

Agenda

Health and Adult Social Care Scrutiny Board

Monday, 17 July 2023 at 5.00 pm
At Council Chamber - Sandwell Council House, Oldbury

1 Apologies for Absence

2 Declarations of Interest

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

3 Minutes

7 - 8

To confirm the minutes of the meeting held on 28 March 2023 as a correct record.

4 Additional Items of Business

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

5 Towards Zero HIV Transmissions 2030 - Sandwell Action Plan progress

9 - 16

To consider and comment on the progress against the "Towards Zero HIV Transmissions 2030" target.



- | | | |
|---|---|---------|
| 6 | Joint Health Scrutiny Arrangements | 17 - 20 |
| | To consider the joint health scrutiny arrangements for 2023/24. | |
| 7 | Health and Adult Social Care Scrutiny Board Work Programme 2023/24 | 21 - 28 |
| | To consider the work programme of the Board for the municipal year 2023-2024. | |
| 8 | Cabinet Forward Plan | 29 - 32 |
| | Standing item to consider items on the Cabinet Forward Plan. | |
| 9 | Scrutiny Action Tracker | 33 - 34 |
| | To monitor progress on the Board's recommendations. | |

Shokat Lal
Chief Executive
Sandwell Council House
Freeth Street
Oldbury
West Midlands

Distribution
Councillor E M Giles (Chair)
Councillors Tipper, M Allcock, Dunn, S Gill, Johnston, Kalebe-Nyamongo, Millar, Muflihi, Uppal and Williams

Contact: democratic_services@sandwell.gov.uk

Information about meetings in Sandwell



If you are attending the meeting and require assistance to access the venue, please contact Democratic Services (democratic_services@sandwell.gov.uk).



If the fire alarm sounds, please follow the instructions of the officers present and leave the building by the nearest exit.



Only people invited to speak at a meeting may do so. Everyone at the meeting is expected to be respectful and listen to the discussion.



Agendas with reports with exempt information should be treated as private and confidential. It is your responsibility to ensure that any such reports are kept secure. After the meeting confidential papers should be disposed of in a secure way.



This meeting may be recorded and broadcast on the Internet. If this is the case, it will be confirmed at the meeting and further information will be provided.



You are allowed to use devices for the purposes of recording or reporting during the public session of the meeting. When using your devices they must not disrupt the meeting – please ensure they are set to silent.



Members who cannot attend the meeting should submit apologies by contacting Democratic Services (democratic_services@sandwell.gov.uk)



All agenda, reports, minutes for Sandwell Council's meetings, councillor details and more are available from our [website](#)

Minutes of Health and Adult Social Care Scrutiny Board

28 March 2023 at 5.00pm
Council Chamber, Sandwell Council House

Present: Councillor E M Giles (Chair);
Councillors Akpoteni, Allcock, Choudhry, Fisher, E A Giles,
Randhawa, Smith and Taylor.

Also Present: Councillor Hartwell (Cabinet Member for Adult Social Care
and Health).

8/23 Apologies for Absence

An apology was received from Councillor S S Gill.

9/23 Declarations of Interest

There were no declarations of interest.

10/23 Urgent Additional Items of Business

There were no urgent additional items of business.

11/23 Update on Scrutiny Review on Loneliness and Isolation

The Board noted progress on its review on loneliness and isolation, which was being carried out by a working group of the Board, comprising of councillors E M Giles, E A Giles, S S Gill, Randhawa and Smith.



The review sought to establish the extent of loneliness and isolation in Sandwell and what services existed in Sandwell that sought to tackle it.

The Board noted the evidence that the working group had gathered to date, which included the initial findings of the 2022 Sandwell Residents' Survey, which had for the first time included questions relating to loneliness and isolation. The Public Health Intelligence Team was carrying out further in-depth analysis of the data, which would be presented to the working group in the near future to support the review. In light of this, and the further evidence that the working group wished to gather from a range of sources, the review would not conclude this municipal year and would continue into 2023/24.

Meeting ended at 5.35pm

Contact: democratic_services@sandwell.gov.uk



Report to Health and Adult Social Care Scrutiny Board

17 July 2023

Subject:	Towards Zero HIV Transmissions 2030 – Sandwell Action Plan progress
Director:	Ms Liann Brookes-Smith
Contact Officer:	Ms Maura Flynn maura_flynn@sandwell.gov.uk


1 Recommendations

- 1.1 That the Board considers and comments upon the challenges, work in progress and planned work to get Sandwell Towards Zero HIV Transmissions by 2030.




