

## Minutes of the Sandwell Health and Wellbeing Board

7<sup>th</sup> June 2018  
at 4.30pm  
at Sandwell Council House

### Present:

#### **Sandwell Metropolitan Borough Council (SMBC):**

Councillor Ann Shackleton	<b>(Chair)</b> Cabinet Member for Social Care;
Councillor Syeda Khatun	Deputy Leader – Cabinet Member for Neighbourhoods and Communities;
Councillor Simon Hackett	Cabinet Member for Children’s Services
Councillor Elaine Giles	Scrutiny Chair – Health and Adults Social Care Scrutiny Board
David Stevens	Executive Director - Adult Social Care, Health and Wellbeing;
Ansaf Azhar	Interim Director – Public Health;
Jan Britton	Chief Executive and Acting DCS

#### **Sandwell and West Birmingham Clinical Commissioning Group (CCG):**

Dr Ian Sykes	Chair of Black Country Commissioning Locality;
Andy Williams	Accountable Officer, CCG;

#### **Healthwatch Sandwell:**

John Clothier	Chair Healthwatch
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#### **West Midlands Police:**

Richard Baker	Chief Superintendent;
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#### **Sandwell Voluntary Sector Organisation:**

Mark Davis	Chief Executive;
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#### **Sandwell and West Birmingham Hospital NHS Trust:**

Toby Lewis	Chief Executive;
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### **Black Country Partnership NHS Foundation Trust:**

Lesley Writtle Chief Executive

### **In Attendance:**

Christine Guest	Divisional Manager Adult Social Care SMBC;
Rachel Allchurch	Health and Wellbeing Board Project Officer SMBC;
Valerie De Souza	Consultant – Public Health SMBC;
Colin Marsh	Divisional Manager ASC SMBC;
Chris Horst	Communications Unit Services;
Steve Phillips	Divisional Director Mental Health BCPFT.

### **Observer:**

Councillor Peter Hughes	Chair Budget and Corporate Scrutiny Management Board.
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### **Apologies:**

Councillor Elaine Costigan	Cabinet Member for Public Health and Protection;
Dr Basil Andreou	<b>(Vice Chair)</b> Chair of Sandwell Health Alliance, Locality/CCG Partnership Lead;
Dr Ram Sugavanam	Healthworks Locality;

## 21/18 **Minutes**

The minutes of the meeting held on 29<sup>th</sup> March 2018 were confirmed as a correct record.

### **Main Discussion Items**

## 22/18 **Vision and pathway to an integrated care system**

The Board received a presentation in respect of the proposed Integrated Care model within Sandwell and West Birmingham.

The aim was to move the focus of care from secondary to primary and preventative care and to treat the whole person by integrating physical and mental health approaches.

Commissioners from the Clinical Commissioning Group and

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Sandwell Council were commissioning jointly to develop an integrated care system through a strategic approach focussing on outcomes and experience and move away from the annual contracting arrangements and payment by result mechanisms in Health.

A report would be prepared in early autumn on an outcomes framework and then consider new providers. It was planned to implement the new system in the next financial year.

The Chair asked if there had been obstacles to getting partners on board.

There had been a strategic shift, however it was easier to outline than to implement. The whole system would change and relationships needed to change.

There would be long term contracting relationships instead of annualised relationships. It was intended to get commercial relationships right as well as care relationships.

Co-operative working arrangements were good already, Better Care fund had brought about joint working collaboration on an agreed set of outcomes.

The Council worked at town and neighbourhood level when developing services. There was a need to consider what could be delivered at Black Country level and at local level that was appropriate.

There was a marked different between commissioner outcomes framework and provider led partnerships.

**Resolved:** that the CCG bring a draft plan of the board to the November meeting for comment.

23/18

### **Midland Metropolitan Hospital Progress update**

The Board received an update on the progress of the Midland Metropolitan Hospital.

The options open to progress the build were as follows:-

- finish through the existing Private Finance Initiative;

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- create a new Private Finance Initiative;
- build under public ownership.

