



Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Monday 1 November 2021 at 6.00 P.M.

Meeting to be held: Walsall Town Hall

Public access to meeting via: <https://youtu.be/s8nAFMVD-LA>

MEMBERSHIP:

Councillor Hussain (Chair)
Councillor Cooper (Vice-Chair)
Councillor Allen
Councillor Coughlan
Councillor Ditta
Councillor Gandham
Councillor Johal
Councillor Murphy
Councillor Pedley
Councillor Robertson
Councillor Waters

PORTFOLIO HOLDERS:

Health and Wellbeing - Councillor S. Craddock
Adult Social Care - Councillor R. Martin

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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 23 September 2021.	<u>Enclosed</u>
<u>Scrutiny</u>		
6.	Primary Care Access To set out how the pandemic has and will continue to change service delivery within primary care and address concerns raised by the scrutiny committee at its last meeting.	<u>Enclosed</u>
7.	Draft Revenue Budget and Draft Capital Programme 2022/23 – 2025/26 To consider the draft revenue budget proposals that relate to the remit of this committee and provide feedback to Cabinet on 15 December 2021	<u>Enclosed</u>
8.	Corporate financial performance – quarter 2 financial monitoring position for 2021/22 To provide the budget monitoring position for Period 5 2021/22	<u>Enclosed</u>
<u>Overview</u>		
9.	Areas of Focus To review the Committees Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.	<u>Enclosed</u>
10.	Date of next meeting 7 December 2021, 6 p.m.	

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 23 September 2021 at. 6.00 p.m.

Town Hall, Walsall Council.

Committee Members Present

Councillor Hussain (Chair)
Councillor Cooper (Vice-Chair)
Councillor Allen
Councillor D. Coughlan
Councillor Ditta
Councillor Gandham
Councillor Murphy
Councillor Pedley
Councillor Robertson
Councillor Samra
Councillor Waters

Portfolio Holders Present

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

Officers

Mrs K. Allward	Executive Director Social Care for Adults
Mrs H. Owen	Democratic Services Officer, Walsall Council

Mr. G. Griffiths-Dale	Managing Director, Black Country and West Birmingham Clinical Commissioning Group
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49/41

Apologies

Apologies were received on behalf of Councillor Johal.

50/20

Substitutions

Councillor Samra substituted on behalf of Councillor Johal for the duration of the meeting.

51/20

Declarations of Interest and party whip

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

52/20

Minutes of the previous meeting

The minutes of the meeting that took place on 14 July 2021 were discussed.

Resolved

That the minutes of the meeting held 14 July 2021, were agreed as a true and accurate record of the meeting, subject to the revision of minute 46/21 resolution - to read:

- 1. The Walsall Healthcare Trust CQC inspection report was noted.**
- 2. Regular updates are provided to the Committee on the progress of the improvement plan.**

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

53/21

Access to Primary Care Services

The Managing Director (CCG) spoke to the item and highlighted the salient points (annexed).

The Committee was provided with the following information as an introduction to the primary care system in Walsall:

- There were fifty-two GP practices in Walsall, divided into seven Primary Care Networks (PCNs).
- The CCG did not run primary care - GP practices were individual businesses (ranging from single GPs to multi-site partnerships).
- The CCGs role was to commission primary care services from GP practices to meet the needs of local people.
- The regulator for GP practices was the Care Quality Commission (CQC).

It was noted that there were challenges in primary care in meeting the demand for services, due to a reducing workforce, and increasing demand. The impact of the COVID-19 pandemic was described and included working differently to keep staff and patients safe, the delivery of the vaccination programme, and an increase in demand for primary care services post-lockdown. Current performance of GP practices was discussed, and it was noted that on average the available number of appointments was at the same level as pre-pandemic, with more than half of these being face to face appointments, however demand for appointments had significantly increased.

The Managing Director acknowledged difficulties in securing appointments in certain areas of Walsall and the Committee was assured that the CCG was working with these practices to improve access for patients. It was stressed that all GP practices had been open during the pandemic, however in order to be COVID safe, face to face appointments had been restricted to those who most needed them.

Members were advised of the 'Time2Talk' customer care team, patients could report concerns to this team if their primary care experience had not been positive.

A Member asked for clarity on the following points:

- Which PCN's were not able to cope with demand and what was being done to support them.
- How telephone systems in surgeries were being improved.
- How individuals not able to access the internet were being supported.

The Managing Director informed the Committee that collaborative working had enabled practices to work together to overcome some challenges. GP practices were responsible for their own telephone systems, however the CCG undertook random trials of the system to identify any issues. Work was being done alongside Healthwatch to further explore and identify patients who were not able to access virtual services. It was noted that overall GP access had been increased by offering alternative methods to accessing healthcare.

A Member questioned why demand for primary care services had increased, and asked if this may lead to increased demand at 'Accident and Emergency'. The Managing Director explained that if a patient could not schedule a GP appointment, the next step would be to book an extended access appointment, and if this was not available then the patient should access the urgent treatment centre which was staffed by primary care doctors. This should prevent unnecessary presentations at Accident and Emergency.

A Member expressed concern that residents were not able to get through to request repeat prescriptions from larger pharmacy hubs and it was suggested that the 'E-consult' service was inadequate.

