

Agenda

Health and Adult Social Care Scrutiny Board

Monday, 12 September 2022 at 6.00 pm
At Committee Room 2 - 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**
- 2 Declarations of Interest**

Members to declare any interests in matters to be discussed at the meeting.
- 3 Midlands Cardiac Pathway Improvement Programme** 7 - 12

To consider and comment on the draft outcomes for patients with Heart Failure as part of the Cardiac Pathway Improvement Programme.
- 4 Mental Health Transformation Plans** 13 - 14

To consider and comment on Black Country Healthcare NHS Foundation Trust's Mental Health Transformation Plan.
- 5 Scrutiny Review into Social Isolation and Loneliness - Scoping** 15 - 22



To consider and agree on the scope of the review into social isolation and loneliness in Sandwell.

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Distribution

Councillor E M Giles (Chair)
Councillors H Bhullar, Akpoteni, Allcock, Choudhry, E A Giles, S Gill, Fisher, Melia, Randhawa and V Smith

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Report to Health and Adult Social Care Scrutiny Board

12 September 2022

Subject:	Outcomes for patients with Heart Failure – Midlands Cardiac Pathway Improvement Programme
Director:	Kieren Caldwell Senior Programme Director, NHS England
Contact Officer:	Stephnie Hancock Senior Democratic Services Officer stephnie_hancock@sandwell.gov.uk

1 Recommendations

- 1.1 That the Board considers and comments upon the draft outcomes for patients with Heart Failure.

2 Reasons for Recommendations

- 2.1 NHS England is facilitating an approach of “Stewardship” on behalf Integrated Care Boards (ICBs). Whilst the implementation will be for individual ICBs, there is a timely opportunity for stakeholders to engage in order to help shape the outcomes the programme aspires to.

3 How does this deliver objectives of the Corporate Plan?

The proposal relates to delivery of NHS Long Term plan objectives.



4 Context and Key Issues

Purpose of the paper

To seek the views of the Overview and Scrutiny Committee on valuable outcomes measures for patients with heart failure. To appraise members on the approach we are testing with systems – “Stewardship”.

The Triple Aim

The Health and Care Bill includes a legal duty for decision-makers across NHS bodies (Foundation Trusts, NHS Trusts, Integrated Care Boards and NHS England) to collectively consider the impact of their decisions on:

- Increasing the health and wellbeing of everyone the population they serve (including inequalities in that health and wellbeing)
- The quality of healthcare services for all the population they serve (including inequalities in benefits from those services) and
- Sustainable and Efficient use of NHS resources.

What is Stewardship?

The NHS will always have constraints in the resources it is able to deploy. The magnitude of those constraints fluctuate over time however the NHS is typically constrained by overall budget and availability of staff. Stewardship aims to test the concept that those people in charge of deploying the resources – clinicians and patients – are in the best position to direct the use of those resources.

This is not about cutting the overall budget for patients with heart failure – this is about how to best use the resources available to us, regardless of where that resource has historically sat, in order to provide the maximum benefit possible. Resources – human and financial – are used within Primary Care, Community Services, Secondary Care and Specialised Services. We aim to provide transparency to “Stewards” on:

- The overall use of resources across the pathway of care
- The outcomes associated with the deployment of that resource

Utilising that information, a “Stewardship Forum” is created which considers, with advice from expert and generalist clinical staff, on how that resource might be better utilised to achieve the outcomes we have prioritised.



Outcomes that matter

In order to consider how to utilise the resources 'better' we need to first agree what 'better' looks like. As such, we are seeking the views of stakeholders on which outcomes we should be aiming for. Following a workshop with clinicians, managers and 3rd sector patient representatives, a draft set of outcomes have been developed.

