

# HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 25 February 2020

## MINUTES

Present: Councillors: K Blunt (Vice-Chairman), J Fairburn, A Hodgson, Mrs D Holl-Allen MBE (Chairman), D Howell, A Mackenzie, W Qais and R Sexton

Officers: Ruth Tennant – Director of Public Health and Commissioning  
Anthony Marsh – Chief Executive Officer, WMAS  
Murray MacGregor – Communications Director, WMAS  
Dean Jenkins – Area Manager, WMAS  
Joanna Luxmore-Brown – Public Health Specialist (Adults and Mental Health)  
Sue Dale – Assistant Director, Adult Social Care and Support  
Natalie Goulding – Employment and Skills Manager  
Mike Strauss – Head of Service, Adult Care and Support

### 1. APOLOGIES

No apologies received.

### 2. DECLARATION OF INTERESTS

There were no declarations of interest.

### 3. QUESTIONS AND DEPUTATIONS

Councillor Paul Thomas made a deputation and submitted a petition from local residents which expressed concern at the closure of the West Midlands Ambulance Service hub in Solihull.

### 4. MINUTES

The minutes of the Scrutiny Board meeting held on 12<sup>th</sup> February will be presented at the next Scrutiny Board meeting.

### 5. WEST MIDLANDS AMBULANCE SERVICE - SOLIHULL HUB

The Chairman expressed the Scrutiny Board's disappointment at West Midlands Ambulance Service (WMAS) that it did not inform the Board in that the hub in Solihull was to close.

The Chief Executive Officer for the West Midlands Ambulance Service (WMAS) presented the report about the decision to close the ambulance hub located at Solihull Hospital. The decision was made to invest funding into a more efficient service model. There had been a shift to a "make ready" model where ambulances were cleaned, refuelled and restocked at the end of a shift, which meant ambulance staff did not need to complete this task on shift.

Ambulances would always be assigned to the highest category call when on shift with around 400 crews deployed in the West Midlands. Even though the ambulances may not be based in a hub in Solihull, it did not mean that crews would not be in the area. Less patients go to hospital after being visited by an ambulance crew, which meant that they were more likely to remain in the area.

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Members raised the following questions and observations:

- Members asked that the response times be closely monitored and requested a communication strategy be put in place to respond to misconceptions about the changes that taken place. The Chief Executive stated that they monitored social media, and tracked response times. The model has been in place for a year, which meant that many of the changes had already taken place.
- Members asked how WMAS would overcome the perception that ambulances would not be able to respond to emergencies because they would come from Erdington rather than Solihull. The Chief Executive explained that the new arrangements improved response times and the service in Solihull and were happy to reassure residents of this.
- Members asked how many ambulances would be based in Solihull. The Chief Executive outlined that ambulances were distributed based on the most populous areas of the region, and that a crucial target was to provide communities with basic life support training and get defibrillators in buildings.
- Members asked when Fast Aid, a community first responder group, would receive input from WMAS about an approved training course for potential recruits. The Chief Executive explained that the initial response model review had been concluded and training would start to be available from 1<sup>st</sup> April.
- Members enquired about the impact on ambulance staff wellbeing as a result of the new model. The Chief Executive highlighted there were a range of measures to support staff, which included managers available throughout a shift, a quiet room in the hub and mental health first aiders.
- Members asked whether paramedics who could prescribe would be a positive step. The Chief Executive responded that it would help staff to develop and enable patients with less complex problems to be helped sooner. The CCG would need to commission this service before it would be rolled out.
- Members questioned about how WMAS embraced technology. The Chief Executive outlined that the Trust already uses an electronic patient record to document assessments; that the Trust aimed to be paperless by the end of the year, and was looking into the potential of AI. Nothing would be implemented without thorough checks. They would find out how 5G could benefit the service, and looked into how to make the service more sustainable and reliable.
- Members asked what the money saved from the Solihull Ambulance hub would be spent on. The Chief Executive explained that it would cover one extra paramedic, but this was not the priority of the change.
- Members enquired about what categories of cases could go to Solihull Hospital, and whether ambulances would take patients to Solihull Hospital. The Chief Executive responded that Solihull Hospital was not a trauma unit, which meant not many cases would go there, but ambulances were able to take some patients there.
- Members questioned whether the shift patterns were staggered to ensure staff covered areas all the time. The Chief Executive commented the crews had staggered shift patterns, and they constantly reviewed the number of crews on shift.

### **RESOLVED**

That the Health and Adult Social Care Scrutiny Board:

- (i) Expressed dissatisfaction with WMAS for not bringing this decision to the attention of the Scrutiny Board prior to it being implemented.
- (ii) Requested that any major future changes to the service which would affect the Solihull borough be communicated to the Health and

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Adult Social Care Scrutiny Board in advance of the decision taking place.