It was suggested that it would be useful to include negative patient stories in reports, and how they were resolved. In acknowledgement of increased demand, it was questioned how the backlog of appointments would be reduced. The Managing Director informed the Committee that there had been an acceleration of new technology due to the pandemic, and the use of pharmacy hubs were useful for medicine compliance – this provided huge medical benefits. A Member asked who reviewed prescriptions within pharmacy hubs. It was clarified that this was a qualified pharmacist who had a direct route to communicate with patient GPs. The benefits were that there was an increased access to this service for patients.

A Member asked if there were any GP practices in Walsall who were not offering face to face appointments and for clarification on recruitment difficulties. The Managing Director confirmed that all GP practices were offering face to face appointments and it was clarified that there were not enough GPs being trained (through the national programme) to replace GPs retiring, and to meet increased demand. It was stressed that GPs were trained as generalists, and it was often better for patients with long term conditions to see a specialist in their condition.

The Managing Director was asked if there were any penalties for practices not offering face to faces services. The Committee was informed that available appointments were being monitored by the CCG, but it was stressed that GPs were also delivering the COVID vaccination rollout in the Borough.

A Member suggested that it would be useful to receive information on the number of face to face appointments for each GP practice, it was suggested that the system for offering these was not adequate and it meant people were unable to secure appointments. Challenges with the e-consult form were discussed, and for people who were unable to access digital services. The Managing Director agreed that there were not enough available appointments to meet demand, and that this was a national issue. It was acknowledged that there needed to be a way to increase the number of face to face appointments to meet demand.

A Member referred to the frustrations experienced by residents in accessing appointments. A request was made for additional information to be taken to the Committee as follows:

- The CQC ratings of all GP practices, including the number rating good, required improvement, and inadequate (split into PCN) along with an outline of the local average and how GP practices in Walsall were performing in comparison to this average.
- Clarification on responsibility for the triaging of patients.
- Information on the implementation of new technology, along with a timeline.

The Managing Director stated he was happy to share this information.

The use of photographs to diagnose ailments was discussed and the Committee was informed that this had led to speedier referrals in some cases. Concern was expressed by a Member that conditions were being missed through lack of contact and it was questioned if health questionnaires could be completed at COVID vaccination sites. The Committee was informed that the speed and volume of patients seen at vaccination centres meant that public health messaging was not possible.

A discussion was held on measures that could be taken by the CCG when GP practices needed to improve. In response to a Member question the Managing Director stated that in the first instance the CCG would work with GP practices to identify problems, and to provide continuity of care for patients. The CCG was currently working intensely with a small number of practices in this way.

A Member highlighted the difficulties in not having a set time for a phone call appointment with a GP. It was acknowledged that this varied from practice to practice, it was suggested that GP appointments were reserved for urgent appointments but it was due to capacity in surgeries – practices were encouraged to reserve emergency slots.

The change management process due to COVID was accepted and the need to move forward was recognised but it was questioned by a Member how public confidence would be restored in primary care services. The Managing Director stated that this was important and a restoration group considered these issues. It was stressed that it was important to maintain new ways of working that had been successful. The Managing Director

stated he would come back and talk about the longer term version for primary care in Walsall.

The Managing Director was asked if there were additional resources for struggling GP practices, Members were informed that collaboration within PCNs assisted with this, alongside community services providing services to ensure patients were seen by the right person. In response to challenge around lack of advance GP appointments, the Committee was advised that this was due to capacity and it was hoped that this would be in the forward plan for restoration of services.

Resolved (Unanimous)

That the Social Care and Health Overview and Scrutiny Committee works with the Clinical Commissioning Group (CCG) and Healthwatch Walsall to monitor access to GP services in Walsall. Furthermore the Committee requests the following:

- 1. GPs to be communicated with through the CCG in order to relay the concerns of this Social Care and Health Scrutiny Committee and Walsall residents in general in regard to access to GP services**
- 2. CCG monitoring reports to be fed back to the Social Care and Health Scrutiny Committee on progress in access to GP services**
- 3. The sharing of a borough wide plan by the CCG that will improve access and deliver an improved service, including greater access to face to face appointments**
- 4. The CCG to consider a more robust approach in holding GP's accountable for timely access to appointments and to report back to this Social Care and Health Scrutiny Committee.**
- 5. A representative from each locality to attend a meeting of the Social Care and Health Scrutiny Committee to discuss access issues and how to make the service better.**
- 6. A report to the Social Care and Health Committee detailing the ratings of each GP practice in Walsall, split into Primary Care Networks to allow trends to be identified.**
- 7. That the Social Care and Health Overview and Scrutiny Committee is provided with detail on how each GP practice is performing in relation to (CQC rating) 'access to GP care' in comparison to the national average, along with the number of face to face appointments each practice is carrying out.**
- 8. That further information is provided to the Social Care and Health Scrutiny Committee on the triaging GP appointments, detailing who is responsible for this and the level of training provided to carry out this role.**
- 9. A report outlining investment in technology for G.P practices and a timeline for implementation is provided to a future meeting of the Social Care and Health Scrutiny Committee.**

Introduction to the Health and Care system in Walsall

The Executive Director (Adult Social Care) spoke to the presentation and highlighted the salient points. The Committee was informed that the Social Care system provided personal care and practical support for adults with physical disabilities, learning disabilities, or physical/mental illnesses, as well as support for their carers. The objective of social care was to enhance quality of life, delay and reduce the need for care, ensure positive care experiences, and safeguard adults from harm. Although publically funded care made up a minority of the total value of care, most care was provided by family and friends or was formally paid for. Local Authorities paid for care packages for adults with high needs and limited means, this care was commissioned from the private and voluntary sector. Adult's needs were often interrelated with other needs such as health, housing, welfare and benefits. It was important that social care operated in the context of the whole system.