The group identified seven outcomes that matter to people with heart failure:

- To maximise quality of life of people with heart failure
- People with heart failure are listened to and decision-making is shared
- People with heart failure can benefit from self-management and self-care
- People with heart failure experience care that is co-ordinated and not disjointed
- Minimising interventions, visits or admissions that do not benefit people with heart failure
- Timely access to high quality evidence-based care

The group also agreed five outcomes that should apply to the population of people with heart failure as a whole:

- Fair (equitable) access to high quality evidence-based care
- Efficient and sustainable use of NHS resources for the population of people with heart failure
- Reducing the mortality rate from heart failure for the people below 75
- Providing timely access to palliative care for people with heart failure at the end of life
- Minimising avoidable interventions (including avoidable emergency admissions).

Once we agree which outcomes we are aiming for then we will develop measures to assess delivery against those outcomes. Whilst these outcome measures will be able to be flexed as matters develop, it is important that we are able to set the priorities and measure delivery against them as we consider how to redesign services.



High Level Steps

To aid conceptualisation, the expected process would look like:

1. Agree outcomes and develop measures to assess baseline position and set the ambition for improvement.
2. Evaluate, with Integrated Care Boards, the current resources used and the outcomes achieved.
3. Via a Stewardship Forum which includes patient voice, consider how to best use the resources available.
4. Via governance of decision making bodies, develop the case for change adhering to locally agreed processes including business cases, assurance, engagement etc.
5. Implement and evaluate.

Note that the pace of change and change management processes would be led by ICBs. Inclusion in this programme is voluntary and not mandated by NHS England.

NHS England's role

For the purposes of this paper NHS England are facilitating work on behalf of Integrated Care Boards. Decisions around the following are for ICBs to take, not for NHS England to direct:

- Whether or not to adopt a stewardship approach or to establish a stewardship forum.
- The overall budget for heart failure/cardiac services.
- The way that the resources are deployed.

NB: Whilst NHS England continues to commission Specialised Services (including interventional cardiology for heart failure), any decisions regarding the above 3 bullet points would be taken jointly with ICBs.

Testing and evaluating the concept

The Stewardship approach is not well established within the NHS and therefore we have agreed to test, observe and evaluate the approach with two ICBs: Leicestershire, Lincs and Rutland and Joined Up Care Derbyshire.

Key to that evaluation, alongside whether the outcomes we wanted were achieved, will be an evaluation of whether Stewards were able to make decisions and whether those decisions actually led to positive and expected changes to the services patients received.



Other ICBs may wish to develop Stewardship Forums themselves or may wish to be part of any Phase 2 (if established) of this programme.

5 Implications

Resources:	Unclear at current stage
Legal and Governance:	None for Local Authorities
Risk:	None for local authorities
Equality:	The proposal aims to reduce healthcare inequalities
Health and Wellbeing:	The proposal aims to improve the population's health
Social Value	N/A

6 Appendices

N/A

7. Background Papers

N/A



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Report to Health and Adult Social Care Scrutiny Board

12 September 2022

Subject:	Black Country Healthcare NHS Foundation Trust – Mental Health Transformation Plan
Director:	Marsha Foster Acting Chief Executive Black Country Healthcare NHS Foundation Trust
Contact:	Kuli Kaur-Wilson Executive Director of Strategy & Partnerships Black Country Healthcare NHS Foundation Trust

1 Recommendation

- 1.1 To consider and comment on the Black Country Healthcare NHS Foundation Trust Transformation Plan and the new model for Community Mental Health in the Black Country.


2 Reasons for recommendation

- 2.1 The Black Country Healthcare NHS Foundation Trust was asked to present its Transformation Plan to facilitate the review of loneliness and social isolation that will soon be launched by the Board.
- 2.2 As the Lead Provider of mental health services in the Black Country, the Black Country Healthcare NHS Foundation Trust is a crucial stakeholder in enabling mental health services in Sandwell to operate effectively and offer services to prevent social isolation.
- 2.3 Members will be able to ask questions and scrutinise the transformation plan and the new model for community mental health, for example, to ensure the public has easy access to information about mental health services available, to consider strategies to match service users and



residents needing mental health support to a service that is best suited to their needs.

