



Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 29 September 2022 at 6.00 P.M.

Meeting to be held: Conference room 2, Walsall Council House

Public access to meeting via: [Walsall Council Webcasting Portal](#)

MEMBERSHIP:

Councillor Hussain	(Chair)
Councillor Waters	(Vice-Chair)
Councillor Clarke	
Councillor Cooper	
Councillor Elson	
Councillor R.K. Mehmi	
Councillor Rasab	
Councillor Rattigan	
Councillor Sears	
Councillor Smith	
Councillor Worrall	

PORTFOLIO HOLDERS:

Health and Wellbeing	Councillor G. Flint
Adult Social Care	Councillor Pedley

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Democratic Services, Council House, Lichfield Street, Walsall, WS1 1TW
Contact: Nikki Gough ☎ 01922 654767 E-mail: nikki.gough@walsall.gov.uk

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AGENDA

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes of the previous meeting To approve and sign the minutes of the meeting that took place on 14 July 2022.	<u>Enclosed</u>
<u>Scrutiny</u>		
6.	Access to GP Services An update to the work being completed on access to primary care by the integrated care board.	<u>Enclosed</u>
7.	Update on the Urgent Treatment Centre An update on the Urgent Treatment Centre (UTC) at the Manor Hospital.	<u>Enclosed</u>
<u>Overview</u>		
8.	Recommendation Tracker To review progress with recommendations from previous meetings.	<u>Enclosed</u>
9.	Areas of Focus To review the Committee Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.	<u>Enclosed</u>
10.	Date of next meeting To note that the date of the next meeting will be 27 October 2022.	

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

Schedule 12A to the Local Government Act 1972 (as amended)

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Social Care and Health Overview and Scrutiny Committee

Thursday 14 July 2022 at. 6.00 p.m.

Conference room 2, Walsall Council.

Committee Members Present

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor S. Elson
Councillor R.K. Mehmi
Councillor W. Rasab
Councillor L. Rattigan
Councillor K. Sears
Councillor P. Smith
Councillor R. Worrall

Officers

Walsall Council

T. Meadows	Interim Director of Commissioning
S. Gunther	Director of Public Health

Black Country Integrated Care Board (ICB)

G. Griffiths - Dale	Walsall Managing Director
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01/22 Apologies

Apologies were received from both Councillor Clarke and Councillor Cooper.

02/22 Substitutions

There were no substitutions for the duration of the meeting.

03/22 Declarations of Interest and Party Whip

There were no declaration of interest or party whip.

04/22 Local Government (Access to Information) Act 1985 (as amended)

There were no agenda items requiring the exclusion of the public.

05/22 Minutes of the previous meeting

The minutes of the meeting that took place on 21 April 2022 were discussed.

Resolved

The minutes of the meeting held on 21 April 2022 were agreed as a true and accurate record.

06/22 Introduction to the Health and Care System in Walsall Council

At this point in the proceedings a Member requested clarification on a procedural matter contained within the constitution, the Democratic Services Officer agreed to provide a written response directly to the Elected Member, outside of the meeting.

The Chair then invited the Interim Director for Commissioning, to begin the Introduction to the Health and Care System in Walsall Council presentation [annexed].

The Interim Director for Commissioning informed the Committee that the Social Care system was undergoing large changes due to the introduction of new legislation. Furthermore, that it was important to note that Social Care was a means tested service and therefore not free at the point of use for all residents. One of the main functions of the Council in regard to Social Care was commissioning of care homes and home care services -this was an obligation under the Care Act 2014. It was also the duty of the Council under the Care Act 2014 to ensure that organisations providing services remained viable and stable enough to deliver services, and to seek alternative arrangements when a provider fails. The Council spent around £80 million a year delivering statutory services under the Care Act 2014. Furthermore, the Council supported a 'home first' approach, which focused on residents returning to their homes with the right support and not delaying their discharge from hospital.

Continuing, the Interim Director for Commissioning informed members that the introduction of the Health and Care Act 2022 meant that once an individual had contributed £86,000 towards their care costs free care would be provided by the Local Authority. This created administrative obligations (and costs) for the Authority. In addition, the Care Quality Commission (CQC) would be instating an inspection regime for Councils.

The Chair then invited the Walsall Managing Director (Black Country ICB) to speak to the presentation in relation to the health care system in Walsall.

The Walsall Managing Director began by explaining that the governance of the NHS had changed from Clinical Commissioning Groups to Integrated Care Boards (ICBs). Furthermore, that GPs were now offering similar, if not the same level of primary care appointments as before the pandemic and waiting times for procedures had started to fall. The Managing Director highlighted the salient points from the presentation for members of the Committee.

There Chair invited the Director of Public Health to comment on the Council's work on public health.

The Director for Public Health outlined that there had been changes in the way public health was structured nationally with the introduction of Health and Care Act 2022. These changes included the way local authorities interacted with partners, for example Public Health England had been replaced with two separate organisations: the UK Health Security Agency and the Office for Health Improvement and Disparities. At the time of the meeting the Council was still waiting for some of the demographic data from the census taken in 2021, however, initial data indicated that life expectancy in the Borough had stagnated and that there had been a decrease in healthy life expectancy and overall, the population of Walsall was becoming older.