### 6. EMPLOYMENT/LEISURE SUPPORT FOR PEOPLE WITH DISABILITIES OR MENTAL HEALTH NEEDS

The Assistant Director, Adult Social Care and Support presented the report and updated Members on the support provided to people with a disability or mental health needs to access employment, sport and leisure activities.

The Employment and Skills Manager explained that their work began in schools with the Life Ready programme which brought schools and employers together to raise aspirations and highlight to students different career pathways. Once young people leave school, 16-18 year old NEETs were monitored through a tracker, and for special needs young people from 16-25. The Youth Promise Plus Programme worked with young people up to 29 to offer wrap around support which is funded by the European Social Fund (ESF). Another ESF programme supported those over 30, with links to the voluntary service provide generalist support to overcome barriers these individuals faced. There was an increase in people who access this support who identify as disabled.

The Head of Service, Adult Care and Support, highlighted the work that the Adult Social Care team had undertaken to support vulnerable residents access work. A coordinator had been employed to work with the all age disability team to help those who wanted to enter employment. In day services, there was a shift away from service for life and instead to build in employment opportunities and training. "Ideal for All" had been commissioned to link people who want to work with the employers. Also, there were links with parents and carers as experts to encourage individuals into employment. There were 68 disability confident employees in the borough, and there was an emphasis to engage with companies to buy into the scheme. Solihull MBC needed to improve their recruitment of individuals with disabilities to gain legitimacy when they discussed disability employment support with other organisations.

The Director for Public Health reported that leisure centres had accessible programmes which included concessionary rates and specific plans for individuals with disabilities. The Solihull Active team had also undertaken outreach work to help them become more accessible. They also started to work with the WMCA campaign "include me", which promoted positive images of people with disabilities improve involvement in sport.

Members raised the following questions and observations:

- A Member asked what had been done to encourage individuals with disabilities to work at Solihull MBC. The Assistant Director explained that a steering group had been set up with representations from across the Council to look at key areas to help people with disabilities to come into the Council to work.
- Members raised a question about what evaluation and monitoring were in place to deliver the set outcomes and areas of improvement. The Head of Service outlined that the Adult Social Care Department reported annually who used services to access paid employment. The Assistant Director reported that as their work had expanded, it would need to be closely monitored to ensure that it worked effectively.
- Members asked about the disability confidence scheme, and whether these employers were celebrated. The Employment and Skills Manager highlighted

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that there was a variety of work to promote an inclusive workforce, but it was not promoted sufficiently.

- Members asked how to change attitudes in the workplace to support people with mental health difficulties. The Head of Service responded that this would involve a culture change which would require employees being shown they can speak to their employer. The Director of Public Health explained that mental health first aid training would enable managers and staff to have the right skills to encourage appropriate conversations. The Assistant Director emphasised this required a joined up approach with multiple agencies, and to understand the challenges that the employer, individual or family may face to access.
- Members asked what the criteria was to access the different employment schemes, and if there was support for individuals at risk of losing their job because of their condition. The Head of Service explained that “Ideal for All” and more general support was available for those who used Adult Social Care. To support those who were at risk of losing their job, the Head of Service recommended that the individual contacted Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) if they had mental health difficulties. The Assistant Director highlighted that this work helped to make the service more rounded and started to plug gaps.
- A Member enquired about the links between occupational therapists or physiotherapists to make best use of leisure facilities. The Head of Service explained that occupational therapist services worked closely with Adult Social Care to help individuals with job coaching.
- A Member asked about the conference for employers that was mentioned on point 3.2.9. It was stated that the conference would take place in April at the Renewal Centre, and encouraged businesses to attend.

### RESOLVED

That the Health and Adult Social Care Scrutiny Board:

- (i) Noted the contents of the report and recommend that work is continued across Adult Care and Support, Public Health and other relevant areas to continue to support access into employment, sport and leisure activities.
- (ii) Requested an update to be provided in 12 months on the work that has been undertaken to support access into employment, sport and leisure activities in the borough for individuals with a disability or mental health needs.

## 7. SUICIDE PREVENTION

The Public Health Specialist for Adults and Mental Health presented the report and updated members on the suicide prevention strategy in the borough. Recent actions included Level 2 e-learning training, refreshed data and the zero suicide pledge. Conversations with the police to get more timely data about suicide to better enable postvention (bereavement) support were ongoing. Prevention was identified as key to improved results through understanding social determinants which affected people’s mental health.

Members raised the following questions and observations:

- Members asked about the relationship with voluntary organisations and charities. The Public Health Specialist explained that charities supported signposting to appropriate services, but the help was dependent on whether the advice or support was appropriate.