3 How does this deliver objectives of the Corporate Plan?

	<p><i>People live well and age well</i></p> <p>Health Scrutiny ensures that health matters affecting the population of Sandwell, including the delivery of healthcare by public bodies, are scrutinised by elected members.</p>
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4 Context and Key Issues

The Committee can offer suggestions on how to ensure the Black Country Healthcare NHS Foundation Trust's transformation plan and new model for community mental health in the Black Country works to the maximum benefit of Sandwell residents.

5 Appendices

Appendix 1 – Black Country Healthcare NHS Foundation Trust Transformation Plan Presentation

6 Background Papers

None



Report to Health and Adult Social Care Scrutiny Board

12 September 2022

Subject:	Review of Social Isolation and Loneliness
Director:	Director of Public Health – Lisa McNally Director of Adult Social Care – Rashpal Bishop
Contact Officer:	Senior Democratic Services Officer Stephnie Hancock Stephnie.Hancock@sandwell.gov.uk

1 Recommendations

- 1.1 To consider and agree on the scope of the review into social isolation and loneliness in Sandwell.

2 Reasons for Recommendations

- 2.1 The Health and Adult Social Care Scrutiny Board has agreed to carry out a review of loneliness and social isolation 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 The scope document (appendix 1) sets out the proposed areas of inquiry for the loneliness and social isolation review, 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>People Live Well and Age Well</p> <p>The review will enable the Board to gain an understanding of the issues faced by residents in terms of social isolation. The Board will be able to analyse data and evidence considered through the review process to make informed recommendations.</p>
	<p>Best Start in Life for Children and Young People</p> <p>Young people are one of the groups at greater risk of suffering with social isolation and depression.</p>
	<p>Strong and Resilient Communities</p> <p>Addressing any barriers people have to accessing community resources will contribute towards creating stronger and more resilient communities.</p>
	<p>Quality Homes in Thriving Neighbourhoods</p> <p>Housing is one of the wider determinants of health and housing conditions and security of tenure can significantly impact on people's feeling of isolation.</p>
	<p>A Strong and Inclusive Economy</p> <p>Social isolation has enormous impact on people's mental health. It is essential that people are provided with support to remain in employment even when facing crisis due to social isolation.</p>
	<p>A Connected and Accessible Sandwell</p> <p>Access to walkable and cyclable places in green spaces, where group activities take place, is crucial to tackling the problem of social isolation.</p>



4 Context and Key Issues

- 4.1 The review aims to gather evidence to inform service shaping and future provision of services provided to help people with social isolation and loneliness. 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.
- 4.2 The review will gather evidence from stakeholders, the Council and partners, evaluate findings and options and make recommendations to influence strategies with regard to preventing social isolation 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 prevalence of social isolation and isolation in the Borough and devise strategies to provide support to people suffering from these issues.

7 Implications

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



Social Value	There are no specific social value implications arising from this report.
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8. Appendices

8.1 Appendix A – Loneliness and Social Isolation Review Scope Document Draft



Scrutiny Review – Scoping Document

Review Title:	Review of Loneliness and Isolation
Scrutiny Board:	Health and Adult Social Care Scrutiny Board
Date of Review:	August 2022

Reasons for undertaking the review:

There is an extensive evidence base about the impact of loneliness and social isolation on people’s lives, their relationships and their wellbeing. It is also a serious public health concern. It is known to adversely affect health, thus increasing demand on health and social care services and also leads to higher rates of premature mortality comparable to those associated with smoking and alcohol.

The covid-19 pandemic and resultant lockdown resulted in further isolation. A report published in July 2021 by the Campaign to End Loneliness found that Covid-19/lockdown had exacerbated existing inequalities, meaning that groups already at risk of loneliness – such as those who were poorer, in worse health or from ethnic minorities or LGBTQ+ communities – were at greater risk during the pandemic. Research by the Local Government Association has also found that adults most at risk of being lonely, and increasingly so during lockdown, have/had one or more of the following characteristics: they are young, living alone, on low incomes, out of work and, or with a mental health condition.

Recent local/Local data?