Walsall Together was a programme which enabled better system working, specifically with health partners. Joint funding agreements and the Better Care Fund were established to support this.

The structure and roles within Walsall Adult Social Care were described, along with the organisation of locality teams. The Committee was provided with a breakdown of services which were commissioned to support 3,000 people who were receiving adult social care services.

Adult Social Care service transformation was described in the context of a lack of funding to the Local Authority. Key areas of transformation included the following areas:

- Resilient Communities, to allow individuals to access support in communities to prevent them accessing social care.
- Enabling people through aids, adaptations and technology to delay the need for adult social care.
- Market development with providers to support the needs of individuals, with providers having autonomy to meet needs in a flexible way. (Safeguards would be in place to protect individuals).

A Member asked a question in relation to the Deprivation of Liberty Safeguards, and questioned if there were any plans to upskill the third sector to respond to these changes. The Executive Director stated that there was a training programme in place which included the third sector and Partners.

The transition to an outcome based service for domiciliary care was considered, and concern was expressed that it would not be possible to meet the demand of individuals in this way. The Executive Director stated that it was hoped this would increase capacity as it was anticipated that the number of providers in any area would reduce and this would allow timings to be met in a more appropriate way.

A Member asked if there were plans for services at Goscote Centre to be reconfigured. In addition more information was sought on the announcement of £1 million funding to tackle mental health.

A short adjournment was held due to technology issues.

The Executive Director stated the Goscote Centre continued to transform and modernise to provide day provision and re-ablement services. It was suggested that a more detailed report on this could be considered by the Committee at a future meeting. It was agreed that information on allocation of funding to mental health funding would be circulated.

The inflexibility of domiciliary care was acknowledged, and it was questioned how the performance and quality of care was monitored. Members were assured that arrangements were in place, such as electronic call monitoring. Annual reviews with social workers highlighted any concerns about care providers along with contract review monitoring systems. Mechanisms were in place to deal with providers that were not maintaining high standards.

In response to a question on potential risks to Adult Social Care service Outcomes from externally provided services whose performance would impact those outcomes, the Executive Director explained that whilst this was a risk, the extent was mitigated by working with partners to focus on the "whole System" through the various governance Boards and taking a leadership role in this so that individuals were signposted to the most appropriate support from wherever they accessed the system. She stressed the importance of the close working relationship with Walsall Together which would provide a mechanism to influence those external services and enable Adult Social Care to act an advocate for individuals.

The transition to an outcome based service for domiciliary care was further discussed. The Care Quality Team had key workers who developed improvement plans with care homes, and supported staff to improve quality of care.

A Member raised the issue of the closure of activities in communal rooms in care homes, due to COVID, it was clarified that the Public Health Team and Quality in Care team provided advice and regular support to care homes to ensure the safety of residents. Care homes were advised to proceed with caution to avoid risk to residents.

Members sought information on additional funding on social care (though the national insurance uplift). The Executive Director stated that the plan had been released, but contained high level figures only at this stage. It suggested that it was unlikely that this would make a significant difference to Adult Social Care, as the funding came with additional burdens.

Resolved

That the Introduction to the Health and Care system in Walsall presentation was noted.

55/21 Areas of Focus

The Chair highlighted the remit of the Committee and carry over items recommended from the previous municipal year. Members reviewed the information presented to them and agreed their areas of focus.

Resolved:

- 1. That the following areas of focus for 2021/22 be agreed:**
 - **Follow up report on Uroglogy service reconfiguration.**
 - **Bloxwich Hospital Redevelopment (feedback and decision from regulator).**
 - **Primary Care Access.**
 - **Walsall Healthcare Trust CQC improvement plan.**
 - **Adult Social Care peer challenge outcome.**
 - **NHS consultations/hot issues.**
 - **Finance items as described in the report.**
 - **Goscote Centre reconfiguration.**

- 2. That the Cabinet Forward Plan item ‘ Emotional Wellbeing and Therapeutic support for Children and Young People in need’ be added to the work programme of the meeting.**

- 3. That the Cabinet Forward Plan item ‘Domestic Abuse Strategy’ be added to the Committee work programme if it falls within the Committees remit.**

56/21 Date of the next meeting: 28 October 2021.

Termination of Meeting

The meeting terminated at 8.20 p.m.

Social Care and Health Overview and Scrutiny Committee

1 November 2021

Primary Care Access

1. Purpose

This report aims to set out how the pandemic has and will continue to change service delivery within primary care and address concerns raised by the scrutiny committee at its September meeting.

2. Recommendations

2.1 That the Committee note the contents of the report.

3. Primary Care Services

3.1. Health services have changed significantly over the past 18 months as a response to the international COVID pandemic. These changes have included the range of services being provided, with a significant primary care capacity being utilised to deliver the vaccination programme, and the method of delivery with a significant increase in telephone and video consultations. Use of improved technology has been in place for some years before the COVID pandemic, and allows faster access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that this is appropriate for some conditions and not for others, and that there should always be an element of patient choice.