The Public Health team covered a large area of the Councils work, such as: sexual health, drugs and alcohol, immunisations, oral health, healthy eating, reducing smoking, commissioning health checks through the NHS, school nursing and health visitors. The Public Health team supported the 'One You Walsall' which helped local residents with weight management. In addition, a ten-year strategy for mental health had been signed by partners, which was designed to help communities support people's mental health. Public Health also linked into the community safety partnership, safeguarding, the economic work of the council, and arts/culture. Furthermore, the Public Health Team looked at certain data in greater detail, such child deaths and infant mortality which indicated that the Borough and the Black Country did have a higher-than-average infant mortality rate than the national average.

The areas of focus for Public Health over the municipal year would be the: implementation of the ten-year mental health plan, health protection strategy and reducing inequalities across the Council. Finally, the Public Health Team would be reviewing further integration, sexual health services, 0 to 19 services, drug and alcohol services, and creating a broader wellbeing service.

The Chair then invited members to ask questions on the presentation. A discussion ensued on primary care access and in response to questions from Members the Walsall Managing Director informed the Committee that Primary Care Trusts were abolished in 2013 with commissioning work now taken on by the Clinical Commissioning Groups (CCG), not the Integrated Care Board (ICB); GP practices were private businesses and therefore not run directly by the NHS. However, the ICB did work closely with GPs to help reduce risks to patient safety. Members were assured that the same number of GP appointments were being offered to residents within the Borough as were offered before the Covid-19 Pandemic, however the demand for appointments had increased by 25% meaning pressure on GP practices was still very high. The ICB was looking at ways in which residents could be able to see specialist staff for pre-existing conditions straight away instead of using GPs as the first point of contact to reduce demand on primary care services. To try and reduce pressure on GP practices individuals that could and were willing to have virtual appointments should access them. If residents wished to complain about a GP practice, they should first raise it with the practice. If the complaint was not resolved, they could raise it with the ICB. Furthermore, the ICB tracked complaints and worked with GP practices to help them improve.

A discussion also took place around how the Council monitored and maintained standards within commissioned providers how complaints could be raised by residents. The Interim Director of Commissioning informed the Committee that there were a number of ways that commissioned providers of care were monitored. All providers registered with the CQC and were inspected by them. The Council monitored commissioned care providers by looking at various information such as feedback from users, complaints, reviews, and safeguarding issues. Furthermore, the Council could issue improvement plans to deal with concerns or could choose not to continue to use provider if unsatisfied with it. Those wishing to make a complaint about a commissioned care service provider should first do so with the provider themselves. If the issue is not resolved then a complaint can be raised to the Council, or the CQC.

Members also discussed the Council's approach to care and commissioning providers including contract types and inspections. The Interim Director of Commissioning reiterated that the Council supported the 'home first' approach. This meant that individuals were assessed for their social care needs at home where possible as this enabled the Council to determine need and options such as home adaptation more easily. Clarifying that it was always a clinical decision to discharge an individual from hospital, the Council only assessed need for care. Furthermore, the Council did not pay for vacancies within social care providers. As private businesses it was the responsibility of the providers to fill those vacancies. Neither did the Council have many block contracts with providers of social care, instead had framework and placement contracts with providers that meant that the Council only paid for what it needed. Additionally, the Council undertook announced and unannounced inspections of social care providers.

A Member questioned if ambulance response times were an issue in Walsall, the Committee were advised by the Walsall Managing Director that ambulance waiting times were a problem across the country nevertheless, Walsall was performing better than most. Additionally, Walsall Healthcare Trust had one of the best turnaround times for ambulances while other hospitals did not, and these delays could increase waiting times for Walsall residents.

A Member asked for information on the gap in life expectancy in Walsall, the Director of Public Health stated that the gap in life expectancy between the most affluent and deprived areas still existed within the Borough and had actually increased over the last few years. In response to a further question the Committee were informed that at the time of the meeting there was only one confirmed case of Monkey Pox within the Borough and around 1200 across the UK.

A specific question was asked around the ability of Elected Members/community to access information to ensure the safety of their residents, and were advised that the ICB was looking into ways in which those with long term conditions could name individuals who are part of their informal care arrangements so they could be contacted if hospitalised.

The Chair thanked members for their questions and thanked officers for attending the meeting.

Resolved

- That the Managing Director of NHS Walsall to circulate a briefing note on Primary Care Access to the Committee.
- That the presentation be noted by the Committee.

07/22 Areas of Focus 2022-23

The Chair introduced this item and then asked members to contribute items that they wanted to be part of the Committees areas of focus for the municipal year. The agreed upon items were as follows:

- Ambulance response and waiting times.
- Access to GP services and the Walk in Centre.
- Waiting times for A&E and the urgent care centre.
- Report on progress of improvements to inadequate areas found by the CQC for Manor Hospital and maternity services.
- Waiting times for elective surgeries and procedures.
- Childhood Obesity (referred from Education Overview and Scrutiny Committee).
- Teenage Pregnancy (referred from Education Overview and Scrutiny Committee).
- Dental provision.
- Transfer of patients into the social care system (bed blocking).