Key Lines of Enquiry identified:

- a) Are Sandwell residents more or less isolated and lonely when compared to previous years?
- b) Are Sandwell residents more or less isolated and lonely when compared to residents of other areas?
- c) What groups/demographics are disproportionately affected by feelings of loneliness and Isolation?
- d) How are people at risk of/suffering from loneliness and isolation identified?
- e) What services/local programmes exist within Sandwell (Council/NHS/Third Sector) to help assist those suffering from loneliness and isolation; are these services adequately promoted? Data on those accessing these services?

- f) How is the impact of these services measured?
- g) What impact does loneliness and isolation have on quality of life and life expectancy?
- h) Are decisions, that are made by Council considering social concerns such as loneliness and isolation?

Intended Outcomes:

Officer Group (including partners):

Lisa McNally (Director Public Health)
 Anna Blennerhassett (Consultant in PH for Healthy Lives, (incl social isolation))
 Lina Martino (Consultant in PH for Intelligence (incl public mental health))
 Black Country Healthcare NHS Foundation Trust – officer TBA
 Healthwatch Sandwell – contact TBA

Links to Corporate Plan and Vision 2030:

Ambition 1: Sandwell is a community where our families have high aspirations and where we pride ourselves on equality of opportunity and on our adaptability and resilience.

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 3: Our workforce and young people are skilled and talented, geared up to respond to changing business needs and to win rewarding jobs in a growing economy.

Ambition 4: Our children benefit from the best start in life and a high-quality education throughout their school careers with outstanding support from their teachers and families.

Ambition 5: Our communities are built on mutual respect and taking care of each other, supported by all the agencies that ensure we feel safe and protected in our homes and local neighbourhoods.

Ambition 8: Our distinctive towns and neighbourhoods are successful centres of community life, leisure and entertainment where

	<p>people increasingly choose to bring up their families.</p> <p>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.</p>
Scoping undertaken by:	
Council Chief Officer (or partner equivalent):	Lisa McNally (Director Public Health)
Existing data available for consideration:	
<p>Residents Survey Data – TBC – Neil Cox? Where is the survey? Closing date?</p> <p>Public Health data</p> <p>NHS data</p> <p>https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/adhocs/14409trendspersonalwellbeingandlonelinessbyageandsex</p> <p>https://www.campaigntoendloneliness.org/</p>	
Potential witnesses	<p>SCVO/Third sector groups</p> <p>Campaign to End Loneliness</p>
Activities	<p>Desk top research</p> <p>Staff Survey(s)</p> <p>Focus group(s)</p> <p>Public Surveys</p> <p>Meetings</p> <p>Data and academic research</p>

Possible resources

<https://www.campaigntoendloneliness.org/resources/>

<https://www.local.gov.uk/publications/loneliness-social-isolation-and-covid-19>

<https://www.bracknell-forest.gov.uk/council-and-democracy/overview-and-scrutiny/reviews-and-responses/isolation-and-loneliness-review-recommendations-report>

<https://governance.enfield.gov.uk/documents/s78510/LonelinessandSocialIsolationScrutinyWorkstreamReportFinalDraft.docx.pdf>

[https://democracy.stockport.gov.uk/documents/s27835/Scrutiny Review of Loneliness and Social Isolation - Final Report.pdf](https://democracy.stockport.gov.uk/documents/s27835/Scrutiny%20Review%20of%20Loneliness%20and%20Social%20Isolation%20-%20Final%20Report.pdf)

[https://moderngov.middlesbrough.gov.uk/documents/s2762/Scrutiny Action Plan - reducing loneliness and or isolation.pdf](https://moderngov.middlesbrough.gov.uk/documents/s2762/Scrutiny%20Action%20Plan%20-%20reducing%20loneliness%20and%20or%20isolation.pdf)

[https://democracy.kent.gov.uk/documents/s108876/Review of Select Committee on Loneliness and Social Isolation Recommendations - Report.pdf](https://democracy.kent.gov.uk/documents/s108876/Review%20of%20Select%20Committee%20on%20Loneliness%20and%20Social%20Isolation%20Recommendations%20-%20Report.pdf)