3.2. Use of improved technology allows faster access to clinicians in order to ensure that those patients whose needs can be met without a face to face appointment are managed in the fastest manner possible. It is recognised that as the technology has been introduced there has been significant learning both in individual practices and nationally which patients are best suited to different methods.

3.3. Throughout the pandemic response, all GP practices in Walsall have remained open and have seen patients face to face. The balance between virtual and face to face consultations has remained similar to the national averages and the support of Walsall GPs have allowed vaccination rates to remain at the highest rates of our peer groups, with access to 6 local vaccination centres as well as the mass vaccination site at the Saddlers Centre.

3.4. For those patients accessing face to face consultations through primary care, as with all areas of the health service, capacity has been reduced by the requirement for social distancing and enhanced infection prevention and control measures that continue to be in place. It is imperative for containing the spread of COVID that all services are provided safely to the patient and staff

are protected from infection as high staff sickness rates will further limit capacity.

- 3.5. There has been a perception that primary care appointments have been reduced throughout the COVID period. However, primary care has delivered the same number of appointments as in the period immediately pre-pandemic, with 56% face to face and the remainder through telephone and video access and in addition have delivered 147,858 face to face vaccination appointments (to 13th October 2021). There is early evidence that the introduction of virtual consultations has increased face to face appointments and reduced the number of patients who do not attend their appointment.
- 3.6. Demand for NHS services remains very high, both in primary care and in hospitals. GPs report an increase in demand for appointments of between 25% and 50%, and attendances at the Urgent Treatment Centre (UTC) (a primary care service at the front of the Emergency Department (ED) provided by Malling Healthcare) and the Emergency Department both significantly above normal levels.
- 3.7. Patient feedback on primary care access falls into 3 main categories:
 - 3.7.1. Difficulty in contacting surgeries due to phone lines being engaged, especially at the start of the day. This is probably the most frustrating element for patients, nationally as well as locally. As all GP practices are separate organisations rather than being part of the NHS infrastructure, each telephone system is purchased by the GP practice and there is not a facility for a central GP booking line as there would be in a hospital. The CCG has supported a number of practices to improve their telephone services but at peak hours this remains a problem. The introduction of the NHS app in all but 7 of the Walsall practices will reduce the reliance of patients needing to telephone the surgery to get an appointment.
 - 3.7.2. Being triaged by a non-GP before a decision is made on whether a face to face appointment is appropriate. This will be addressed later in the report as a specific area scrutiny requested.
 - 3.7.3. Comments on the care received once an appointment, virtual or face to face, is carried out. In the main the feedback on the service remains positive (more detail in the ratings section below). Some patients are concerned that they do not always see a GP but are triaged to a specialist nurse, Advanced Nurse Practitioner or another member of the primary care team. The NHS needs to do more to publicise that primary care is now a much wider service than GPs and that rather than seeing a GP to gain access to this wider primary care team, this can be resolved at the triage stage reducing the number of appointments required which means the patient sees the correct healthcare professional first time avoiding multiple trips, and the GP appointments can be reserved for those who really need to see a GP.
- 3.8. Given the importance of the issue of access to GP appointments, the CCG has undertaken a number of public facing meetings and analysed the patient survey data to discuss the topic. The key public meetings have been:

3.8.1. HealthWatch Annual General Meeting – 6th August 2021

3.8.2. Local Outbreak Engagement Board – 7th September 2021

3.8.3. Social Care and Health Overview and Scrutiny Committee – 23rd September 2021

3.8.4. Council Scrutiny Committee – 28th September 2021

3.8.5. CCG Patient Participation Liaison Group – 12th October 2021

3.9. Based on the September 23rd meeting, the Social Care and Health Overview and Scrutiny Committee requested additional actions and information and these are outlined in the next section

4. **Resolutions from the meeting of the Social Care and Health Overview and Scrutiny Committee 23rd September 2021**

4.1. *GP's to be communicated with through the CCG in order to relay the concerns of this Social Care and Health Scrutiny Committee and Walsall residents in general in regard to access to GP services.*

Primary care access is the focus of the local Primary Care Restoration Group and the Local Commissioning Board (LCB) in Walsall. At the last meeting of the Local Commissioning Board, on 21st September, there was a long discussion on primary care access following the Local Outbreak and Engagement Board and there have been further discussions with Board members and the Local Medical Committee (LMC) since the scrutiny sessions. The LCB recognise the frustrations of their patients and are working with the CCG to look at options for further extending appointments while recognising the workloads of the current GPs. The GP leads on the LCB have discussed with their constituent practices in the monthly locality meetings, and it has also been discussed in the practice manager meetings.

Mindful of the need to maximise GP availability, GPs have not taken part in the vaccination programme for 12-15 year olds to avoid taking capacity from practices, although it was agreed that they should continue to offer the COVID booster vaccination as there is strong evidence that availability from the patient's own GP practice site has increased take up of the vaccine which is essential for the future.

4.2. *CCG monitoring reports to be fed back to the Social Care and Health Scrutiny Committee on progress in access to GP services*

The CCG is happy to work with the Social Care and Health Overview and Scrutiny Committee to design a monitoring report on primary care access.