A Member asked for clarification on the part of the report referring to health scrutiny powers of the Committee. The Democratic Services Officer responded that the Committee would be and had been consulted on substantial variations or developments of service from the ICB. The Committee does have the power refer changes it does not agree with to the Secretary of State for Health and Social Care, but this has not been necessary in the past. Clarification was also provided on the limitation in the number of operational working groups. The Democratic Service Officer responded to state that this was due to resource issues in the Service.

Resolved

- That the Areas of Focus items suggested by members of the Committee be included in the work program for the municipal year.
- That the Areas of Focus report be noted by the Committee.

08/22 Date of next meeting: 15 September 2022

Termination of Meeting

The meeting terminated at 7.44 p.m.

Chair:

Date:

**Social Care and Health
Overview and Scrutiny Committee**

**Agenda
Item No.**

15 September, 2022

6.

Update on the Access to GP Services

Ward(s) All

Report:

This report provides an update to the work being completed on access to primary care by the integrated care board. It provides a short summary of the current position in terms of the contracts of some practices and sets out the work in process to determine future plans.

Recommendations:

That:

The Social Care and Health Overview and Scrutiny Committee note the report and identify any further information required.

Contact Officer:

Mr Geraint Griffiths-Dale

Walsall Managing Director
Black Country ICB

To	Overview and Scrutiny Committee - Walsall
Title	GP Access
Author	Mr Geraint Griffiths-Dale
Date	6 September 2022

1. Introduction

This paper provides an update to the work being completed on access to primary care by the integrated care board.

It provides a short summary of the current position in terms of the contracts of some practices and sets out the work in process to determine future plans.

2. Context

Through the pandemic, GP practices played an essential role in supporting the delivering of the vaccination programme. The restrictions on access placed on premises by inhibited practices completing all elements of their routine work. The digital opportunities expanded rapidly to aid in providing people with access to primary care when face to face access was restricted.

As we emerge from the pandemic practices are working to ensure they recover and restore all services. The presence of digital access opportunities is set to continue with practices offering a blended model of face to face and digital opportunities. There is clearly not a national target for the split between these two appointment types as this needs to be driven by patient choice – and is likely to be affected by the demographic of the population it services. (more details on face to face appointments is included later in the document).

Demand for all health services is currently higher that would be expected over the traditional busier winter times. This additional demand is also reported in primary care, with practices generally reporting higher levels of demands for same day urgent appointments.

Practices are reporting that this demand is, driven by the following factors:-

- Patients are presenting with symptoms identified during the pandemic, and it is only now that patients feel safe, or the symptoms have deteriorated prompting contact with the GP
- Practices have not been able to complete all the routine health checks
- The demand placed on acute hospitals means that patients are being discharged from hospital requiring a greater level of support (for example, titrating medication following a diagnosis of hypertension)
- There are working to prioritise the patients who require reviews of their long-term conditions., ensuring those in the highest priority groups are invited in first. There are cases when patients require a greater level of support due to the delays in their reviews.

It is important to point out, that there are often alternative ways of patients getting the health advice they need. Significant promotional work has been completed over the last two years to promote both the new roles that are available within the GP surgery, but also in areas like community pharmacies.

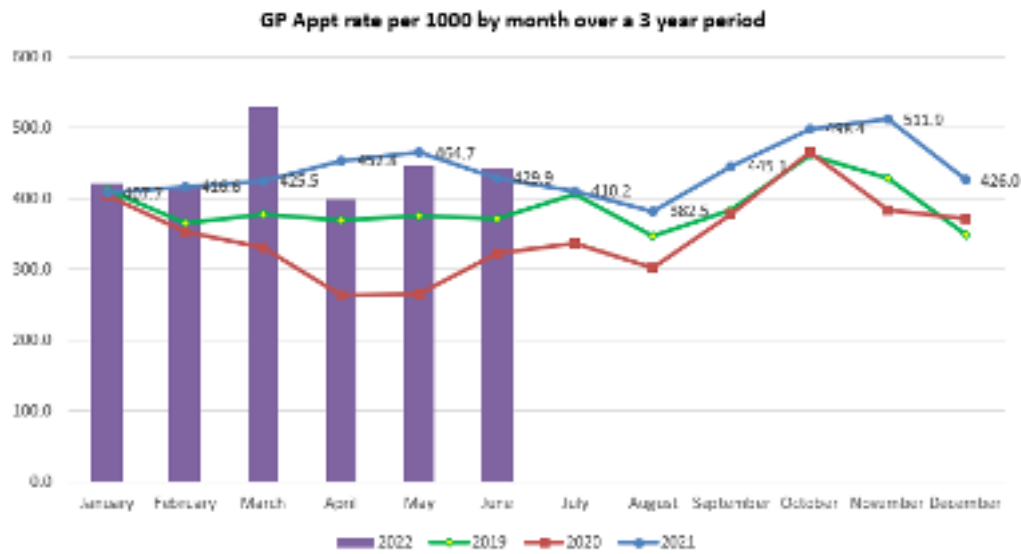
It is important to note, that in April 2022 the Clinical Commissioning Group advised practices that it was now “business as usual”.

