessing emergency and routine mental health services;</li> <li>• To map out the role of various health agencies in Sandwell in delivering mental health services and identify where collaboration can be improved;</li> <li>• To capture residents' perspective on accessing mental health services, including identifying the challenges that prevent them from accessing the help they need;</li> </ul>	

- To capture residents' views on stigmas associated with coming forward with mental health problems and what can agencies do to facilitate people in making the initial contact with services;
- To work on developing a single all-age, all-needs pathway to make it easy for people to access mental health services and for individuals to be directed to the most appropriate;
- To investigate how to support provision of grassroots community organisations that help residents re-engage with their communities and reduce social isolation;
- To look at access and support provided for people to remain in employment during or following a mental health crisis;
- To ensure greater equality of access to mental health services by identifying how to overcome the particular barriers faced by high-risk groups (young adults 18-24; isolated people in later life; people with pre-existing mental health problems; people with long-term, disabling health conditions; single parents; unemployed and those in insecure employment, and BAME communities).<sup>1</sup>

The Health and Adult Social Care will determine the scope of this review from topics above at the July meeting of the Health and Adult Social Care Scrutiny Board.

### **Intended Outcomes:**


To utilise the evidence gathered from the review process in order to suggest mechanisms by which the Local Authority and Health Partners may improve mental health support pathways and facilitate easy access to mental health services to any resident who needs it.

To use the review process data to enable greater cooperation between the voluntary sector and Local Authority and Health Partners in order to ensure that community mental health support is available to Sandwell residents.

To identify strategies for facilitating access to mental health services for groups identified as being at high-risk of mental health problems and reduce the hesitancy in some communities associated with seeking help for mental health problems.

To improve the 'quantitative' outcomes of mental health services in Sandwell such as the proportion of people who were seen within 20 minutes of the agreed appointment time, or the proportion of people accessing emergency support who have a comprehensive assessment.

<sup>1</sup> <https://www.mind.org.uk/coronavirus/divergence-mental-health-experiences-during-pandemic>

<b>Officer Group (including partners):</b>	Lisa McNally Rashpal Bishop Katharine Willmette
<b>Links to Vision 2030:</b>	
<b>Scoping undertaken by:</b>	
<b>Council Chief Officer (or partner equivalent):</b>	Lisa McNally
<b>Existing data available for consideration:</b>	
<p>Sandwell Council data:</p> <ul style="list-style-type: none"> <li>• <a href="#">directory of mental health support groups</a>,</li> <li>• Suicide Prevention Strategy – to identify links with the existing review</li> <li>• Sandwell Good Mental Health Strategy – to identify how the 9 promises contained in the strategy can inform mental health service delivery</li> </ul> <p>Regional data:</p> <ul style="list-style-type: none"> <li>• Regional mental health support programmes such as <a href="#">Thrive into Work</a> (a WMCA programme to help unemployed people who have mental or physical health conditions get back into the workplace).</li> </ul> <p>National data:</p> <ul style="list-style-type: none"> <li>• <a href="#">Mental Health Crisis Care Concordat</a> is a national agreement that sets out the principles of how organisations should work together to ensure that people get the help they need when they are having a mental health crisis.</li> </ul> <p>Experts by experience and carers' views</p> <ul style="list-style-type: none"> <li>• Interview and survey data from experts by experience, current service users and carers providing mental health support to ascertain the practical solutions that work well during a mental health crisis and when part of longer term support</li> </ul>	
<b>Potential witnesses</b>	Black Country and West Birmingham Clinical Commissioning Group – steering/strategy group; Sandwell Primary Care Networks; Black Country Healthcare NHS Foundation Trust (provides mental health services in Sandwell); Healthwatch Sandwell; Sandwell Voluntary Sector Organisation;

	Mental Health Community Support Groups (e.g. Sandwell African Caribbean Mental Health Foundation); Sandwell Council Community Mental Health Team; Mental Health - Commissioned Services; Changing Our Lives; West Midlands Police.
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<b>Review Work Programme:</b>			
<b>Task</b>	<b>Method</b>	<b>Lead person(s)</b>	<b>Completion by:</b>
Health Scrutiny meeting to determine scope of the review	Invite health partners to add their views		28 July 2021
Follow up conversations with partners to ensure their views are taken on board	Partners to be asked via email/survey to send additional comments		
Public Engagement – Evidence Gathering Session(s) at Town Level	Focus Group		
Set up a working group to action the suggestions from public engagement	Member/Officer Working Group		

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## Report to Health and Adult Social Care Scrutiny Board

28 July 2021

<b>Subject:</b>	Re-Establishment of Joint Health Scrutiny Arrangements with Birmingham City Council
<b>Director:</b>	Director of Law and Governance – Surjit Tour
<b>Contact Officer:</b>	Stephnie Hancock <a href="mailto:Stephnie_Hancock@sandwell.gov.uk">Stephnie_Hancock@sandwell.gov.uk</a>

### 1 Recommendation


- 1.1 That the Health and Adult Social Care Scrutiny Board re-establishes arrangements with Birmingham City Council for the joint scrutiny of matters affecting the Sandwell and West Birmingham area;
- 1.2 That the Health and Adult Social Care Scrutiny Board 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.

### 2 Reasons for Recommendations

- 2.1 The re-establishment of joint working arrangements with Birmingham City Council will enable the council to scrutinise health matters across the Sandwell and West Birmingham area.
- 2.2 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.



### 3 How does this deliver objectives of the Corporate Plan?

	<i>People live well and age well</i> – The re-establishment of the Joint Health Scrutiny arrangements with Birmingham City Council will ensure that scrutiny of important health matters affecting the population of Sandwell and West Birmingham can continue at both the information (discretionary) level and a formal (mandatory) level.
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### 4 Context and Key Issues

- 4.1 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.
- 4.2 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.
- 4.3 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.
- 4.4 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.

#### The Current Position



- 4.5 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.

## 5 Alternative Options

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.

## 6 Implications

<b>Resources:</b>	There are none.
<b>Legal and Governance:</b>	<p>The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, confers health scrutiny functions to local authorities.</p> <p>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</p> <p>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.</p>
<b>Risk:</b>	Failure to have a joint committee arrangement would mean that health issues that cross local authority boundaries would not be considered to the detriment of health provision.
<b>Equality:</b>	An equality impact assessment is not required.



<b>Health and Wellbeing:</b>	The overall aim of the joint committee is to improve the health and wellbeing of the population of Sandwell and West Birmingham.
<b>Social Value</b>	There are no direct social value implications arising from this report. The overall social value arising from the joint committee arrangements would be to improve the health and wellbeing of the population of Sandwell and West Birmingham.

## 7 Appendices

None.

## 8 Background Papers

There are no background papers.