The latest GP survey figures show that Walsall access is not significantly different to the England averages across the categories. It should be expected that access to preferred GP would have dropped in Walsall in the last year due to a greater GP engagement in the vaccination programme than in other parts of the country meaning that practices have collaborated on GP availability meaning the patient's own GP will not always have been available. The area where Walsall is a significant outlier is it website access and this has improved

from 23.42% 12 months ago and we would expect to increase again next year with the work undertaken during the pandemic.

	How easy is it to get through to someone at your GP practice by telephone	how helpful do you find the receptionists at your GP practice	How often do you see or speak to your preferred GP when you would like	How satisfied are you with the general practice appointment times that are available to you	How easy is it to use your GP practices's website to look for information or access services
Walsall	62.68%	82.57%	35.82%	61.42%	31.30%
England	63.97%	85.05%	42.38%	62.65%	39.69%

4.3. The sharing of a borough wide plan by the CCG that will improve access and deliver an improved service, including greater access to face to face appointments.

The single largest barrier to increasing face to face time with a GP is the national shortage of GPs. The recent national commitment to training more general practitioners will help with this, but it takes many years to train GPs through their specialist training before they are ready to go into practice.

To reduce the impact of the delay in training the NHS has introduced a new scheme for primary care, the Additional Roles Reimbursement Scheme (ARRS) which allows primary care to introduce new practitioners to work alongside the existing GP workforce. During the practice triage process, when a patient rings, the triage team will often redirect a patient to one of these extended roles as they will offer the expert advice and care that the patient needs without the requirement to see the GP first. This will save the patient an extra journey to see the GP to be referred on, and also helps to protect the GP face to face sessions for those patients for whom the GP is the most appropriate clinician.

The roles available for recruitment are:

- Clinical Pharmacists – work as part of the multidisciplinary team in a patient-facing role to clinically assess and treat patients using their expert knowledge of medicines for specific disease areas. The Clinical Pharmacist can be a prescriber or undertake training to become one.
- Social Prescribing Link Workers – connect people to community groups and agencies for practical and emotional support and complement other approaches such as care navigation and active signposting.
- Physician Associates – healthcare professionals with a general medical education who work alongside and under the supervision of GPs providing clinical care as part of a wider multidisciplinary team.
- First Contact Physiotherapists - can assess, diagnose, treat and manage musculoskeletal (MSK) problems and discharge a person without a medical referral. Those working in these roles within a network can be accessed through direct referral by staff in GP Practices.
- Community Paramedics (funding not available until 2021) - this role is currently being developed. Some networks have already trialled this role where the request for a home visit was triaged by the GP and then

home visits, apart from those which were complex or end of life care, were undertaken by the paramedic. Some of the outputs were that more patients were managed at home and there was earlier intervention by the multidisciplinary team.

Following feedback from networks who wanted greater flexibility in the roles they could recruit, there have been more roles added to the ARRS. During 2020-21, PCNs can recruit and employ the following roles as part of the scheme:

- Care Co-ordinator – works closely with GPs and other primary care professionals within the network to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers.
- Pharmacy Technician – will complement the work of the Clinical Pharmacist by using their pharmaceutical knowledge to undertake activities such as audits, discharge management and prescription issuing. This role will be under the supervision of the Clinical Pharmacist and will be part of a wider PCN pharmacy team.
- Dietitian – diagnoses and treats diet and nutritional problems. Dietitians will support PCNs with patients of all ages with their food intake to address diabetes, food allergies, coeliac disease and metabolic diseases.
- Health and Wellbeing Coach – will use health coaching skills to support people with self-identifying existing issues and encourages proactive prevention of new and existing illnesses. They may provide access to self-management education, peer support and social prescribing.
- Nursing Associate (from 1 October 2020) – is a new support role that bridges the gap between healthcare assistants and registered nurses. The role will be part of the PCN nursing team under the supervision of a nurse.
- Occupational Therapist – supports people of all ages with problems arising from physical, mental, social or development difficulties. OTs can help GPs across the network with frail patients, those with complex needs, those who live with chronic physical or mental health conditions and who need help with managing anxiety or depression.
- Podiatrist – can help diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients.

As part of improving access the local PCNs have recruited additional staffing. The first wave of these appointments are in place with the remainder to start by March 2022 which will improve appointment slots over the winter.

	East 1	East 2	North	South 1	South 2	West 1	West 2	Total WTE
Pharmacy Technician		2	1	1	1	1		6.00
Clinical Pharmacist	3	2	5	4	3.96	2	13	32.96
Advanced Practitioner – Clinical Pharmacist				1				1.00
First Contact Physiotherapist	1	1	1	1	0.65	2	2	8.65
Paramedic	2		2	2	1	1		8.00
Care Coordinator	0.3	0.16	0.20	2.16	0.16	1		3.98
Health & Wellbeing Coach						1		1.00
Social Prescriber	1.8	2	3	1	2	2.5	5	17.30
Dietician				1				1.00
Nurse Associate	2	2	1					5.00
Physicians Associate			1		2	1	2.55	6.55

It is acknowledged that not every practice can meet demand at all times, therefore there are 2 initiatives in place allowing for patients to receive a primary care service outside their own practice:

- a. GP Extended Access Programme. This is a service run by Walsall GPs which offers both virtual and face to face appointments. There are 3 physical locations for GPs to see patients face to face, one of which is designed to see potentially COVID positive patients to reduce the infection control risk on the other sites
- b. The Urgent Treatment Centre is co-located with the hospital ED. This is a service where patients can walk in to receive primary care services. It is run by Malling Health and plays a significant role in reducing demand on the ED. The UTC is frequently misrepresented as part of the ED function due to its co-location. However this is part of the system design as attempts across the country to redirect patients from the acute site to primary care services have consistently failed, therefore collocating the service with ED is the most effective use of the facility. It is acknowledged that the service can still be very busy into the evening and therefore the system is looking at exploring extending the opening hours from the current midnight closure to 3am over the winter period.