3. Level of appointments

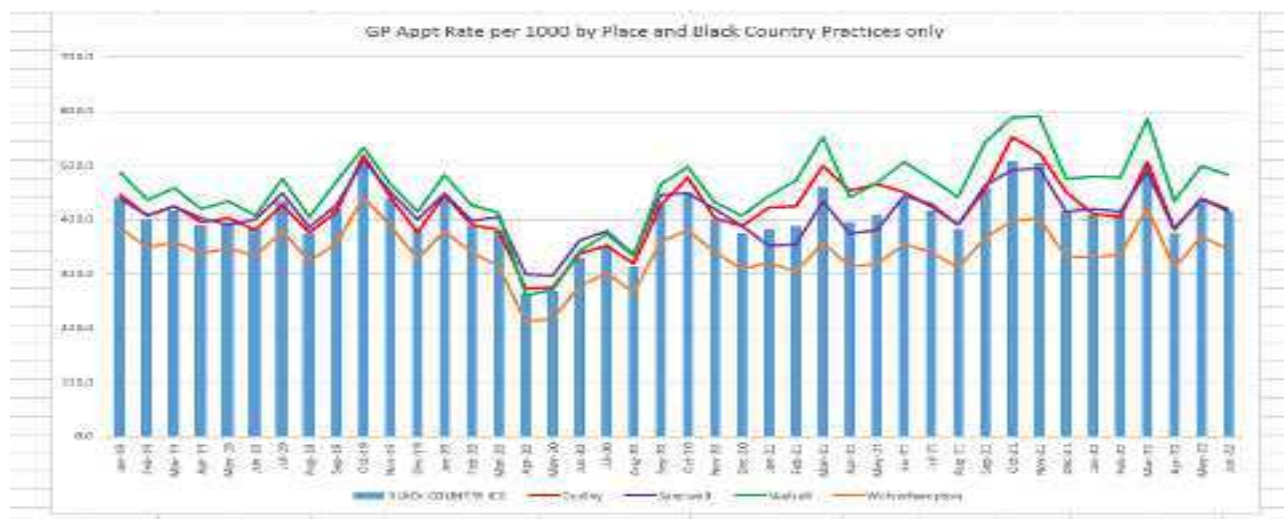
3.1 System appointments

One of the core priorities set out by NHSE is to ensure the number of appointments have returned to the pre pandemic levels.

The information in the table below shows that the system has achieved this throughout 2021 and 2022. (Please note this data includes the activity for West Birmingham – these practices transferred into the Birmingham and Solihull ICB in July 2022)



Within the Black Country, Walsall has the highest average access rates per 1000 population



3.2 Local access programme

In August 2021 early work was completed to provide information to help commissioners to prioritise patients with the greatest access challenge. Three sets of information were provided to the place team to help, to prioritise practices. This information was:-

- Snapshot review (websites and telephone answerphone messages)
- Dashboard
- Five markers relating to access from the national GP patient satisfaction survey

£100k was allocated that could be used to support improvement and delivery which equated to c. 2,000 additional appointments.

3.3 Winter access programme

In October 2021 NHSE launched its winter access programme with additional investment identified to establish additional appointments. The start of this programme was delayed due to the national priority of ensuring the completion of the vaccination booster programme. From January to March 2022 practices across the system delivered an additional 86,474 appointments. Walsall practices delivered an additional 14,077 appointments.

3.4 GP appointment data

In October 2021 NHSE commenced the release of appointment data by practice. Whilst there were significant restrictions on how this information could be shared, it has facilitated discussions with practices and PCNs to share good practice and commence work to reduce variation.

In June 2022 (the latest available data), the national average level for face to face appointments as a proportion of total appointments was 64%. Across the Black Country the system has an average of 67.7%, with a range of 52-80%. In Walsall 6 of the 7 Primary Care Networks (PCNs) achieved a level above the Black Country average with a local average of 70.25%.

4. Improvement in access

4.1 Standard offer for patients

The ICB has established a working group made up of a range of different professionals from across the ICB. This working group is pulling together all elements of work on access; working to define a standard offer for patients. This group pulls together place commissioners, communications, engagement, digital, business intelligence and performance teams.

4.2 Dashboard development

Considerable work has been undertaken to pull all data relating to GPs into one data warehouse. An access dashboard is now being finalised that will enable the ongoing discussion in place – crucially linking with local intelligence to identify the improvement opportunity. The dashboard is scheduled to be launched on 1 October 2022.

With the use of a statistical tool, this dashboard enables the pulling together of a set of markers into a ranked list. It is felt that together, these markers will enable:-

- The identification of variation in performance across a PCN
- Areas of good practice

- Areas with an improvement opportunity
- Areas under increasing pressure/signs of poor resilience

The working group is currently reviewing the dashboard to ensure it contains the elements the place commissioners believe offer the most effective set of information to enable the above principles.

4.3 The digital offer

Primarily, it is important to note the ICB do not believe that digital is the only solution. COVID has however seen a huge rise in the digital competence of our populations. By maximising the opportunity that the digital agenda creates, it can save practice time – but more importantly, it can give timely access to a large section of the community whilst reducing the demand on the more traditional services.

4.3.1 *GPIT*

The digital team are currently appointing a team to support practices to use their digital tools more effectively. The ICB see this as a central part of the access offer. This work will include, for example ensuring websites are easy to navigate and contain consistent access to information.

