

# Minutes of Health and Adult Social Care Scrutiny Board

**21 November 2023 at 6.08pm**  
**Council Chamber, Sandwell Council House**

**Present:** Councillor E Giles (Chair);  
Councillors Johnston, Kalebe- Nyamongo, Millar, Muflihi,  
Williams and Uppal.

**Also Present:** Liann Brookes-Smith (Interim Director of Public Health),  
Mary Bailey (Additive Behaviours Programme Manager),  
Deb Ward (Sandwell Safeguarding Adults Board Manager),  
Adele Hickman (Head of Primary Care and Place  
Commissioning – Black Country Integrated Care Board),  
Dr Sommiya Aslam (Local Commissioning Clinical Lead –  
Black Country Integrated Care Board),  
Paul Higgitt (Healthwatch Sandwell), Stephnie Hancock  
(Deputy Democratic Services Manager) and John Swann  
(Democratic Services Officer).

## 29/23 **Apologies for Absence**

Apologies for absence were received from Councillors M Allcock,  
Dunn, S Gill and Tipper (Vice- Chair).

## 30/23 **Declarations of Interest**

There were no declarations of interest.



## 31/23 Minutes

**Resolved** that the minutes of the meeting held on 4 September 2023 are approved as a correct record.

## 32/23 Urgent Additional Items of Business

There were no urgent additional items of business.

## 33/23 Sandwell Safeguarding Adults Board Annual Report 2023/ 24

The Board received Sandwell Safeguarding Adults Board (SSAB) Annual Report 2022-23. The production of the report was a statutory function of the Safeguarding Adults Board under the Care Act 2014.

Notable work and achievements during the 2022/23 included:-

- task and finish groups in relation to domestic abuse, learning disability and autism, embedding learning from statutory reviews, safeguarding pathway;
- launch of a new virtual e-learning programme;
- a review of sub-groups and their membership;
- appointed new members to the Board;
- development of a range of accessible resources;
- partnership work with the Ann Craft Trust;
- multi-agency working to implement changes to practices had been implemented, building upon the vulnerable adults risk management process;
- participation in regional and national fora,

During the reporting period, the number of safeguarding concerns reported had decreased, as had the conversion rate from concern to enquiry. The Safeguarding Adults Reviews (SARs) Standing Panel had received two referrals one of which had been considered during the reporting period with the other having been commissioned as a thematic review.



Priorities for 2023-24 were:-

- listening to the voices of services and front-line practitioners;
- developing more inclusive performance data;
- embedding learning from Safeguarding Adult Reviews;
- improving Board governance.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- identifying domestic violence cases when the victim was unaware that they were being abused was challenging. Education efforts to support individuals to recognise signs of abuse continued;
- data was constantly monitored and communications reviewed to ensure that people were aware of how to report concerns;
- the SSAB would look at doing a focussed piece of work with Healthwatch in relation to collating data on asylum seekers.

The Sandwell Safeguarding Adults Board Manager undertook to ensure that future iterations of the SSAB Annual Report would incorporate:-

- more detailed data on types of abuse where the perpetrator is someone either in a position of care or of close relation to victim;
- details of how 'lessons learnt' were cascaded across partner organisations and linked to the Board's strategic aims;
- statistical data to support the key themes identified from Safeguarding Adult Reviews (SARS).

34/23

## Primary Care Access

Further to Minute No. 5/23 (13 March 2023) the Board received an update on the position with access to primary care in Sandwell.



The Recovery Plan for Primary Care had been published by NHS England in May 2023, and supported the key elements of the Fuller Stocktake Report (2022), which set out a new vision for integrating primary care, improving access, experience, and outcomes for communities. The Recovery Plan focused on two central ambitions - tackling the '8am rush' and ensuring that patients knew on the day they contacted their practice how their request would be managed.

The overall focus of the plan was to implement a modern approach to general practice, terming this as 'Modern General Practice Access'. This would lead to a major change to how many practices worked. The expansion of Modern GP workforce to become a multi-professional team was a key ambition. Although GP surgeries were not legally required to recruit to modern roles, the promotion of roles other than doctor such as social prescriber, occupational therapist, dietician and nursing associates was a key ambition.

