### SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

# Thursday 25th October 2018

## Conference Room 2, Council House, Walsall

#### **Committee Members Present**

Councillor D. James (Chair)

Councillor B. Allen

Councillor G. Clarke

Councillor D. Coughlan

Councillor S. Ditta

Councillor M. Follows

Councillor J. Rochelle

Councillor H. Sarohi

Councillor I. Shires

Councillor V. Waters

### **Portfolio Holders Present**

Councillor R. Martin - Adult Social Care

Councillor T. Wilson – Children's and Health and

Wellbeing

### **Officers Present**

#### Walsall CCG

Simon Brake - Chief Officer

### Walsall Council

Martin Thom - Head of Community Care

(Social Care)

Tracy Simcox - Lead Commissioner (Adult Social

Care)

Nikki Gough – Democratic Services Officer

### Walsall College

James Norris - Assistant Principal – Commercial

Development

Jo Parton – Head of Curriculum Cluster

Karen Roberts – Head of Employer Responsive

### **Healthwatch Walsall**

John Taylor - Chairman

## 20/18 Apologies

Apologies for absence were received on behalf of Sally Rowe, Richard Beekin, Councillor S. Neville, and Councillor W. Rasab.

#### 21/18 Substitutions

Councillor V. Waters substituted for Councillor W. Rasab for the duration of the meeting.

#### 22/18 Declarations of Interest

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

### 23/18 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

### 24/18 Minutes of previous meeting

The Committee considered the minutes of the meeting held on 13<sup>th</sup> September 2018 subject to the inclusion of Councillor T. Wilson's apologies.

#### Resolved

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

### 25/18 Sustainability of the Health and Care Workforce in Walsall.

The Chief Officer (Walsall CCG) presented the report and stressed that staffing issues facing the health service were considerable. In recognition of this, Walsall CCG were working in partnership with Walsall College, which was advantageous.

The Assistant Principal (Walsall College) informed the Committee that the curriculum area 'Health, Social Care and Public Health Services' gave students the opportunity to access appropriate advice and guidance, in preparation for work in a health and social care workplace. The data to evidence this was positive. He stressed that employers needed to be engaged in the programme to ensure the courses offered matched their needs in the workplace.

In response to a query by a Committee Member, the Chief Officer explained that one area of the sector which attracted a higher number of male applicants was the paramedic field. Demand for paramedic training had increased and this was provided by the University of Wolverhampton. The Assistant Principal stated that the School Liaison Team from Walsall College visited local schools to actively carry out what he termed gender stereotype 'myth busting' and circulate marketing material.

Members were also informed of a suite of 22 qualifications, which could be studied for on courses delivered through distance learning. The qualifications aligned with the NHS Vision, examples of topics covered by these courses were dementia, falls etc.

The Chair of Healthwatch stated that the workforce was critical, and questioned what the ambition of Walsall Together was in terms of numbers of individuals trained. The

Chief Officer stated that Walsall Healthcare Trust were currently carrying out a sustainability review of key areas of its workforce. This would be used to understand the staffing levels required by local NHS services. Similar information would be available for primary care including good data around GPs. However, data was lacking for the domiciliary care sector. It was noted that there was a national shortage of Doctors and although an effort to address this had been made, training for the medical profession took between eight and eleven years to train.

A Member suggested that domiciliary care workers were undervalued and that they were important in assisting in the prevention of admission to hospital.

A Member questioned what was being done to encourage school children to enter the health and social care professions. The Assistant Principal stated that careers guidance was complex, and schools had responsibility for this provision. It was noted that Walsall College was a vocational college and that work was done to encourage enrolment on these courses. The College described the range of qualifications offered and work done to myth bust and promote career destinations. Members were informed that 98% of apprentices in this field continued in their employment at aged 16 plus.

The Chief Officer explained that medical degrees tended to be those from middle class backgrounds and more needed to be done to ensure that individuals from all social groups were able could access the courses. It was noted that University of Wolverhampton had developed a 'pre-medical school' to tackle this issue.

A Member asked what more needed to be done to attract local people to encourage them to from Walsall to work in the Health and Social Care Sector, and how Elected Members could help to achieve this. The Assistant Principal stated that linking employers/providers into the college would be beneficial. In addition schools should be encouraged to showcase the training offer in the Borough.

A Member of the Public expressed concern that less able students were not achieving employment once they had achieved these qualifications. She also stressed that care staff needed to be better paid. Officers responded to state that it was imperative that students were on the right programme so that they could achieve a meaningful outcome.

#### Resolved that:

- 1. The report was noted.
- 2. That data provided as percentages is translated into raw data and circulated to Members by email.

### 26/18 Future of Community Alarms Service

The Lead Commissioner introduced the report. Members were informed that on 24<sup>th</sup> October 2018, the Cabinet made the decision to cease the provision of the community alarm service and to direct customers to alternative providers in the market place.

A Member proposed the following motion: the community alarm service should be free for those on benefits and other applicants directed to the private sector, which should have some rules to observe. The motion was not supported.

A Member stressed that it was important that such issues were subject to pre-decision scrutiny to avoid there being an adversarial call-in meeting. The Chair explained the call-in procedure and reminded Members that this was an option for the Committee.

The Portfolio Holder explained that the service needed significant investment and that the Council's budget did not allow for this, so that individuals would be signposted to alternative providers.

The Chair of Walsall Healthwatch asked how service users' views had been heard during the consultation. He suggested that four out of the five options were not viable alternatives and the consultation was not meaningful. Officers stated that service user views were taken on board and that all options were subject to a SWOT analysis. The Lead Commissioners provided clarity on the costs quoted in the report and this was debated by the Committee.

Members discussed the consultation exercise and suggested that service users and members of the public may not have understood the proposals. Officers were asked if those who would be affected by the changes to the community alarms service might also be affected by proposals relating to the falls service. Officers confirmed that this might be the case and the options for the falls offer were being considered. Concern was expressed that these services provided for a group of vulnerable service users and that the impact could be significant.

The Portfolio Holder explained that the service had received calls from service users who were lonely. In response to this Walsall Connections had been asked to receive referrals from GPs. Although this initiative was in its early stages, it was hoped that it would help to combat this issue.

The Chair of Healthwatch stated that the community alarm service helped to keep people living independently at home, that the proposals could lead to increased costs for 111 and 999 service and suggested that other providers could be asked to contribute to maintain the service. Officers explained that this was considered but could not be progressed.

## Resolved

The Social Care and Health Overview and Scrutiny Committee request that the Cabinet engage in pre-decision scrutiny when making key decisions to allow for the further debate of issues and assist in the decision-making process.

### 27/18 Areas of focus 2018/19 and Forward Plans

A Member requested that the Committee consider an item on the availability of glucose monitoring diabetes technology that helps people monitor their blood glucose levels. The Chief Officer suggested that this could be considered within an item on diabetes care, the Chair agreed to add this to the work programme to be considered in the new year.

The Chief Officer also invited Members to consider the following two items:-

- 1. The future provision of the GP out-of-hours service
- 2. Outcomes of an engagement for a new GP surgery in Walsall.

### Resolved

The Committee work programme, including the above items, was agreed.

### Resolved

The date of the next meeting was agreed as 27<sup>th</sup> November 2018.

There being no further business the meeting terminated at 7.40 p.m.

Signed:	
Date:	