4.3.2 *Online consultations*

The practices already offer online consultations. This is a way of getting medical advice and can often act as a triage process, being followed up with a face-to-face appointment with the most appropriate clinician. The ICB has worked with practices in Walsall who have requested the change of provider of this service. The new provider gives greater scope for patients to express their requirements by the use of free text. In addition, for patients with long term conditions, it enables practices to send out pre-appointment questionnaires that enables the prioritisation of patients so the ones in greatest need can be seen earlier. Also, it creates greater time within the appointment to have more detailed discussions on the conditions with patients.

The system creates huge opportunity for bespoke areas of work that, where required, can resolve issues without the need to attend the practice – creating potential capacity for patients that prefer the choice of face to face.

4.3.3 *Telephony*

We know that patients often experience significant challenges in managing the demand through their telephones. Traditional “analogue” systems can often inhibit speedy response times. The ICB has invested £972k to support practices in their transition from these systems and into cloud-based technologies. Additionally, the digital team are working to support practices with maximising the functionalities that the newer telephony systems can afford practices. It is important to note that the procurement of telephony systems is outside the responsibilities of the ICB.

4.3.4 *NHSAPP*

There is now a national priority for 60% of the population to have access and use the NHS APP. Whilst the COVID pass was central in driving its initial use, it affords patients huge opportunities to information and access. A working group has been set up to supports its use for both patients and practices.

4.3.5 *Access champions – pilot in Walsall*

It was recognised that whilst the NHSAPP offers huge improvements in access and information, this potentially could exacerbate the inequalities gap and disadvantage people from seldom heard groups. The engagement team commissioned *Engaging Community Solutions* to implement and

evaluate an innovative improvement project. The central premise of the project is to work with active community groups to promote two central themes:-

- How to get the most out of primary care
- How to use the NHSAPP

It is anticipated that by working with groups in this way will help to spread the message through the networks these groups have with the public.

Two PCNs were selected to pilot this approach. An evaluation report is scheduled for completed before the end of this financial year.

5. Contractual elements

5.1 Enhanced access

From 1 October 2022, a new scheme of additional access will be launched. This is a national programme (part of the contractual requirements for PCNs) that replaces new provision replaces extended access.

Where historically there was flexibility regarding when the additional capacity would take place, there is now a national requirement for standard network hours. Appointments will be available from 18:30 – 20:00hrs daily and from 9:00 – 17:00hrs on Saturdays as routine. A wide range of appoint types should be available.

5.2 APMS contracts

Across the ICB there are 11 APMS contracts. These contracts are time limited and give the commissioner the opportunity to procure additional primary medical care. In Walsall there are seven of these contracts, as set out below:-

- New Invention, Modality Group
- Collingswood, Modality Group
- Forrester Street, Modality Group
- Keys, Modality Group
- Blakenhall, Modality Group
- Holland Park, Umbrella Practice
- Lichfield Street, Umbrella Practice

The initial term of four contracts above ends in 2023. All have the option for a five-year extension if both parties agree. The ICB is currently in the process of determining if the five-year extension will be offered.

5.3 Branch closure

In 2020, as part of the management of the pandemic the branch site at Harden was closed. As mentioned earlier, as we emerged from the pandemic and we returned to business as usual, the ICB approached the practice to confirm the plans for the re-opening of this facility. There is national guidance that is required before a branch site can be closed. This includes the completion of engagement and consultation with the patients it services.

**Social Care and Health
Overview and Scrutiny Committee**

**Agenda
Item No.**

15 September, 2022

7.

Update on the Urgent Treatment Centre

Ward(s) All

Report:

This report provides an update on the Urgent Treatment Centre located at Walsall Manor Hospital. It provides a short summary of the current position in terms of the contracts of attendance, opening times, quality management, and future development.

Recommendations:

That:

The Social Care and Health Overview and Scrutiny Committee note the report and identify any further information required.

Contact Officer:

Mr Geraint Griffiths-Dale

Walsall Managing Director
Black Country ICB

Walsall Overview Scrutiny Committee
Urgent Treatment Centre at Manor Hospital - Update
September 2022

1.0 Introduction

The Urgent Treatment Centre (UTC) at the Manor Hospital has been provided by Malling Healthcare since December 2018, and is an integral part of the Emergency Department (ED) with positive clinical working relationships between the Walsall Healthcare Trust A&E clinical team and the Malling Healthcare clinical team.

The service is a critical component of the Urgent and Emergency Care System in Walsall contributing to the favourable performance of Walsall's system in minimising ambulance turnaround times, and also 4 hour breaches in A&E, when compared to other nearby centres and regionally and nationally.

2.0 Attendance (See appendix 1)

Levels of attendance to the UTC have reverted to pre COVID Pandemic levels and currently average circa 5,000 per month (circa 60,000 per annum) with daily attendance commonly ranging between 140 to 190. Improved on-site signage has led to an increase in the percentage of direct walk-ins to the UTC. Around 40% of walk-in ED attendance is streamed away from A&E to the UTC at the front door of the ED.

Constructive working relationships between the respective clinical teams ensures that very few patients are referred the other way (from the UTC to A&E) and where this does happen it is down to genuine clinical safety of the patient e.g. a patient becoming more acutely unwell and showing signs of sepsis.