Building on the progress of Primary Care Networks established just prior to the pandemic, NHS England had introduced changes to the core contracts for general practice from April 2023. This included the repurposing of the Impact and Investment Fund to support and encourage practices' progress towards improving access against key milestones set out in their Primary Care Network Capacity and Access Improvement Plans (CAPs). The focus of the Capacity and Access Improvement Plans was to:

- Improve patient experience of contact.
- Increase utilisation of cloud-based technology/online consultations.
- Validation of appointment books.

General Practice Appointment Data across the Borough showed that in September 2023 44% of primary care appointments were same day in nature and that 68.1% of all appointments were face-to-face.

Since the Board's last update, there had been also investment into local initiatives over and above the national standard for appointments. These additional appointments had supported improved outcomes for respiratory conditions, which consistently



ranked in the top three conditions that patients presented with. The model had been commended by NHS England's National Director.

The Pharmacy First Minor Ailment Service, which offered self-care advice, was provided by 47 out of 80 pharmacies in Sandwell and had treated an average of 1650 patients per month from April to September 2023. Proposals in the plan also supported the continued introduction of CP Consultation Service which received referrals from NHS 111, GP surgeries, urgent treatment centres and emergency departments.

The Black Country Integrated Care Board had communicated the new extended healthcare teams via digital and print media platforms and had been seeking patient involvement via its Ambassadors Scheme, which was still in its early stages of development. Residents had been encouraged to access the wider primary care offer and to utilise digital platforms to alleviate morning pressure on GP surgeries via the '8AM rush'. In addition, materials had been created for councillors to utilise with their local surgeries to support appropriate signposting and decision making.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- demand had increased pressure upon primary care post-covid, which had created a knock-on effect across the whole of the NHS;
- not everyone contacting primary care needed to be seen by a GP and could be directed to other services;
- the NHS had now published a Workforce Plan which detailed three key priorities - recruiting new staff, retaining existing staff and reforming the workforce – and the Black Country Training Hub managed this;
- it was accepted the public may take time to become aware of the new extended healthcare plans and Patient Participation Groups was a key method of engaging with patients;
- acknowledging Sandwell's diverse population, it was recognised that different approaches worked in different towns and the national direction needed to be tailored to meet local need;



- the national GP survey was circulated by post to randomly selected patients, however, the return rate was low so Sandwell surgeries were encouraged to consult their own analyses of the responses, and conduct their own surveys, with the help of their PPGs;
- it was the patient's choice as to where their prescription was sent and the GP had no incentives to refer patients to a particular pharmacy;
- GP practices were regulated and inspected by the Care Quality Commission, and the ICB's Contracting Team also carried out contact monitoring visits;
- social prescribers were employed by each Primary Care Network and not GP surgeries. Social prescribing networks were being developed to elevate the role and provide consistency for patients;
- a new Ambassadors Programme had recruited and trained people from local voluntary and community sector to provide information on accessing primary care and understand the variety of professionals available for patients;
- there continued to be national shortage of GPs, which had been the case long before the covid-19 pandemic, which is why the Additional Roles Reimbursement Scheme had been introduced to support GPs to recruit additional staff with different skills to manage patient demand;
- the Black Country Training Hub was looking at recruitment, however, it was also crucial that patients understood that they did not necessarily need to see a GP.

35/23

## Patient Involvement in Primary Care

The Board received an overview of the work being undertaken to improve general practice patient participation groups and wider primary care transformation work.

From April 2016, it had been a contractual requirement for all English GP surgeries to form a patient participation group (PPG) and to make reasonable efforts for this to be representative of the practice population. PPGs provided an opportunity for local people to get involved in their GP surgery to ensure the patient voice is heard and influence the provision of local health services.



The status of PPGs was at various levels across Sandwell. Following the pandemic, some only meet online, and some had lost key members of their groups. The Integrated Care Board was supporting practices to rebuild and improve their PPG membership and effectiveness, but also to empower patients with the tools and skills to be key participants in their PPGs. Training had been commissioned for practice managers and PPG chairs.

A Practice Manager Programme and Patient Leaders Programme had also been introduced, providing online learning tools to support practice managers in helping patients and provide skills development to current and prospective PPG members.

