

Social Care and Health Overview and Scrutiny Committee

Thursday 28th January 2021 at 6.00 p.m.

Virtual meeting via Microsoft Teams

Held in accordance with the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020; and conducted according to the Councils Standing Orders for Remote Meetings and those set out in the Council's Constitution.

Present:

Councillor Hussain (Chair)
Councillor Allen (Vice Chair)
Councillor Ali
Councillor G. Clarke
Councillor Coughlan
Councillor S. Ditta
Councillor Rasab
Councillor Robertson
Councillor Sarohi
Councillor Waters

Portfolio Holders Present

Councillor S. Craddock – Health and Well Being
Councillor R. Martin – Adult Social Care

Officers

Karen Jackson	Director Social Care for Adults
Stephen Gunther	Director of Public Health
Suzanne Letts	Lead Accountant, Adult Social Care
Nikki Gough	Democratic Services Officer, Walsall Council

Geraint Griffiths-Dale Managing Director Walsall CCG)

Aileen Farrer Healthwatch Walsall representative

Welcome

At this point in the meeting, the Chair opened the meeting by welcoming everyone, and explaining the rules of procedure and legal context in which the meeting was being held. He also directed members of the public viewing the meeting to the papers, which could be found on the Council's Committee Management Information system (CMIS) webpage. Members confirmed that they could both see and hear the proceedings.

19 /20

Apologies

There were no apologies received for the duration of the meeting.

20/20

Substitutions

There were no substitutions for the duration of the meeting.

21/20

Declarations of Interest and party whip

A declaration of interest was received on behalf of Councillor B. Allen as an employee of Walsall Healthcare Trust.

22/20

Minutes of the previous meeting

The minutes of the meeting that took place on 23rd November 2020 were discussed.

Resolved (by roll call)

That the minutes of the meeting held 23rd November 2020, were agreed as a true and accurate record of the meeting.

The Committee agreed to receive item 7 prior to item 6.

23/20

Outpatient Service Redesign

The report was presented by the Managing Director (Walsall CCG) who highlighted the salient points. Members were informed that the purpose of this report was to:

- Provide an overview of the work undertaken to date in respect of outpatient service redesign in response to Covid19 (phase one);
- Inform members of the proposal for future outpatient service transformation (phase two) and next steps to enable full and robust patient and public engagement and co-design.

A new operating model had been developed in response to the Covid19 pandemic to enable the delivery of outpatient services and reduce face-to-face appointments by using virtual and telephone consultation methods. Further work was planned to understand the impact of virtual appointments and Healthwatch were supporting the CCG to identify those patients that this benefited. The report detailed the patient engagement planned, and it was suggested that this might need to be further considered by the Committee. It was noted that this was dependent on the national Covid restrictions.

Members were advised that many treatments had been delayed, which had resulted in a significant number of people waiting in excess of 40 weeks and stated that work was underway to manage waiting lists. Focus would be placed on key areas, and every medical speciality would be reviewed. The Committee were assured that it would be informed if there were any planned service changes (other than Covid related).

A Member observed that older people and those with special needs may prefer face to face consultations. The Managing Director acknowledged this, and stated that this would be considered.

A Member asked for due consideration to be given to those specialities that would be best suited to video technology. The Managing Director stated that the CCG and the Trust were working with national teams to build on good practice. Members were advised that those people who had appointments cancelled would be contacted, and clinical harm assessments had taken place to identify people at risk. The priority was to bring waiting lists down as soon as possible.

A Member expressed concern at the continuation of video and telephone consultations once the waiting list had recovered, as this may result in less opportunistic diagnosis of health problems. The Managing Director stated that there was a balance of risk between this and the opportunity to see people as quickly as possible. It was stressed that if in doubt patients should request a face-to-face appointment.

The Managing Director stated that prior to the implementation of any changes, the committee would be given the opportunity to provide a community perspective and the outcome of the consultation would be provided to Members. It was requested that the CCG were notified of any community groups who should be contacted to take part in this patient engagement.

Resolved

That the Outpatient Service Redesign be noted.

The Portfolio Holder introduced the report, it was noted that an updated report had recently been circulated (see annexed), to ensure that the most up to date data was presented. The following points were highlighted:

- Infections rates had plateaued.
- Infection rates in other areas were falling faster.
- Infection rates were the highest they have been.
- The age group 20 -39 years had the highest level of infection rates.
- There had been slight reduction in infection rates in the over 65 year old age group.
- The proportion of BAME residents testing positive had remained stable.
- The majority of cases were in clusters – in residential settings.
- There had been no large business Covid19 outbreaks.
- Schools were still experiencing positive cases and the authority was supporting them with this.
- There were still cases within care homes and all had been offered vaccinations.