The first option had proposed using an existing Private Finance Initiative to get a new contractor to complete the hospital by 2020, but agreement could not be reached on funding this plan by the banks, Government and the trust.

The process to reach an agreement to exit the existing Private Finance Initiative contract was expected to conclude next month and the site would then revert to trust ownership.

The Trust was now working with the Government and other partners to get work started again as soon as possible to avoid the further dilapidation of the existing building and the hospital open by 2022.

Completing the hospital relied on securing either a new Private Finance Initiative scheme or bringing the project into public sector ownership.

Clinical centralisations and processes need to be considered as it will be difficult to sustain current services until 2022, therefore an interim solution would need to be sought by the end of 2019.

The Board would be writing a letter to Stephen Barclay MP to express its concerns in respect of the delay and the impact on Sandwell residents and other stakeholders.

### **Resolved**

- (1) that a letter be sent to Stephen Barclay MP expressing concern in respect of the delay of the project on behalf of stakeholders and local people;
- (2) that the Board receive an update at a future Board meeting.

24/18

### **0-19 Action Plan**

The Board received the 0-19 Action plan for the Joint Strategic Needs Assessment. The Board had received the 5-19 Joint Strategic Needs Assessment at a previous Health and Wellbeing Board and comments received was that it had lacked impact.

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There had been four Joint Strategic Needs Assessments developed relating to children's in the last 18 months.

0 – 4 years, 5 – 19 years, children and young people's mental health and the findings from the Prevention of Violence and Exploitation needs and assets assessment.

The recommendations from all four plans had been developed into a simple action plan which covered nine areas.

Public Health had liaised with council and wider partners to identify owners, most agreed however there are some gaps, mostly the Children's Trust mainly due to it being newly established.

The Board noted there needed to be more use and ownership of data to better commission services. It was explained that a new Joint Strategic Needs Assessment process was being developed and this would be presented to the Board at a future meeting.

The Cabinet Member for Children's Services commented that it should not be an issue identifying owners within the Trust and he would raise this with the Chief Executive of the Children's Trust.

The Cabinet Member for Children's Services confirmed that he would champion the action plan.

The Chief Executive – Sandwell Council felt that this wider discussion was helpful in respect of Children's Trust attendance at Boards. Health and Wellbeing Board Partners would need to work with the Trust as well as the Council and the Health and Wellbeing Board should be the key place to discuss the improvement journey of the Trust.

Public Health would engage further with the Children's Trust and other partners in respect of the new procedure for Joint Strategic Needs Assessment.

### **Resolved**

- (1) that Councillor Hackett be the plan Champion and that a progress report would be brought to a future meeting.
- (2) That the Board would invite the Chief Executive Officer of the Children's Trust to be a discretionary member of the Health and Wellbeing Board.

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### **25/18 Pharmaceutical Needs Assessment sign off**

The Board received the Pharmaceutical Needs Assessment that described the current provision of pharmaceutical services across Sandwell.

The final document had been out for statutory 60-day consultation and amendments had been made in collaboration with the Pharmaceutical Needs steering group.

Patient demand had increased so may not see changes in the number of patients presenting at GP surgeries. 111 would encourage use of pharmacies too and maybe 999. Pharmacy consultations do occur.

The Minor Ailment scheme meant that free prescriptions can be dispensed for under 16's and this can eliminate some GP appointments for free prescriptions. Many of the pharmacies were located in GP practices.

The Board was advised that Sandwell was the only place in England that you can get repeat prescriptions or make an appointment through 111. The Minor Ailment scheme and 111 service would contribute to demand reduction in respect of GP's.

The 111 service would triage and signpost to pharmacies when appropriate. This would also redirect patients from attending A & E to pharmacy.

**Resolved** that the Pharmaceutical Needs Assessment be approved and published.

### **Priority 3 Updates – We will work together to join up services**

### **26/18 Improving access to mental health services for adults**

The Board received an update on the progress of the thematic group against the actions that had been agreed by the Health and Wellbeing Board as follows:-

1. Mapping exercise and assessment of community based mental health services.
2. Plan and organise themed events with key organisations to

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discuss mental health.