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- Members enquired about the impact of suicide in the media. The Public Health Specialist highlighted there were improved relationships with coroners which enabled more informed interventions. Social media had also often negatively impacted on young people's lives. The Director of Public Health outlined that it was crucial to set out clear guidelines into how suicides should be reported to prevent areas becoming hotspots.
- Members expressed support for the suicide bereavement services. The Director of Public Health explained that Evan Grant has provided a lot of support and had managed the multi-agency board which looked at this service.
- Members enquired about how real time surveillance was gathered. The Public Health Specialist responded that the information came from the police who would report it as they saw it to enable the service to get in contact in a timely fashion. The Public Health Specialist highlighted that the postvention programme had incorporated a lot of learning from other Councils who had implemented the scheme.
- A Member commented that Solihull had the highest rate of suicide in the region per person. There had been difficulties with crisis interventions in hospitals out of hours and schools lacked leadership about mental health.
- A Member questioned what information there was about individuals who committed suicide, and what could be learned from this. The Public Health Specialist highlighted that there were transition points during an individual's life, which could contribute to mental ill health. The suicide strategy attempted to plug the transition points in life and ensure support was available.
- A Member asked what lessons had been learned from preventable deaths. The Public Health Specialist explained that the whole system should learn from a suicide to make sure they could mitigate future risks. This could include practical campaigns (promoting conversations) and rolling out the Every Mind Matters campaign in the local community. BSMHFT were in the process of refreshing their suicide strategy. The Director of Public Health highlighted that there was a lot more work that could be achieved through the STP in early intervention.
- A Member enquired what was undertaken to support groups at high risk of taking their own life. The Public Health Specialist explained that Marie Curie ran a campaign to support men with their mental health which would be spread out to the whole borough.

### RESOLVED

The Health and Adult Social Care Scrutiny Board:

- (i) Note the contents of the report and recommend that work is continued across Adult Care and Support, Public Health and other and recommend that work is continued with key partners across the borough including Solihull MBC, Birmingham and Solihull Mental Health Foundation Trust, Birmingham and Solihull CCG and the community and voluntary sector
- (ii) Encourage organisations to sign up to the "zero suicide" pledge, and support them to look after the wellbeing of their staff/volunteers
- (iii) Receive an update on the suicide bereavement service in 12 months' time

## 8. DRUGS AND ALCOHOL RE-PROCUREMENT

The Director for Public Health presented the report and updated Members on the recommissioned drugs and alcohol service. The new service was a partnership

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between BSMHFT and a number of charities. The service went live in April 2019, and had been identified by the LGA as an example of a good practice.

Other points that the Director for Public Health raised were:

- There had been an increase in the number of older people who use the service who had a complex history of substance misuse.
- An area which had been successful was the support to people who had recently left prison, who previously had been missed.
- The service targeted people who used drug and alcohol that were more susceptible to blood borne viruses and were often unwilling to accept treatment.
- There had been outreach work with schools to support young people who may have been susceptible to alcohol and drugs.
- BSMHFT had linked with homelessness services to provide a rounded approach.
- The contract was eight years long which has enabled a period of stability to tackle areas which had previously been neglected.

Members raised the following questions and observations:

- A Member asked about how the unmet need for alcohol services was calculated. The Director for Public Health explained that this figure included people who drank above a reasonable level but did not require treatment. It was highlighted the message of what a safe level was for individuals, how to moderate this, and where to turn to for support.
- Members enquired into what steps were being taken to tackle the Hep B & C vaccination rates. The Director for Public Health responded that this involved repeated consistent messages to support individuals who were at risk. They had started to work with experts to encourage individuals to accept vaccinations.
- A Member questioned whether there were repeated referrals and what information was retained about this. The Director for Public Health outlined that the data was retained, and it was important that people did not return shortly after being treated.
- Members asked what work was undertaken within schools to educate children; focussed on legal highs. The Director for Public Health explained that charities conducted some outreach work, the police also worked with schools and the school nurse would support schools. There was work to bring in former drug addicts to school in specific cases. Legal highs posed a challenge for the health service, as they were chemical compounds which were difficult to track.
- Members enquired about painkiller abuse in the borough. The Director for Public Health stated it was not yet a significant problem at the moment in Britain, as they had not been overprescribed by medical professionals.
- Members asked what had been attempted to tackle the stigma which surrounded illegal drugs for those who had a problem and where they could access services. The Director for Public Health responded that it was about ease of access to services, such as police now signposted to services where they saw vulnerable individuals. There was a number of self-referrals and GP referrals. There was provision for detox beds, however it was more effective to receive support in recovery communities.
- A Member questioned what happened to Changes UK as a result of their inadequate rating. The Director for Public Health explained that Changes UK would no longer undertake recovery work, which meant they no longer needed the CQC regulation. SIAS undertakes the high risk work.

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### **RESOLVED**

That the Health and Adult Social Care Scrutiny Board:

- (i) Note the service and commissioning priorities as well as the service challenges where promoting and encouraging early referrals by all in support of crisis reduction is a priority.
- (ii) Note that the Local Government Association have recognised the SMBC – SIAS service as a model of best practice for its partnership working.

The meeting ended at 9.10 pm