2 Reasons for Recommendations

Reaching the Towards Zero HIV Transmissions 2030 target requires commitment from all parts of the health economy, and influence brought to bear from those who can do so. Reaching zero HIV transmission requires that HIV testing, in particular, features more prominently outside of the usual testing settings of sexual health clinics. This raises the profile of HIV testing as a good, health-monitoring practice for everyone who finds themselves at risk, normalises testing and reduces stigma.

3 How does this deliver objectives of the Corporate Plan?

	<p>Best start in life for children and young people</p> <p>Rates of STIs are higher among young people aged >25 and this increases the potential risk of acquiring a HIV infection. Our RSHE work with Brook ensures that young people are well-informed on all STI risk and that STI ‘prevention’ is a central aspect of this education. In addition, our C-Card</p>
---	--



	programme ensures young people have access to free condoms.
	<p>People live well and age well</p> <p>Late HIV diagnosis, and delays in accessing antiretroviral therapy, affect both the individual's health and the population-based health due to the increased risk of onward transmission. In one study in the UK, of those who were diagnosed late or deferred treatment until their CD4 count fell to below 200 cells/mm, patients were estimated to have a life expectancy at age 20 of at least 10 years less than those who conformed to current treatment guidelines.</p>
	<p>Strong resilient communities</p> <p>Efforts in Sandwell to improve HIV prevention, testing and support aim to improve understanding of HIV, by working with partners who are already working with vulnerable and high-risk groups. These partners act as trusted interfaces between clinical teams and our potential users. This approach draws on established strong links with our voluntary & community sector and operates in the spirit of the Stronger Sandwell principles; using assets already based in our community to improve health and well-being.</p>
	<p>A strong and inclusive economy</p> <p>Achieving good sexual health is a fundamental aspect of overall optimum health, and early HIV diagnoses is key to avoiding associated illnesses. The complications arising from late diagnosis often result in acute medical conditions that require hospitalisation and long recovery periods. Diagnosing HIV early means earlier treatment initiation and reducing viral load to undetectable (thus preventing onward transmission). Ensuring people with HIV are free from HIV associated complications contributes to supporting more of our residents to remain healthy and economically active.</p>



4 Context and Key Issues

4.1 In January 2019, the Health and Social Care Secretary set the goal for England to become one of the first countries to reach HIV elimination by 2030. The first stage of addressing this ambition is to reduce by 80% the number of new diagnosis in the period between 2022 and 2025. The actions advised for achieving the Towards Zero HIV Transmissions 2030 ambitions can be broadly summarised under as follows:

Prevent; Test; Treat; Retain

Prevent: (promote the use of condoms as a first line of defence against all STIs including HIV; increase the uptake of *PreExposure Prophylaxis among those at higher risk; raise awareness)

Test: (improve access to testing, partner notification, scale up HIV testing including opt-out testing in Emergency Departments)

Treat: (ensure the rapid initiation of treatment following diagnosis to get those diagnosed to an **undetectable viral load)

Retain: (ensure there are robust processes and support in place to ensure people living with HIV remain in care locally or have been successfully transferred to care elsewhere)

*PreExposure Prophylaxis (PrEP) is a medication that can be taken by those at higher HIV risk, who are HIV negative, to prevent HIV infections

**undetectable viral load means the HIV virus cannot be passed on

4.2 Our key HIV challenges in Sandwell

The level of overall STI testing occurring in our population, and the rates of positivity, indicate that condom use is still an issue in our population. Consistent condom use is a key intervention in the prevention of HIV infections.

PrEP uptake is lower in Sandwell than in England – with around 35% of those in need accessing PrEP compared to 70% for the England average in 2021. In Sandwell, there is unmet need and we need to appeal to those at risk of HIV who are engaged and not engaged in our services.



Testing: HIV testing take-up (for all ages) was lower in Sandwell in 2021; at just over 37% compared to nearly 46% nationally. This lower level of HIV testing exists despite high levels of STI testing overall.

HIV late diagnosis is one of our biggest challenges in Sandwell. In the period 2019-2021, nearly 56% of HIV infections diagnosed among Sandwell residents were late, compared to 43% nationally. This means that health is comprised, treatment is delayed and there is the risk of onward transmission.

4.2 What is already being done in Sandwell

In Sandwell, we engage in regular campaigns to promote the use of condoms and have conducted literature searches to understand attitudes and barriers to condom use. Condoms are available at no charge as part of the sexual health offer and those >25 can access condoms through the C-Card scheme (available in non-clinical settings and postal).