It is recognised that even with all of these extra services, the current demand for primary care exceeds capacity. However, given the current workforce constraints it offers the best possible programme for expanding primary care capacity in the short term as well as building services for the future. These services will remain in place beyond the pandemic response to enable better care in the community without the need to attend an acute hospital unless absolutely necessary.

These local GP services are working in parallel with services offered by local pharmacies and NHS111 to offer a range of options, especially when the GP is not the required clinician.

- 4.4. *The CCG to consider a more robust approach in holding GP's accountable for timely access to appointments and to report back to this Social Care and Health Scrutiny Committee.*

The CCG has a robust approach in tackling all areas of the GP contract. This is defined in the national GP contract and the CCG is prepared to use all of the options available should performance issues require. However, it is important to distinguish between issues of poor performance and national issues of capacity. The CCG is working with primary care to address the system issues through the introduction of the workplan described above. Should a practice demonstrate individual problems these will be managed through the contractual process

- 4.5. *A representative from each locality to attend a meeting of the Social Care and Health Scrutiny Committee to discuss access issues and how to make the service better.*

Locality specific investments in primary care are outlined above. Locality leads will be happy to present details of the plans to a future scrutiny session. It may help the committee if this is done in parallel with the local health inequalities plan as part of the development of the Walsall Health and Wellbeing Plan in order that access and inequalities can be discussed together

- 4.6. *A report to the Social Care and Health Committee detailing the ratings of each GP practice in Walsall, split into Primary Care Networks (PCNs) to allow trends to be identified.*

The Care Quality Commission is the independent assessor of healthcare providers and has provided detailed assessments for 44 of the Walsall GP practices. The vast majority of the practices rank as good or outstanding. No Walsall practice is graded as inadequate in any domain.

CQC Rating Table by PCN – Primary Care Walsall								
	North	South 1	South 2	East 1	East 2	West 1	West 2	Total
Outstanding	1	0	0	1	0	0	0	2
Good	7	6	5	6	5	3	7	39
Requires Improvement	2	1	0	0	0	0	0	3
Inadequate	0	0	0	0	0	0	0	0
Not inspected	0	2	1	1	0	3	1	8

- 4.7. *That the Social Care and Health Overview and Scrutiny Committee is provided with detail on how each GP practice is performing in relation to (CQC rating) 'access to GP care' in comparison to the national average, along with the number of face to face appointments each practice is carrying out.*

In addition to the overall rating above, the assessments have been analysed into the domains of care showing that a similar high level of performance as

the overall rating. (note: 3 more practice assessments have been received and added to this analysis, all of which were rated as “good”)

CQC Rating Table – Primary Care, Walsall						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	0	2	1	2	2	2
Good	45	40	46	42	43	42
Requires improvement	2	5	0	3	2	3
Inadequate	0	0	0	0	0	0
Not Inspected	5	5	5	5	5	5
Total	52	52	52	52	52	52

The CCG does not have practice level information on the face to face delivery, as this information is held by NHSE. The CCG is happy to work with the scrutiny committee and NHSE England to develop this report.

- 4.8. *That further information is provided to the Social Care and Health Scrutiny Committee on the triaging GP appointments, detailing who is responsible for this and the level of training provided to carry out this role.*

Each GP practice is responsible for their own triage service, should they operate a triage service. The GPs remain responsible for the clinical decisions in their own practice and are therefore responsible for ensuring that all clinical decisions are carried out by a person who is competent to make that decision. The training may be through professional sign off, e.g. GP or nurse training, or by use of an algorithm which has been clinically agreed (as happens with NHS111/999 calls).

- 4.9. *A report outlining investment in technology for G.P practices and a timeline for implementation is provided to a future meeting of the Social Care and Health Scrutiny Committee.*

The CCG is happy to provide the committee, or a subgroup, with a digital primary care briefing and demonstration of systems. Pre-pandemic GPs had already begun the journey to increase inclusion via digitally developed care pathways. The pandemic response limiting the capacity of healthcare face to face options necessitated the rapid implementation of blended digital solutions to enable varied access to services.

The work during the last 12 months built on work pre-pandemic, each Local HealthWatch across Black Country and West Birmingham engaged with the public. (Over 1500 surveys were completed & Over 200 people took part in focus groups). The headlines from this included:

- 91% of individuals’ results are communicated to them quickly making best use of technology
- 76% manage their own personal records in order to receive continuity of care

- 89% of individuals had full confidence that their personal data is managed well and kept secure

The focus groups also echoed a desire from individuals to be able to utilise digital technologies to improve their access to health and care services. Responses suggest that individuals want online consultations and to communicate with health care professionals digitally. Individuals also want access to their own personal medical records and want to communicate with others about health and care on social media.