There are occasions when the waiting area within the UTC does reach its capacity of 56 places. The current location of the UTC means this could not be increased. Malling Healthcare have demonstrated their capability to manage this in partnership with A&E, by prioritisation of clinical need and ensuring that patients are informed of longer waiting times. This situation will improve in the new ED. The small number of patients who decide to walk out without being seen are subsequently followed up by Malling Healthcare.

The national waiting times standard is for 95% of being treated within 4 hours, with delivery consistently around 97%.

There is a pattern of higher percentage attendance of patients from nearby GP practices. This is common to most A&E's across the country. This has been brought to the attention of the GPs in the respective practices and in one practice the GPs wrote directly to the patients who had attended the UTC most often to query why they were attending the UTC and to remind them of the services available in the practice. There is also a scheme (High Intensity Users) where a nurse practitioner

with specialist skills in complex behaviour is making contact with repeated high intensity users of the UTC to support them to reduce their attendance.

3.0 Opening Times

Opening times are from 7.00am to midnight seven days a week, with a continuation of appointments for those still waiting at midnight through to 2.00am. There have been trials of opening up to 3.00am, but each time there has been a problem with clinical rota fill in the early morning hours because of a reluctance to work these hours amongst the primary care workforce. As the numbers are so small it has also not been a cost effective arrangement. This does mean that a small number of patients who could be seen in the UTC are receiving their treatment in A&E during the early morning hours up until 6.00am by which time UTC patients are asked to wait until the opening of the UTC at 7.00am. This has caused some frustration on the part of the A&E Clinical Team and alternative solutions are currently being explored

4.0 Quality Monitoring

There are bi-monthly Clinical Quality Review Meetings with the Place Based ICB Quality and Commissioning Teams. Mallings Healthcare routinely report on the extent of rota fill and staff sickness, together with any Safeguarding referrals and the outcome of the Family/Friends Test which shows a majority of people who have completed the form would recommend the service to others. The number and content of complaints is also reported each month, together with how the complaints have been followed up by the Mallings Healthcare clinical team.

There is also an account of the most common prescriptions issued by the UTC which is discussed with the place based ICB Medicines Management Team. All of the UTCs in the Black Country were recently visited by the ICB Quality Teams and the feedback from the visiting team at the Manor Hospital was very positive.

5.0 UTC as part of the new Emergency Department

Continuation of the UTC service has been included as part of the new ED which is due to open from mid-November 2022. There is an opportunity for a higher level of integration between the UTC Streaming Service and A&E Assessment and Triage due to the improved building design and layout compared to the legacy environment where the location of the UTC constrained a degree of integration that will now become more feasible. This, together with improved connectivity between IT systems allowing for greater sharing of patient records between the UTC and WHT, means there can be a higher level of integration of the streaming, assessment and triage process at the front door of the new ED.

The level of integration between the UTC and A&E within the new ED environment will be closely monitored and reviewed, and it is expected that there will be further improvement in the way that Mallings Healthcare and WHT A&E clinical teams are working together. It is proposed that there should be a further report to Overview Scrutiny Committee on patient experience of attending the new ED 6 months after opening.

Geraint Griffiths-Dale
Walsall Managing Director

Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2022/23

Committee Meeting Date	Agenda Item	Action/Recommendation	Officer responsible	Status	Target Completion Date	Notes
14 July 2022	Introduction to the Health and Care system on Walsall	A briefing note on GP services provision be provided by the Managing Director of NHS Walsall and circulated to members.	Geraint Griffiths-Dale and Jack Thompson/Nikki Gough	Complete	14 July 2022	This was supplied to members via email shortly after the meeting on the 14 July 2022.
	Areas of Focus	A work programme for the municipal year be produced containing agreed areas of focus, for agreement by the Committee.	Jack Thompson/Nikki Gough		15 September 2022	Sent out with the agenda of the meeting on the 7 September 2022.



FORWARD PLAN OF KEY DECISIONS

**Council House,
Lichfield Street,
Walsall, WS1 1TW**
www.walsall.gov.uk

5 September 2022

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” at least 28 calendar days before they are due to be taken by the Executive (Cabinet). Also included on the plan are other decisions to be taken by the Cabinet (“non-key decisions”). Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. Copies of the plan can be obtained from Democratic Services, Walsall MBC, Council House, Walsall, WS1 1TW craig.goodall@walsall.gov.uk and can also be accessed from the Council’s website at www.walsall.gov.uk. The Cabinet is allowed to make urgent decisions which do not appear in the forward plan, however, a notice will be included on the agenda for the relevant Cabinet meeting which explains the reasons why.

Please note that the decision dates are indicative and are subject to change. Please contact the above addressee if you wish to check the date for a particular item.

The Cabinet agenda and reports are available for inspection by the public 7 days prior to the meeting of the Cabinet on the Council’s website. Background papers are listed on each report submitted to the Cabinet and members of the public are entitled to see these documents unless they are confidential. The report also contains the name and telephone number of a contact officer. These details can also be found in the forward plan.

Meetings of the Cabinet are open to the public. Occasionally there are items included on the agenda which are confidential and for those items the public will be asked to leave the meeting. The forward plan will show where this is intended and the reason why the reports are confidential. Enquiries regarding these reasons should be directed to Democratic Services (craig.goodall@walsall.gov.uk).

“Key decisions” are those decisions which have a significant effect within the community or which involve considerable expenditure or savings. With regard to key decisions the Council’s Constitution states:

- (1) A key decision is:
 - (i) any decision in relation to an executive function which results in the Council incurring expenditure which is, or the

making of savings which are, significant, having regard to the Council's budget for the service or function to which the decision relates or

(ii) any decision that is likely to have significant impact on two or more wards within the borough.

(2) The threshold for "significant" expenditure/savings is £500,000.

(3) A decision taker may only make a key decision in accordance with the requirements of the Executive Procedure out in Part 4 of this Constitution.

Rules set

FORWARD PLAN OF KEY DECISIONS OCTOBER 2022 TO JANUARY 2023 (05.09.22)

1 7	2	3	4	5	6	
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
110/22 (6.6.22)	Draft Revenue Budget and Draft Capital Programme 2023/24 to 2026/27: To provide an updated medium term financial outlook, draft revenue budget and capital programme for 2023/24 to 2026/27, including savings proposals, and to set out the process and timescales for setting a legally balanced budget for 2023/24.	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Public Internal Services	Cllr Bird	19 October 2022

111/22 (6.6.22)	Corporate Financial Performance 2022/23: To report the financial position based on 5 months to August 2022, including the impact of Covid-19.	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Public Internal Services	Cllr Bird	19 October 2022
127/22 (8.8.22)	Council Plan 2022/25: To note the Quarter 1 2022/23 (outturn) performance against the Markers of Success in the Council Plan 2022/25	Cabinet Non-key decision	Elizabeth Connolly (Elizabeth.Connolly@walsall.gov.uk) Policy & Strategy Unit (policyandstrategy@walsall.gov.uk)	Internal Services	Cllr Bird	19 October 2022
108/22 (6.6.22)	Town Deal: To report for consideration business cases for the Town Deal.	Cabinet Key Decision	Philippa Venables Philippa.Venables@walsall.gov.uk	Internal Services, Town Deal Board members	Cllr Andrew	19 October 2022
114/22 (4.7.22)	West Midlands Enhanced Partnership Scheme for Buses (Variation): To approve a revised scheme to improve bus travel in the West Midlands.	Cabinet Key Decision	Matt Crowton Matt.Crowton@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022

107/22 (6.6.22)	Procurement of Corporate Landlord Strategic Partner: To seek approval to the appointment of a strategic partner to support the programme of capital schemes related to the council's property portfolio.	Cabinet Key Decision	Nick Ford Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022
116/22 (4.7.22)	Young person homelessness accommodation and support contract awards: To approve the contract awards for: <ol style="list-style-type: none"> 1) Dispersed temporary accommodation and intensive housing management 2) Supported lodgings, and Night Stop and Day Stop facility 	Cabinet Key Decision	Rashida Hussain Rashida.Hussain@walsall.gov.uk	Internal services, service users, external stakeholders	Cllr Ali Cllr Wilson	19 October 2022
128/22 (5.9.22)	Climate Change Action Plan: To provide an update on the Climate Change Action Plan and agree a new target.	Cabinet Key Decision	Dave Brown Dave.Brown@walsall.gov.uk	Internal Services	Cllr Flint	19 October 2022
113/22 (20.6.22)	Adult Social Care – Extension of contractual arrangements: To approve: <ol style="list-style-type: none"> 1) the extension of the interim contracts for Residential and Nursing Care Services for Older People, Complex Care and 	Cabinet Key Decision	Grace Charles Grace.Charles@walsall.gov.uk	Internal Services	Cllr Pedley	19 October 2022

	<p>Mental Health Services from 1.4.23 to 31.3.24 with an option for a further 12 months should this be necessary.</p> <p>2) the extension of the current contractual arrangements for Community Based Services from 1.4.23 to 31.3.24 with an option for a further 12 months should this be necessary.</p>					
129/22 (5.9.22)	<p>Update on Resilient Communities Safer Streets Programme</p> <p>To report back on Safer Streets activity and will recommend any adjustments/additions to the programme.</p>	<p>Cabinet</p> <p>Non-key Decision</p>	<p>Paul Gordon</p> <p>Paul.Gordon@walsall.gov.uk</p>	Internal Services?	Cllr Perry	19 October 2022
109/22 (6.6.22)	<p>Schools Mainstream Local Funding Formula 2023/24:</p> <p>To approve a full consultation with all schools for the Mainstream Local Funding Formula, to be used for the allocation of mainstream funding to schools in Walsall</p>	<p>Cabinet</p> <p>Key Decision</p>	<p>Schools Forum</p> <p>ESFA – Schools revenue funding operation guide</p> <p>Richard Walley</p> <p>Richard.Walley@walsall.gov.uk</p>	<p>Schools Forum</p> <p>Cabinet</p>	Cllr M. Statham	19 October 2022