The NHS Primary Care Ambassadors Programme had also been piloted during 2022 across the Black Country. This project had recruited and trained people from local voluntary and community sector organisations to act as Ambassadors in their local communities to provide information on accessing primary care and how to utilise the NHS App. Due to the success of the programme the scheme would be rolled out across the Borough.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- PPGs varied in size across Sandwell however there was an obligation to ensure that reasonable efforts were made to ensure that the PPG was representative of the practice's population;
- resources were limited so had not been possible to offer training for all PPG members, however the pilot had achieved good outcomes, a dedicated website had been developed providing PPG information, including local and regional support tools, digital training and peer support networks;
- whilst GPs could not necessarily meet every request a PPG made, the PPG could influence services and work with the GP to reach agreement on what was best for patients;
- patients who were unhappy with their GP's service were welcomed and encouraged to join their PPG to have their



voice heard and influence services, even small suggestions could make a big difference to services;

- it was important to understand that general practice did not just mean GPs, and other professionals were available to patients and the Ambassador Programme would support the delivery of key messages to the community;
- the ICB held regular Focus Groups; the Council's Winter Booklet also carried a number of key messages to support the NHS.

36/23

## Department of Health and Social Care Consultation: Creating a Smoke-free Generation

The Board received an outline of the Department of Health and Social Care's (DHSC) consultation on proposals to implement an evidence based public health approach to reduce smoking rates nationwide.

The ambition of the DHSC was to ensure that England becomes 'smoke-free', by 2030. For this goal to be achieved adult smoking prevalence would need to be reduced to 5% of the population or less.

Tobacco was the single greatest entirely preventable cause of ill health, disability and death in England, responsible for 64,000 deaths a year, and creating a preventable demand on an already stretched NHS. The impact of smoking was felt across the whole life course, from pregnancy to old age. Those who were unemployed, on low incomes or living in areas of deprivation were far more likely to smoke than the general population. Smoking attributable mortality rates were 2.1 times higher in the most deprived local authorities than in the least deprived. In Sandwell, there are 8,475 families pushed into poverty due to spending on tobacco which totalled around £2,500 a year for the average smoker.

The DHSC had published a policy paper in October 2023 which contained two proposed measures:-





- Raising the age of sales for tobacco - proposals outlined the prohibition of the sale of tobacco to children born on or after 1 January 2009. It was proposed that the age of sale would be increased by one year every year, until it applied to the whole population.
- Tackling youth vaping – proposals included restricting vape flavours, regulating vape packaging and point of sale displays and restricting the sale of disposable vapes.

The government had committed to providing an additional £70m per annum to support local authority led smoking cessation services and £45m over a two- year period to roll- out the national ‘Swap to Stop’ scheme, supporting people to stop smoking via the provision of a free vape kit and behavioural support.

From the comments and questions by members of the Board, the following responses were made and issues highlighted:-

- the proposals included increasing enforcement measures, and Public Health was already working with Trading Standards to carry out more test purchases, and it was hoped that government funding could be used to increase capacity;
- education was key to deliver messaging to individuals who were taking up vaping who were not previously smokers and therefore not using it as a smoking cessation aid.

Members were in favour of the government’s proposals and the Board’s views would be submitted to the Cabinet Member for Public Health and Communities as part of the Council’s formal response to the consultation.

### **Resolved:-**

- (1) that the Health and Adult Social Care Scrutiny Board:-
  - (a) welcomes the Government’s proposed measures to restrict access to cigarettes and address the marketing of vapes to young people;



- (b) highlights the importance of education around the harms of smoking and vaping and messaging that discourages both;
  - (c) in welcoming the introduction of further regulation around the sales of vapes, highlights that sufficient resources and structures need to be in place to support enforcement activity;
- (2) that the Cabinet Member for Public Health and Communities includes the Board's comments in the Council's formal response to the consultation

**37/23 Scrutiny Board Action Tracker**

The Board noted the status of actions and recommendations it had made.

**38/23 Cabinet Forward Plan and**

The Board received the Cabinet Forward Plan and noted its work programme for 2023/ 24.

The Interim Director of Public Health undertook to meet with the Chair and Vice- Chair of the Board to review the work programme.

Meeting ended at 8.19pm

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