The Portfolio Holder stated that the vaccination programme in Walsall had received very positive feedback. Asymptomatic testing (lateral flow) was being carried out with critical workers to reduce the spread. There had been two meetings of the Local Outbreak Engagement Board since the last scrutiny committee, a weekly update to members was sent out in a weekly email, and the data dashboard was updated weekly.

In response to a Member query, the CCG representative stated that the vaccination programme was delivered through a partnership approach. There was confidence that Walsall would meet national targets, and had the capacity to step up the number of vaccinations delivered. A member questioned when housebound patients would be vaccinated, and the Committee were informed that this group of patients would be soon be invited to be vaccinated and an update would be provided to the committee. Communication messages were being sent out to inform residents that if invites were directing people to the Birmingham vaccination centre they were able to wait for a local appointment.

A Member questioned if there were any plans for vaccination passports, it was stressed that this would be a national policy and the representatives present were not able to answer this question.

A Member questioned if there was a dedicated contact number in case of side effects from the vaccination. The Portfolio Holder stated that every vaccination centre had a team able to respond to potential side effects). Any side effects related to the vaccinations would be recorded.

A Member questioned if there was data relating to patients contracting Covid19 from within the hospital, and questioned if this was being monitored. The Committee were assured that hospitals had strict streaming methods to separate Covid and non-Covid patients. The Director of Public Health stated that the authority continued to work with the hospital to minimise any risk.

A Member provided challenge to the approach taken in Walsall in relation to lateral flow tests, Officers explained that lateral flow tests had been provided to critical workers who had to work outside of the home. Specific communities would be targeted for lateral flow testing where this would have the greatest impact. Walsall was in discussion with the national team to determine the best deployment of the devices. The Portfolio Holder, informed the Committee that vaccination staff were carrying out lateral flow tests before attending centres, and thanked the volunteers for this vital work and thanked One Walsall for coordinating volunteers.

The disproportionate effect of Covid19 on BAME communities was acknowledged, and questioned if there were any statistics on take up of vaccinations from these communities. The CCG representative responded to explain that there were particular communities where there was a higher rate of refusal and a roving team was reinforcing that the vaccination was safe to these communities. The Portfolio Holder stated that this had also received national press coverage to reinforce the message that the vaccinations were safe.

Resolved

That the Covid19 update be noted.

25/20

Stroke Pathway

The Committee were advised that the Stroke Pathway report had been deferred until the next committee meeting.

26/20

Walsall Together Update

The Committee were advised that the Stroke Pathway report had been deferred until the next committee meeting.

27/20

Draft Revenue Budget Feedback and Draft Capital Programme 2021/22 to 2023/24

The Lead Accountant (Adult Social Care) informed the Committee that the second budget report went to Cabinet on 9 December 2020 and included feedback from this Committee on the draft budget plan as reported to Cabinet on 28 October 2020, along with a draft Capital Programme for the period 2021/22 to 2023/24.

Members were informed that the item contained within the draft capital programme that fell under the remit of this Committee, was the

Integrated Community Equipment Store (ICES). This was a joint pooled budget between the authority and the CCG, which was about supporting the community living at home as independently as possible.

A Member requested regular updates to detail how the Walsall Proud programme would deliver efficiencies within the directorate. Officers confirmed that this would be possible.

The Director (Social Care for Adults) stated that briefings had been provided to Members on the strength-based approach, which underpinned the transformation agenda.. It was clarified that the request was for detail on how the Walsall Proud Programme would create efficiencies.

Resolved (by assent)

The Draft Revenue Budget Feedback and Draft Capital Programme 2021/22 to 2023/24 was noted.

28/20

Areas of Focus

It was noted that the stroke pathway item and Walsall Together item would be received at the next meeting.

Resolved

That the areas of focus be noted.

29/20

Forward Plans

The Forward Plan of Key Decisions from Cabinet and the Black Country Executive Joint Committee were considered.

30/20

Date of the next meeting

The date of the next meeting was agreed as 8th April 2021.

Termination of Meeting

The meeting terminated at 7.30p.m.