PrEP commenced as a 'no charge' offer in Sandwell in 2021 and is also available from any other provider in England free of charge. Our PrEP uptake is increasing, and we are about to embark on an awareness campaign to further raise population awareness. More staff in the clinical team have now been trained to provide PrEP, and regular follow-up calls are made with potential users to discuss and encourage initiation.

HIV testing uptake has increased in Sandwell, and the ability to order HIV testing kits online has contributed to this increase. Sandwell operates an opt-out HIV testing protocol in line with best practice and better consultation conducted with services users declining a test.

Online STI testing is extremely popular in Sandwell, with return rates on kits for 2022/23 of 93%; meaning that 12,867 of the 13,859 testing kits ordered were returned. We want to see more HIV tests undertaken in this format and are currently working with the online provider to address this.

In Sandwell, we do a considerable amount of collaborative work with organisations who work with vulnerable and high-risk groups. The aim of this engagement is to raise HIV awareness, with an emphasis on training trusted staff to support testing in-house. Examples in Sandwell include:



Brushstrokes; Black Country Womens Aid; Womens Probation Service; Cranstoun.

When Sandwell residents are diagnosed with HIV, the % of those receiving rapid initiation of treatment is higher (88%) than for England (83%), based on the 2019-2021 data. The 2021 data indicates that 98% of Sandwell's HIV patients are on treatment and 99% of those have an undetectable viral load (which means they can't pass on the virus).

An audit has been carried out (2022) in our provider service to understand the nature of HIV late diagnosis in our population. The level of detail in patient notes is being improved as a result, and all incidences of 'late diagnoses' are now subjected to further investigations.

Most recent figures for Sandwell indicate that 94% of patients are retained in care one year after their HIV diagnosis and 97% in the year after that. Clinical leads contact patients as soon as a 'no show' occurs to understand any issues.

In Sandwell, we conduct community events for key HIV awareness-raising dates such as: World AIDS Day and HIV Testing Week. Our approach to testing is 'how your status' so that our population is mindful that 'low risk' does not mean 'no risk'.

Ensuring people living with HIV (PLWHIV) are receiving the additional support they need (particularly following the impacts of COVID-19 and with the current cost-of-living crisis) is critical to good HIV management. Good support mean that those living with HIV are more likely to adhere to their drug regimen and remain engaged with care. In Sandwell, we support the nurses who work with PLWHIV to engage with the many community services in existence in Sandwell.

4.3 What is being explored in Sandwell

HIV testing in Primary Care settings and Emergency Department is key to finding undiagnosed HIV (in individuals who often do not engage with sexual health service or use online testing). A questionnaire has been developed to understand the levels of testing currently being undertaken in Primary Care settings, and what the barriers to HIV testing are. From the findings of this questionnaire, we will explore ways to make some



progress in these settings e.g. testing where there is evidence of indicator conditions.

Sandwell does not have the required prevalence ($\geq 5\%$ per 1,000 15-59-year-olds) to qualify for national funding for HIV testing in Emergency Departments. However, NICE guidance indicates that HIV testing should be carried out where there is evidence of HIV indicator conditions. This approach to HIV testing is currently being carried out in the AMU department at City Hospital, and we are engaging with the team involved. This project is at an early stage, but the outcomes of this intervention could be persuasive in implementing something similar in other settings.

Our communications team are exploring more engaging ways of using progressive, social marketing tools to improve condom use e.g. empowering women to use condoms; exploring attitudes about condom use in specific male demographics. We are also looking at more creative ways (e.g. drama pieces; patient stories) of marking events such World AIDS Day and HIV Testing Week.

5 Implications

Resources:	HIV testing in Emergency Departments and Primary Care settings requires sustained funding. Funding is currently only available for testing in Emergency Departments in areas where there is 'very high' HIV prevalence.
Legal and Governance:	There are no implications arising as a result of this report.
Risk:	There are no implications arising as a result of this report.
Equality:	An equality impact assessment is not required.
Health and Wellbeing:	There are no implications arising as a result of this report.
Social Value	There are no implications arising as a result of this report.
Climate Change:	There are no implications arising as a result of this report.



Corporate Parenting:	There are no implications arising as a result of this report.

6 Appendices

n/a

7. Background Papers

<https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025>



This page is intentionally left blank

Report to Health and Adult Social Care Scrutiny Board

17 July 2023

Subject:	Joint Health Scrutiny Arrangements
Director:	Director of Law and Governance – Surjit Tour
Contact Officer:	Alex Goddard, Scrutiny Lead Officer alexander_goddard@sandwell.gov.uk

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 (to be comprised of four Labour and one Conservative 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?

	People live well and age well – 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.
---	---

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 light of the recent NHS boundary changes the Board may wish to consider establishing joint arrangements with Dudley, Walsall and Wolverhampton councils to scrutinise health matters across the Black Country area. Of course, this would require discussions with counterparts in these authorities.



4.5 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

5.1 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.

5.2 The Board could choose not to establish a joint committee now, and instead establish such a committee as and when the council is made aware of proposals for substantial reconfigurations. However, members may feel it is more practical to have such arrangements in place from the start of the municipal year. The same applies for substantial configuration proposals affecting the Black Country, hence the suggestion to give consideration to establishing joint arrangements now.

6 Implications

Resources:	The joint health scrutiny arrangements will be supported by existing officer resources.
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.



	<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>
Risk:	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.
Equality:	An equality impact assessment is not required.
Health and Wellbeing:	The overall aim of the joint committee is to improve the health and wellbeing of the population of Sandwell and West Birmingham.
Social Value	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.
Climate Change:	There are no direct implications arising from implementing joint health scrutiny arrangements.
Corporate Parenting:	Corporate parenting implications will be considered by elected members on items considered as part of the joint health scrutiny arrangements.

7 Appendices

None.

8 Background Papers

There are no background papers.



Report to Health and Adult Social Care Scrutiny Board

17 July 2023

Subject:	Health and Adult Social Care Scrutiny Board Work Programme 2023/24
Director:	Surjit Tour, Director of Law & Governance and Monitoring Officer
Contact Officer:	Alex Goddard, Scrutiny Lead Officer alexander_goddard@sandwell.gov.uk Anthony Lloyd, Democratic Services Officer ant_lloyd@sandwell.gov.uk

1 Recommendations







- 1.1 That the Health and Adult Social Care Scrutiny Board Work Programme 2023/24 be approved.
- 1.2 That the Health and Adult Social Care Scrutiny Board determine if it wishes to establish any working group(s) and, if so, the membership thereof.

2 Reasons for Recommendations

- 2.1 The Board is asked to approve its work programme for 2023/24 taking into account where scrutiny can add value, strengthen decision making to enhance services that the Council delivers and aligns to the Vision 2030 and objectives of the Corporate Plan.



3 How does this deliver objectives of the Corporate Plan?

		Effective governance arrangements support the delivery of all corporate objectives
		
		

4 Context and Key Issues

- 4.1 The relevant Director(s) were invited to attend a training and work programming session on 12 June 2023 for overview and scrutiny members. This included an overview of the services, key issues and priorities relevant to the Board’s terms of reference.
- 4.2 A list of items identified during the year for scrutiny and pre-decision items and any suggestions received from the public were considered during the work programming events by the individual Scrutiny Boards.

5 Alternative Options

- 5.1 If the Scrutiny Board does not determine a work programme, the opportunity to review policies and services will not be realised meaning that improvements, savings and income generation possibilities may be missed.

6 Implications

Resources:	The Scrutiny function is directly supported by the Council’s Statutory Scrutiny Officer and Democratic Services Officers within the Council’s Law and Governance directorate. Additional technical expertise and evidence on specific matters will be provided by officers within the various directorates of the authority.
-------------------	--



	The strategic resource implications of topics selected for scrutiny will be identified and reported to the Board at future meetings.
Legal and Governance:	Local Government Act 2000 states that Councils operating executive arrangements must also make provision for the appointment of overview and scrutiny committees. Further powers relating to overview and scrutiny are set out in the Police and Justice Act 2006, the Localism Act 2011, the Police Reform and Social Responsibility Act 2011 and the Health and Social Care Act 2012. Any legal and governance implications of topics selected for scrutiny will be identified and reported to the Board at future meetings.
Risk:	Any implications of topics selected for scrutiny will be identified and reported to the Board at future meetings.
Equality:	
Health and Wellbeing:	
Social Value:	
Climate Change:	
Corporate Parenting:	

7. Appendices

Appendix 1 – Health and Adult Social Care Scrutiny Board Work Programme 2023/24.

8. Background Papers

None.



