

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Tuesday 26th February 2019, 6.00 p.m.

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor D. James (Chair)
Councillor B. Allen
Councillor S. Neville
Councillor W. Rasab
Councillor I. Robertson
Councillor J. Rochelle
Councillor H. Sarohi
Councillor I. Shires

Portfolio Holders Present

Councillor R. Martin – Adult Social Care

Others Present

Walsall Council

Paula Furnival – Executive Director Adult Social Care
Adrian Roche -Head of Social Inclusion
Andrea Cooke – Children’s Commissioning Manager
Nikki Gough – Democratic Services Officer

NHS England

Andrew Daulton – Screening and Immunisation Lead

Period Poverty

Linda Allbutt
Shaz Aktar

Dudley Walsall Mental Health Trust and Black Country Partnership Trust

Mark Axcell – Chief Executive.
Chris Masikame – Director of Operations.

Black Country Women’s Aid

Sara Ward – Chief Executive Officer

55/18 Apologies

Apologies for absence were received on behalf of Councillor T. Wilson, Councillor G. Clarke, and Councillor D. Coughlan.

56/18 Substitutions

Councillor Robertson substituted for Councillor D. Coughlan for the duration of the meeting.

57/18 Declarations of Interest

Councillor B. Allen declared an interest as an employee of Walsall Healthcare Trust.

58/18 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

59/18 Minutes of previous meeting

The Committee considered the minutes of the meeting held on 17th January 2019.

Resolved

The minutes, as circulated, were agreed as a true and accurate record.

60/18 Period Poverty

Representatives from the charity 'period power' were in attendance and the Committee were informed that the issue of period poverty had a far reaching impact including girls being absent from school. The charity had worked primarily in Stoke on Trent and was established 16 months ago to respond to the impact of period poverty. Initially foodbanks and children's centres were supplied with sanitary products to support vulnerable women who attended these locations. This further developed into the provision of sanitary products to secondary and primary schools. It was found that there was a significant need for this provision. The Committee were informed that Stoke on Trent Council had agreed to provide sanitary products in all of its publically owned buildings.

The Charity coordinator for Walsall informed the Committee that many local schools were provided with products by the charity. In response to a question about the cost of this provision, the Charity representative stated that the products could be purchased at a low cost to the charity, and that the main concern was managing the distribution of the products.

Members discussed the level of VAT on the products and it was clarified that due to EU regulations there was a 5% tax on these products. Members commended the work that the charity was doing.

Resolved

- 1. That Cabinet be asked to become the second Council in the country to agree to provide sanitary products in all publically owned buildings,**
- 2. Cabinet is asked to encourage local businesses to provide sanitary products in their premises,**

3. That the Period Power charity are thanked for their hard work and for the contribution that they make in Walsall,
4. The Chair will write to the appropriate government department and to the LGA, to seek support for the removal of tax on sanitary products, and to seek an appropriate level of funding to provide sanitary products in its publically owned buildings.

67/18 Cancer screening

The Screening and Immunisation Lead (NHS England) introduced himself and gave an overview of cancer screening for women in Walsall those primarily being cervical and breast cancer screening.

Breast screening in Walsall was provided by the City, Sandwell and Walsall breast screening service, which was led by Sandwell and West Birmingham Hospital NHS Trust, working in partnership with Walsall Healthcare Trust. Cervical screening was provided as part of the Black Country Cervical Screening Programme. Uptake of the screening programmes was considered, breast screening uptake was lower than the national average and the cervical uptake was similar to the national average. A challenge for the screening programme was that there would be a significant change to the screening test carried out however this was a more effective way to detect women at risk of developing cancer.

A Member stated that the Local Authority should encourage staff to come forward for screening. The Executive Director informed the Committee that cervical screening had previously been offered to employees. The Head of Social Inclusion stated that he would be happy to meet with NHS England to clarify what was already done, and to discuss good practice.

In response to a Member question, the Head of Screening and Immunisation stated that there was a higher incidence of cancer in deprived areas i.e. there was a higher level of cancer formation in deprived areas and residents of these areas were less likely to attend screening.

Resolved

The report was noted.

68/18 Domestic Violence

The Chair introduced the item and stated that it was important for Members to consider if the victims of domestic violence were receiving the support that they needed. The Head of Social Inclusion spoke to the presentation (annexed) and informed the Committee that there had been a £860,000 investment into the service to reduce and mitigate the impact of domestic abuse, parental mental ill health and parental substance misuse. The services provided to respond to victims of domestic violence were described.

The IRIS project was described as an initiative to ensure that GPs consider support available to victims of domestic abuse. Advocates trained GPs in the identification of domestic abuse and this was funded by the CCG. It was noted that the Black Country Women's Aid were the only provider to offer a stalking service in the West Midlands and this was funded from the tampon tax. The Committee were informed that partnerships and that the training offer in Walsall were excellent. The Committee were also advised that there had been an increase in the number of referrals, which was thought to be because of effective partnerships with the police and children's services.

Members considered 'Black Country Women's Aid' performance data and in response to queries, Officers explained that the data indicated engagement with the service provision rather than the prevalence of domestic abuse offence. The Head of Social Inclusion stated that further work was being completed on the strategy to set the future priorities.

A discussion was held on the service provided by the police, the level of funding to the police and the potential impact on protecting victims from domestic violence. The Head of Social Inclusion stated that the police were the main organisation to refer into the service and this had remained stable over the last 6 months.

Consideration was given to perpetrators, and Officers advised the Committee that perpetrators were either prosecuted and given court orders or arrested and required to attend voluntary programmes addressing their behaviour. It was noted that further data was required to understand the success of these programmes.

The Chair requested that the item be reconsidered at a future meeting to allow the committee to consider more in-depth information and the refresh of the strategy.

Resolved That

- 1. A further, more in-depth, report be received in the new municipal year,**
- 2. The refreshed domestic violence strategy be considered by the Committee at a future meeting.**

69/18 Dudley and Walsall Mental Health Trust (DWMHT)

The Chief Executive (DWMHT) presented the report 'A case for change' (annexed). The proposal for a merger between Black Country Partnership NHS Foundation Trust (BCPFT) and Dudley and Walsall Mental Health Partnership NHS Trust (DWMH) had been developed in response to a challenging national context for the delivery of mental health and learning disability services as well as the growing complexity in local models of care. The commissioner supported the development of this proposal. The benefits of the proposal were described including more local place based models and a more effective use of funding and staffing. It was envisaged that it would provide staff with greater opportunities to develop specialist skills within the organisation. As part of this agenda, digital records would be improved allowing better access to mental health records for professionals to view care and medication.

The Trust was currently at stage 2, which was consideration of the strategic case by NHS Improvement (regulators). If approved the next phase will be the development of

a full and detailed business case. The full business case would describe the clinical model in detail, how services would support delivery to improve outcomes for the population in each area.

In response to a question by a Member, the Chief Executive confirmed that Clinicians were supportive of the proposals.

The Chair of Healthwatch stated that DWMHT had a good reputation of patient involvement and asked if patients would be fully engaged in the process going forward. The Chief Executive confirmed that this would be the case.

Resolved

That the 'Case for change' business case be considered at a future meeting of the Committee.

70/18 Areas of focus 2018/19 and Forward Plans

The areas of focus 2018/19 and forward plans were noted.

Date of next meeting

The date of the next meeting was agreed as 25th April 2019.

There being no further business the meeting terminated at 8.15 p.m.

Signed:

Date: