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Minutes of Health and Adult Social Care Scrutiny Board

Monday, 17 November 2025 at 6.00 pm at Council Chamber, Sandwell Council House, Oldbury, B69 3DB

Present: Councillor E A Giles (Chair)

Councillors: Fitzgerald (Vice-Chair) Bhamra Kalebe-Nyamongo Muflihi	Councillors: Maycock Tipper Trumpeter
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Apologies: Councillors M Allcock, E M Giles, J Taylor (Cabinet Member for Adult Services, Health and Wellbeing), Amritpal Randhawa (Healthwatch), Alexia Farmer (Healthwatch) and Rashpal Bishop (Executive Director Adult Social Care and Health).

Officers: Kat Rose (Sandwell and West Birmingham Trust NHS Trust), Paul Higgitt (Healthwatch), Elaine Oxley (Assistant Director Social Work), Faith Button (Interim Chief Strategy & Digital Officer).

Officers (Hybrid): Richard Parry (Independent Chair of the Sandwell Safeguarding Adults Board) and Deb Ward (Safeguarding Adults Board Operations Manager).

37/25 Apologies for Absence

Apologies were received for Cllr Allcock, Cllr Elaine Giles, Cabinet Member for Health and Wellbeing Jackie Taylor, Alexia Farmer (Healthwatch), Amritpal Randhawa (Healthwatch) and Rashpal Bishop (Executive Director Adult Social Care and Health).

38/25 Declarations of Interest

A pecuniary declaration of interest was made by Cllr Trumpeter relating to employment.

39/25

Minutes

Resolved that the minutes of the meeting held on 1 September 2025 are approved as a correct record.

40/25

Urgent Additional Items of Business

There was no urgent items of Business.

41/25

Review of Urgent Treatment Centres across Birmingham and Solihull and Sandwell and West Birmingham

The Board received an update on the Birmingham and Solihull Integrated Care Board's strategic review of Urgent Treatment Centres (UTCs). The review aims to standardise services to meet national specifications, improve access, and reduce health inequalities. Current provision is inconsistent in opening hours, diagnostics, and staffing, creating inequity and confusion for patients. Sandwell is being consulted as the proposals constitute a "substantial variation" under Health Scrutiny Regulations.

Two options have been shortlisted for public consultation: Option 3, which upgrades existing UTCs and introduces new hospital-based UTCs at Heartlands, Good Hope, Queen Elizabeth, and Midland Metropolitan University Hospital; and Option 7, which included existing hospital UTCs plus community urgent care centres linked to GP out-of-hours services. Subject to NHS England approval, consultation will run from 15 December 2025 to 13 February 2026, with final decisions expected in spring 2026.

The presentation was presented by Faith Button the Interim Chief Strategy & Digital Officer.

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

- Several Board Members expressed support for either option as an appropriate approach to upgrading existing UTCs.
- Concerns were raised regarding potential changes following NHS England's approval. Members were advised that significant alterations to the plans presented were not anticipated, and any changes affecting the Sandwell options would be communicated to the Board.
- The Board was informed that the Midland Metropolitan University Hospital operates as a consolidated model, enabling patients to be directed to the most appropriate services.
- Members noted that work on Locality Hubs remains in the pilot stage, but positive progress has been made, including initiatives to address conditions such as asthma.
- Members welcomed the flexibility of the Locality Hub model in responding to emerging population needs.
- The Board was advised that work continues on space allocation, with vacant areas already identified for potential use.

- Members were updated on ongoing efforts to improve transport links to Midland Metropolitan University Hospital, including engagement with various groups on car parking and site pressures. It was noted that active neighbourhood meetings are held monthly to discuss issues such as parking.
- Concerns were raised about traffic flow and congestion around the hospital site.
- Members were informed that the clinical model is designed to respond to patient behaviour, enabling care navigators to quickly direct patients to the appropriate service regardless of barriers.

Resolved: -

- (1) That the NHS Birmingham and Solihull Integrated Care System present the outcomes of the consultation to the Board after the consultation period concludes.

42/25

Sandwell Safeguarding Adults Board Annual Report

The Board received the Sandwell Safeguarding Adults Board (SSAB) Annual Report for 2024–2025, presented by the SSAB Manager. Members noted that the Care Act 2014 requires each Safeguarding Adults Board to publish an annual report outlining its work, safeguarding trends, and priorities for the coming years.

The report highlighted that between July 2024 and June 2025, 9,209 contacts were recorded as safeguarding enquiries, of which 1,988 (22%) were confirmed safeguarding issues. Of these, 63% progressed to new referrals and 33% were linked to existing cases. Members were advised that most abuse occurred in a person's own home (57%), typically involving family members or paid carers. The Board welcomed evidence of improved processes, with outstanding contacts reducing from 560 in April 2024 to 151 by June 2025.

Performance data demonstrated strong compliance with the Making Safeguarding Personal approach, with 97% of individuals asked about their desired outcomes and 98% achieving these fully or partially. Risk was reduced or removed in 96% of concluded cases.

The Board noted that two Safeguarding Adult Reviews (SARs) were commissioned and two published during the year, including a thematic review and the case of Shannon. Key learning themes included risk escalation, mental capacity, and multi-agency working. Members were informed that recommendations from SARs had led to improvements such as weekly multi-agency risk surgeries and enhanced governance arrangements.

The report set out SSAB's new strategic priorities for 2025–2028: Neglect, Self-Neglect, Exploitation, and Hearing People's Voices. Members also noted initiatives such as the Vulnerable Adults Risk Management (VARM) framework, which supported 42 multi-agency meetings during the year, and the launch of the Sandwell Hoarding Improvement Programme (SHIP), which included regional training and a Black Country conference.

The Board acknowledged SSAB's engagement work, including the "See Something, Do Something" campaign, development of accessible resources, and increased face-to-face engagement. Partnership working with statutory boards and regional peer reviews were also commended.

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

- Members noted the work undertaken to capture a range of perspectives.
- Members acknowledged and commended the improvements made in safeguarding.
- Members were advised that a 38% conversion rate is considered a positive indicator. It was explained that national discussions continue regarding whether conversion rates should be higher, medium, or lower, and that the figure primarily reflects an authority's understanding of what constitutes abuse.
- Members were informed that criteria for identifying safeguarding issues may vary between authorities.
- Members were advised that work is ongoing to understand why safeguarding referrals do not align with the ethnic profile of Sandwell. It was noted that monthly audits of safeguarding concerns and types of abuse are undertaken to identify any over- or under-representation of particular groups.

Members noted Sandwell Safeguarding Adults Board Annual Report.

43/25

Update on Pregnancy and Birthing Journey Review

The Board received an update on the Pregnancy and Birthing Journey Review, which was initiated in 2024/25 following data showing Sandwell among the ten local authority areas with the highest infant mortality rates in England. Infant mortality in Sandwell for 2020–22 was 6.1 per 1,000 live births compared to a national rate of 3.9. A recent CQC inspection rated maternity services at Sandwell and West Birmingham Hospitals NHS Trust as "Requires Improvement."

The review aimed to understand women's experiences during pregnancy and birth and identify improvements to reduce infant mortality. Evidence gathering included consultations with the Director of Midwifery and Chief Midwifery Officer, focusing on targeted interventions such as earlier access to services, culturally inclusive education, and data-driven approaches. Members expressed interest in visiting a local maternity ward to gain further insight.

On 15 September 2025, the Department of Health and Social Care launched an independent national investigation into maternity and neonatal services, which includes Sandwell and West Birmingham NHS Trust. The investigation covers 14 NHS trusts and seeks to ensure safe, high-quality, and compassionate care. Its terms of reference include reviewing lived experiences, service quality and safety, inequalities affecting marginalised groups, staff experiences, and organisational responses when harm occurs.

Given the scope of the national investigation, which supersedes local scrutiny activity, the Board agreed that its review should be concluded to avoid duplication and allow resources to focus on supporting the independent process. The Trust has committed to full transparency and views the investigation as an opportunity to accelerate improvements. Interim recommendations from Government are expected in December 2025, with final findings in Spring 2026. The Board may request a report from the Trust in January 2026 on its response to recommendations.

The Board noted that this constituted the conclusion to the Pregnancy and Birthing Journey Review.

44/25 Tracking and monitoring of scrutiny recommendations.

Members noted the tracking and monitoring of scrutiny recommendations to Cabinet.

45/25 Work Programme

The Board noted the remainder of items on Health and Adult Social Care Scrutiny Board Work Programme 2025/26.

Meeting ended at 19:13pm.

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