130/22 (6.9.22)	Sexual Health and 0-19 Contracts To approve the extension of the integrated sexual health service, contract delivered by Walsall Healthcare NHS Trust from 01 April 2023 to 31 March 2024; and To delegate authority to the Executive Director of Adult Social Care, Public Health and Hub in consultation with the Portfolio Holder for Health and Wellbeing to extend contracts on behalf of the Council and to subsequently authorise the variations to the contractual arrangements for the services should this be required at any time during the term, in line with Public Contract Regulations and the Council's Contract Rules to 31 March 2024.	Cabinet Key Decision	Tony Meadows Interim Director of Commissioning	Internal Services	Cllr Flint	19 October 2022
131/22 (6.9.22)	Community Based Services (Adult and Children's) and Complex Needs (Children's) To approve the extension of the two current framework agreements.	Cabinet Key decision	David DeMay David.Demay@walsall.gov.uk	Internal Services	Joint report Cllr Pedley and Cllr Wilson.	19 October 2022
121/22 (8.8.22)	Corporate Financial Performance 2022/23: To report the financial position based on 7 months to October 2022, including the impact of Covid-19.	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Internal Services	Cllr Bird	14 December 2022
122/22 (8.8.22)	Autumn Budget and Spending Review, and feedback from Overview and	Cabinet	Vicky Buckley	Public	Cllr Bird	14 December 2022

	<p>Scrutiny Committees on draft revenue and capital budget proposals, 2023/24 to 2026/27:</p> <p>To provide an update on the impact of the Autumn Budget and Spending Review on the medium term financial outlook, and to consider feedback from Overview and Scrutiny Committees on the draft revenue and capital budget.</p>	Non-key decision	Vicky.Buckley@walsall.gov.uk	Internal Services		
123/22 (8.8.22)	<p>Treasury Management Mid Year Position Statement 2022/23:</p> <p>The council is required through regulations issued under the Local Government Act 2003 to produce a mid-year position statement reviewing treasury management activities and prudential and treasury indicator performance.</p>	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Internal Services	Cllr Bird	14 December 2022
124/22 (8.8.22)	<p>Schools Mainstream Local Funding Formula 2023/24:</p> <p>That Cabinet approves the Mainstream Local Funding Formula, to be used for the allocation of mainstream funding to schools in Walsall</p>	Cabinet Key Decision	<p>Walsall Schools Forum report December 2022 – Proposed Schools Local Funding Formula 2023/24</p> <p>ESFA – Schools revenue funding operation guide</p> <p>Richard Walley</p>	Schools Forum Cabinet	Cllr M. Statham	14 December 2022

			Richard.Walley@walsall.gov.uk			
125/22 (8.8.22)	Housing First contract award: To approve the contract award enabling the continuation of flexible support to former rough sleepers housed through the Housing First initiative	Cabinet Key decision	Neil Hollyhead Neil.Hollyhead@walsall.gov.uk	Internal services, service users, external stakeholders	Cllr Ali	14 December 2022

Next = 132/22

Black Country Executive Joint Committee Forward Plan of Key Decisions Published up to December 2022				
Date created	Key Decision	Contact Officer	Main Consultees	Date of meeting
09/05/2022	Future working arrangements of the Black Country Executive Joint Committee Consider the future working arrangements in light of the receipt of Government correspondence dated 31 March 2022: Integrating Local Enterprise Partnerships into local democratic institutions.	Sarah Middleton Sarah.Middleton@blackcountryconsortium.co.uk	Dudley MBC Sandwell MBC Walsall MBC City of Wolverhampton Council	19/10/2022
Black Country Enterprise Zone (EZ)				
06/06/2022	Governance Principles: Enterprise Zones Approval of the amended Supplemental Deed of <i>Governance Principles: Enterprise Zones</i> , relating to the Black Country Executive Joint Committee Collaboration Agreement.	Simon Neilson Simon.neilson@walsall.gov.uk	Walsall Council	19/10/2022
Local Growth Fund (LGF)		Programme changes		
06/04/2021	Dudley Advanced Construction Centre Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley College, to deliver the Local Growth Fund (LGF) funded elements of	Helen Martin Helen.Martin@dudley.gov.uk	Dudley Council	19/10/2022

	the Dudley Advanced Construction Centre project with delivery to continue in the 2022/23 financial year. Note that change request relates to a change in outputs.			
06/09/2021	<p>Elite Centre for Manufacturing Skills</p> <p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with the University of Wolverhampton, to deliver the Local Growth Fund (LGF) funded elements of the Elite Centre for Manufacturing Skills (ECMS) project with delivery to continue in the 2022/23 financial year. Note that change request relates to a change in outputs.</p>	<p>Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk</p>	Wolverhampton City Council	19/10/2022

Social Care and Health Overview and Scrutiny Committee: Work programme 2022/23¹

Main agenda items	15/09/22	27/10/22	29/11/22	19/01/22	20/02/22	06/04/22
Theme: Primary Care Access						
Access to GP Services						
Dentistry Service Provision						
Update on the Walsall Walk-in-Centre						
Theme: Emergency and Hospital Care						
Access to A&E						
Report from the CQC on Manor Hospital						
Review of Maternity Services						
Discharge of patients						
Theme: Waiting times						
Ambulance waiting times						
A&E waiting times						
Elective care (inc. Surgery)						
Theme: Children and Young Adult						
Teen pregnancy						
Childhood obesity						
Revisit: Primary Care Access						
Adult Social Care						
CQC Inspection Readiness						
Adult Social Care Reform						
Winter preparedness (Social Care and Health)		X ²				

¹ Please note that the work plan can be edited, and items can be added and removed at the discretion of the chair.

² Please note that 'Winter Preparedness (Social Care and Health)' will be covered by other items in the meeting.