

Minutes of Health and Adult Social Care Scrutiny Board

Monday 03 October 2022 at 6.00pm
Council Chamber, Sandwell Council House

Present: Councillor E M Giles (Chair);
Councillors E Giles, S Gill, Choudhry, Bhullar, Allcock,
Akpoteni, Melia and Smith

Officers: Lisa McNally (Director of Public Health);
Phil Griffin (Manager – Healthwatch Sandwell);

46/22 Apologies for Absence

Apologies were received from Councillors Randhawa and Fisher.

47/22 Declarations of Interest

There were no declarations of interest.

48/22 Additional Items of Business

There were no additional items of business to consider.



The Board heard from Black Country Healthcare NHS Foundation Trust (BCHFT) on its plans to transform mental health services across the Black Country.

Prior to July 2022 the four separate clinical commissioning groups in the Black Country had commissioned different types of. The Trust had taken over the lead provider role in July 2022 and as such the Black Country Integrated Care Board (ICB) now commissioned all mental health, learning disability and autism services from the Trust through a single contract. The pooling of budgets supported more consistent service provision and the development of specialised services. The ICB retained its statutory responsibilities however, clearly defined governance and quality assurance arrangements were in place.

Several reasons were provided for the change -

- to address unwarranted variations in access and outcomes due to the legacy of fragmented commissioning and provision;
- to achieve a more coordinated approach;
- to provide a platform to achieve national ambitions;
- to incentivise the front line and eliminate inappropriate out-of-area placements;
- to make best use of collective strengths;
- to advance health equalities and ensure the needs of under-served communities were considered across the whole pathway.

A comprehensive engagement exercise had taken place with partners, residents and community organisations to shape the services to be provided in the future, to support the core aim of keeping people out of hospital. Since becoming the lead provider for learning disabilities, the Trust had achieved a reduction in the inpatient rate from 53 people per million population to 36 people per million population. The national average was 41.

Several other achievements and initiatives were also highlighted, including the launch of the new maternal mental health service, the



introduction of mental health practitioners within primary care networks, embedding of a 24/7 all age mental health helpline and embedding mental health nurses within the 111/999 service. Several community language speakers were available to the team to ensure that all groups were represented and able to access these services with translation services also being in place

Tackling loneliness and isolation was also a key focus, through an asset-based approach and collaboration with communities and partners to develop prevention strategies and interventions that tackled the wider determinants of health. The “Let’s Talk” project had been developed in 2021 in response to the pandemic. The project had been co-produced using patient feedback and collaboration with partners and community organisations, and aimed to build service users’ social capital through walk and talk activities, group sessions, cooking sessions and one to one support.

In response to questions from the Board, it was confirmed that the average wait times in the Black Country to access mental health services was 9 months. Further data on how these figures compare nationally would be presented to the Board at a later date. Measures were in place to review the effectiveness and outcomes of the BCHFT and on-going conversations would consistently take place.

In response to members’ comments and questions and the responses given, the Board noted the following:-

- waiting times for mental health services had increased significantly during the pandemic and were now at least double and continuing to rise, however there was variance depending the type of service required;
- presentations to acute services were increasing, with many patients being unknown to services previously;
- the cost of living increase was also having an impact on patient numbers;
- staff were unable to give financial advice but would signpost patients to advice services, in particular to ensure that they were claiming the benefits they were entitled to;



- crisis interventions were performing very well, however, and the eating disorder support service was the best in the country;
- the new ways of working sought to support people much earlier before needs escalated and avoid the need for specialised services;
- workforce challenges affected the availability of talking services, so work was being undertaken with organisations that could target specific groups;
- Councillors should refer any constituents that they were concerned about to the 24/7 helpline, although people should also be encouraged to contact their GP in the first instance;
- the Trust was aiming to double resource for mental health support at GP practices within the next three years;
- impact was measured using both qualitative and quantitative measures and through a health inequalities lens;
- BAME and LGBTQ communities were key areas of access that the Trust was working to improve;
- professionals were encouraged to take a whole family approach as it was not uncommon for multiple family members to be accessing mental health services;
- targeted work was being undertaken to embed mental health support in schools and Public Health was supporting this work;

The Director of Public Health reported that in a 2021 survey of 12,000 people, by the mental health charity Mind, two thirds of adults and young people said that their mental health had gotten worse during the pandemic. The impact was worse on those receiving benefits, widening health inequalities. Furthermore, it was expected that the cost of living crisis would also have an impact and specialist mental health services would not have the resources to cope. Restoring social connections was crucial to public health response, as was the support of the voluntary and community sector. Healthy Sandwell's Better Mental Health Programme provided grants to community groups for a range of projects to support better mental health. So far, evaluation had shown significant positive impacts and the Director undertook to report back to the Board at a future meeting on the projects and their impact.



Review of Social Isolation and Loneliness

The Board considered a scope for its review on social isolation and loneliness.

The Director of Public Health shared her support for the project and had already begun to collate a range of data from the extensive evidence that existed, including the results of the recent Sandwell Residents Survey within which specific questions were asked about residents' wellbeing from a social isolation perspective.

The Board agreed the scope, which was not set in stone and could be amended as the review progressed if required.

Meeting ended at 7.15pm

Contact: democratic_services@sandwell.gov.uk