3. Implement a borough wide mental health first aid training programme.
4. Improve abilities for earlier diagnosis of adults with a new diagnosis of depression.
5. Develop places of safety across the borough.
6. Extend the hours that those in need can access key services.

The progress against these actions had been varied and as plans were developing other opportunities were being explored or impact on other actions within the group.

The stakeholder event had been well attending and this was being following up with a programme of sessions to link into development of the Sandwell hub.

There had been significant work around developing *places of safety*. Development of bid specification had been developed however there were ongoing discussions around the model which the CCG were leading.

Development of the Mental Health First Aid training was ongoing however the group recognised that to fulfil the ambition financial support would be required to deliver as set out in THRIVE West Midlands plans.

The focus on community level, was to take a preventative approach rather than a crisis support approach. The Board noted the strength of working with the Mental Health Parliament to provide a steer from the public perspective and those with lived experience.

The Mental Health Parliament had requested to attend the Health and Wellbeing Board in the future to update on the work that had been undertaken and had receive endorsement to take all to the Mental Health Alliance.

The Board was advised of a project being undertaken by Changing Our Lives to train people working in barbers and tattoo parlours to raise awareness of mental health and be able to sign post to services, it was not all about training professionals.

The group had a few challenges in taking agreed actions forward, some of this was due to changes in membership and the need to widen membership to include other key stakeholders. The

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frequency of meetings needed to be revised to ensure progress was being made.

The strategy for mental health in Sandwell was being refreshed in a practical way with a focus on community and working with others.

**Resolved** that the Terms of Reference be reviewed in respect of access to mental health services for adults.

### **For Information and Comments**

27/18

#### **News**

The Chair wanted to thank Nick Laws, the interim Health and Wellbeing Board Manager who has now returned to his substantive post, for all the hard work he had undertaken on behalf of the Board.

The post of Independent Chair for the Sandwell Safeguarding Adult Board had been offered to Sue Redmond.

The Cabinet Member for Children's advised the Board that Ofsted had undertaken a monitoring inspection and Sandwell were awaiting a formal response. It was proposed that OFSTED be a standing item on the Health and Wellbeing Agenda.

**Resolved** that the Board agenda be changed to include Ofsted inspection as a standing item.

The Board project officer updated members on 4 statutory board activity, including detail on the Sandwell Safeguarding Children Board new priorities:

1. Safeguarding concerns were recognised and responded to in timely manner.
2. Risks that children face are recognised and managed effectively.
3. Leadership and high quality good practice was embedded on the frontline as well as in safeguarding systems and processes.
4. The partnership response to children at risk of exploitation or going missing was understood and effective.

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5. The profile of neglect was raised, understood and comprehensively responded to by the partnership

From the Safeguarding Adult's Board:

1. Sandwell Safeguarding Adults Board would continue to seek assurance with reference to organisational accountability and leadership in respect of safeguarding adults
2. Sandwell Safeguarding Adults Board would continue to contribute to a learning culture and invest in training
3. Sandwell Safeguarding Adults Board will ensure there was a robust understanding amongst Board members and all partners of all aspects of abuse and the impact on adults with care and support needs
4. Sandwell Safeguarding Adults Board would give a demonstrable ongoing commitment to continuing to work with key 4 Boards (Sandwell Safeguarding Adults Board, Sandwell Safeguarding Children Board, Health & Wellbeing Board and Safer Sandwell Partnership) in order to ensure effective continuity collaboration and partnership

### **28/18 Board Forward Plan**

The Board received the forward plan for information. Ofsted inspections would be a standing item on the agenda of the Health and Wellbeing Board in future.

### **29/18 Date of Next Meeting**

**Resolved** that the next meeting of the Board be held at 4.30pm on Thursday 19<sup>th</sup> July 2018 venue to be confirmed

(Meeting ended at 6.07pm)

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