This page is intentionally left blank

Scrutiny Board Work Programme 2023/24

Health and Adult Social Care



Meeting Date	Item	Presented by
17 July 2023 (Reports due 5 July 2023)	HIV Towards Zero HIV Transmissions	Maura Flynn - maura_flynn@sandwell.gov.uk
	Health and Adult Social Care Work Programme + re-establishment of working group to continue the scrutiny review of Social Isolation and Loneliness	Chair of the Health and Adult Social Care Scrutiny Board Contact Officer: Alexander_Goddard@sandwell.gov.uk
	Joint Health Scrutiny Arrangements	Chair of the Health and Adult Social Care Scrutiny Board Contact Officer: Alexander_Goddard@sandwell.gov.uk
4 September 2023 (Reports due 23 August 2023)	“Cost of Living” leaflet update (NHS functions)	Liann Brookes-Smith - Liann_BrookesSmith@sandwell.gov.uk
	Prevention Strategy – Town Level	Liann Brookes-Smith - Liann_BrookesSmith@sandwell.gov.uk

21 November 2023 (Reports due 8 November 2023)	Disparities in general health and wellbeing, social capital and community offers within Sandwell.	Liann Brookes-Smith - Liann_BrookesSmith@sandwell.gov.uk
	Primary Care Update	Head of Primary Care and Place Commissioning (Sandwell) - adele.hickman@nhs.net
22 January 2024 (Reports due 10 January 2024)		
11 March (Reports due 28 February)		

Items to be scheduled in 2023/24

- End of Life Strategy – Hospice in Sandwell?
- Poor birthing experiences and high infant mortality rates in Sandwell
- Current provisions for Adults with Down Syndrome, Autism and Special Needs (consider consultation with CSE)
- Dementia Care and Awareness in Sandwell – explore unusually high vascular dementia rates in Sandwell when compared with other areas
- Number of medical staff in the borough in comparison to other similar-sized boroughs
- Provisions to reach out to isolated communities regarding their health (explore language barriers and resources available)
- Update following Adults Social Care CQC review
- Visit/update on the Midland Metropolitan University Hospital Academy
- Joint meeting with Black Country Local Authorities regarding cross-border hospital treatment and community nursing

Scrutiny Review

Continuation of the "Social Isolation and Loneliness" Scrutiny Review

This page is intentionally left blank

The following items set out key decisions to be taken by the Executive:-

	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
1	Young People’s Substance Misuse Treatment Provision - Annual Budget Increase Contact Officer: Mary Bailey Director: Liann Brookes-Smith - Director of Public Health	Cabinet Member - Public Health and Communities (Cllr Khatun)	Exempt - Financial Information	September 2023		Report

	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
2	<p>Proposed changes to the delivery of the Adult Social Care Community Alarms Service</p> <p>Contact Officer: Louise Butler</p> <p>Director: Rashpal Bishop - Director of Adult Social Care</p>	<p>Cabinet - Health and Adult Social Care (Cllr Hartwell)</p>	Public	September 2023		<p>Report Call Statistics Current & Proposed Structure Timeline Current Rota & Proposed Rota Equality Impact Assessment</p>
3	<p>Community Hubs</p> <p>Contact Officer: Director of Business Strategy</p>	<p>Cabinet - Public Health and Communities (Cllr Khatun)</p>		September 2023		



	Title/Subject	Decision Maker	Public or exempt report? If exempt – state reason for exemption	Decision Date	Pre or post decision Scrutiny to be carried out? (Board and date)	List of documents to be considered
4	<p>Award of contract for the Provision of Digital Autopsy Services</p> <p>Contact Officer: Mark Satchwell</p> <p>Director: Surjit Tour – Director of Law and Governance</p>	<p>Cabinet – Public Health and Communities (Cllr Khatun)</p>		September 2023		



This page is intentionally left blank

Tracking and Monitoring of Actions and Recommendations of Scrutiny Boards

Scrutiny Board Date	Agenda Item Title	Action/Recommendation	Responsible Director /Body	Activity Log
Health and Adult Social Care Scrutiny Board				
14 MAR CH 22 (202 1/22)	Community Diagnostic Centres Update	That the Cabinet Member be asked to endorse the letter to Secretary of State for Health and Social Care asking for long-term revenue funding for CDC to be confirmed	Cabinet / SWBHT	<p>A response was received from the Minister was reported to the Board at its meeting on 21 November 2022.</p> <p>Sandwell and West Birmingham NHS Trust has submitted a formal business case to NHSE/I Regional team for consideration of funding for a Community Diagnostic Centre Hub and Spoke model to serve the population of Sandwell and West Birmingham. This case has been supported as part of the CDC Strategy through the Black Country ICB.</p> <p>The case included £8.64m Capital to be spent in 22/23-24/5 and £23.31m Revenue to be spent in 22/3-24/25 period. This reflects the 3 year period that CDCs are currently nationally funded for. The Regional Team has sought some clarification on the business case so it has not yet been approved.</p>

This page is intentionally left blank