Responses suggested the challenges and risks to the use of digital solutions were:

- software adaptable for people with dyslexia and other disabilities
- proportion of population who are not good with technology
- needs to be easy to use and available in different languages
- online security concerns
- data protection
- disparity amongst people who are able to buy wearable technology
- multiple digital systems/apps already in use
- more methods of booking creating inequalities
- refugee and migrant populations may worry that information will be shared with the Home Office
- awareness of online services/access

When asked what digital solutions would support patients, people said:

- medical records access
- access to medication and test results
- text message alerts from GP
- symptom checkers for reassurance
- care plans i.e. Cardiac/diabetes etc.

When thinking about opportunities for digital solutions people said:

- video consultations
- telehealth
- digital tools to monitor health was seen as a priority, especially for those with diabetes, heart problems and those on weight management programmes
- NHS organised directory
- tell 'Alexa' to give me a repeat prescription
- a one-stop shop of NHS digital solutions, with approved apps, online guidance and support for information sharing
- self-monitoring pods in high footfall areas

The CCG worked in partnership with the STPs Citizens Panel (known as Black Country Voices) to receive feedback on both current and future digital and IT offers, from a representative sample of our population across the Black Country and West Birmingham from aged 16 and over. The headlines from this included:

- 46% of people asked do not use existing digital NHS services

- 54% of the above group said this was because they didn't know they could access them online.
- 74% of people asked would describe their experience of accessing NHS services online as 'simple'
- 26% of people asked would describe their experience of accessing NHS services online as 'limited', 'difficult' or 'confusing'
- When describing how they find out about online services which could help us advertise and signpost effectively, responses included:
 - Websites (68%), social media (64%), friends and family (60%), online adverts (55%) and television (35%) are the main sources of how these respondents find out about digital services.
- As an alternative to coming into the hospital for a follow-up appointment:
 - 53% would be happy using e-mail to communicate with their healthcare professional
 - 77% would be happy using live text chat (45%) or video chat (32%)
 - 12% would prefer to still visit face to face
- As an alternative to visiting their GP surgeries for an appointment:
 - 47% would be happy using e-mail to communicate with their healthcare professional
 - Those who would be happy using live text chat (49%); telephone (64%); or video (35%)
 - 11% would prefer to still visit face to face
- 85% would allow access to their hospital records so their condition could be reviewed safely without having to visit a hospital and 61% would allow other NHS organisations or their local authority to access their data to join up care.
- 70% would allow their health and care record to be shared with local GP practices to receive services and support at other locations. 59% would allow their primary care record to be used across the NHS to measure health trends

The CCG has plans to repeat a patient engagement exercise post-pandemic to reassess the public perception of digital access to services however we are confident that the initial comprehensive exercise identified our areas of focus and gave us the mandate to proceed with the rapid implementation of digital access in line with the aims of our digital strategy.

Following the engagement with the public, the CCG has worked with all parts of the NHS system to start to develop a standard IT product so that primary and secondary care organisations can communicate with each other and the patient. The products implemented in Walsall are:

System	Covid Assessment	Digital Triage Primary Care	Video Consultation Primary Care	Electronic Document Management	Video Consultation Secondary Care 1st	Video Consultation Secondary Care Follow up
Walsall	eConsult	eConsult	AccuRx	Docman	eClinic	eClinic

In addition to the main system changes, the digital programme has also included

- direct patient access booking into 111
- remote monitoring of patients in care homes and in their own homes
- supporting pulse oximetry at home
- virtual wards and reducing direct contact in care homes
- increased the use of text messaging across the system as a simple digital communication tool
- support secure digital communications with a focus on cyber security

We recognise that this is a significant step forwards in respect to digital healthcare in Walsall and access is available to anyone at any time however, we are also aware that not everybody can access these services due to digital inequality. We have therefore set up the Digital Inequalities sub-group to support those who do not have access to technology.

The sub group has a triple aim, to address access to kit, access to connectivity and access to skills.

We are working with telecommunications companies and the charities to address the access to connectivity and have plans to 'gift' 4G data to individuals so that they can get online to access these services.

Equally we are working with suppliers to gain access to tablet devices and laptops to enable those that would not otherwise have the means to purchase.

Finally there is the issue that not everybody has the necessary digital skills to know how to access these and other online services. We have therefore been working with Colleges West Midlands to take advantage of a recent Department for Education funding stream. The 'Entitlement Fund' has been in place for a few years to upskill anyone to a basic level of Maths and English, for free, at any college. This year the scope has been extended to include Digital skills and so we are working in partnership, introducing two new free to access courses onto the syllabuses of all colleges across the West Midlands.

4. Conclusion

Primary care access is a significant national issue, and Walsall is no different. Patient frustration is understandable and every effort is being made to increase the number of appointments both face to face and virtual. Demand for primary care services outstrips the capacity available and the CCG has been working with primary care to increase the range of professionals

available to see patients. All GP practices have remained open throughout the pandemic and GPs have maintained the number of total GP appointments as well as delivering nearly 150,000 vaccination appointments through the GP centres. Independent assessment from the Care Quality Commission shows care is delivered to a high standard with most domains rated good or outstanding and no areas of inadequate performance. Performance is similar to the England averages where data is published.

The CCG and the local GPs are committed to working with scrutiny to continue to improve access to services and welcome the opportunity to share both the frustrations and solutions in order that the best possible service is delivered.

Background papers

Author

Geraint Griffiths-Dale, Managing Director – Walsall; Black Country & West Birmingham CCG

1 November 2021

Draft Revenue Budget and Draft Capital Programme 2022/23 – 2025/26

Ward(s) All

Portfolios: Cllr R Martin – Adult Social Care
Cllr S Craddock – Health and Wellbeing

Executive Summary:

The draft revenue budget, as reported to Cabinet on 20 October 2021, includes the latest medium term financial outlook (MTFO) for the four year period from 2022/23 to 2025/26. It also outlines the draft savings proposals for consultation, draft capital programme for 2022/23 to 2025/26, and sets out the process and timescale for setting a legally balanced budget for 2022/23.

Our MTFO has been updated for all known pressures, including best professional assumptions around the ongoing impact of Covid-19. The Council is legally obliged to set a one year balanced budget (2022/23), however a medium term approach is beneficial to allow for sound financial planning and to support future financial stability. The report to Cabinet presents a balanced budget for 2022/23 and a number of savings proposals for 2023/24 and 2024/25, however further options are being identified to allow for a balanced budget over the period 2023/24 to 2025/26 aligned to the Corporate Plan and Proud activity. The assumptions include a 1.99% council tax increase, in line with current referendum assumptions.

The Government have confirmed that the next Spending Review will take place on 27 October 2021 to cover a three year period, alongside the Chancellors Autumn Budget statement. This will enable us to analyse the impact of core funding on our budget assumptions over the next review period, and report back to Cabinet in December on the impact for the 2022/23 budget and MTFO for future years. Our current funding and cost assumptions are set out in the report to Cabinet, and therefore they are subject to change.

The draft capital programme for 2022/23 is balanced and totals £62.27m. It sets out new capital investment funded from the council's own resources of £38.41m (funded by capital receipts and borrowing) and externally funded schemes of £23.86m (funded by capital grants) and represents a balanced programme for 2022/23. In addition, the report sets out a further three years of indicative proposals to 2025/26. Despite reductions in capital funding in recent years and going forward, the draft capital programme contains significant investment into highways, education, and into adult social care and housing to support vulnerable households through Health through Warmth and provision of aids and adaptations.

This report provides an extract of the Proud draft revenue savings proposals and Investments / Cost Pressures for 2022/23 – 2025/26 by Proud Outcomes, which fall within the remit of the Social Care & Health Overview and Scrutiny Committee for consideration. There are no capital schemes relating the remit of this Committee.

Feedback from this Committee on the draft revenue and capital proposals will be reported back to Cabinet on 15 December 2021. This will inform the final draft budget to be considered by Cabinet on 9 February 2022 to be recommended to Council on 24 February 2022. Any changes to draft revenue and capital budget proposals as a result of equality impact assessments and consultation, along with the outcome of the councils strategic asset review, will be fed into the final budget report.

Reason for scrutiny:

To enable consultation of the draft revenue and capital budget proposals for services within the remit of this Committee. Comments on the operational revenue proposals are welcomed but not essential, as they are able to be delivered under delegations.

Recommendations:

That:

1. The Committee are recommended to consider the draft revenue budget proposals attached that relate to the remit of this committee as shown in **Appendix 1 and 2**, and that feedback will be presented to Cabinet on 15 December 2021.

Background papers:

Various financial working papers.

Resource and legal considerations:

Cabinet on 20 October 2021 were presented with a list of draft Proud revenue savings proposals for consultation and a list of growth items by Proud outcomes, along with a draft capital programme over the period 2022/23 to 2025/26.

The full Cabinet report can be accessed at the following link:

[Draft revenue budget and capital programme 2022/23 to 2025/26 - Cabinet 20 October 2021](#)

Maximising Outcomes through Budgeting 2022/23 onwards

Finance and the corporate management team (CMT) have been assessing the best approach to mapping the council's financial envelope to the delivery of the council's key priorities, measures of success and outcomes. Finance have started work with all services to work more collaboratively on a new outcomes based process aligning spend more accurately to the council's agreed deliverables building on the work previously undertaken to map the gross and net expenditure of the council by outcomes as well as benefits delivered/ to be delivered within the corporate Budget Plan.

This is being aligned to the Corporate Plan/direction of travel work for 2022/23 onwards which will be presented to Cabinet during December as draft and then Cabinet and Council in February 2022 as final to approve and endorse the council's key outcomes and ambitions. This will feed into the commissioning and financial strategies at the end of the 2021/22 financial year. This will then fully inform the 2023/24 budget process starting in Spring 2022 where the 2022/23 budget will be fully mapped to the council's key outcomes in the Corporate Plan 2022-25.

The updated direction of travel approach will set out how the budget will be aligned to deliver the desired outcome i.e. through different amounts of delivery, coordination, influencing, signposting or regulating. A review of the current delivery model will be undertaken alongside the direction of travel and re-prioritised where appropriate to maximise value for money and overall delivery of outcomes and ensuring the 2023/24 onwards budget is built and developed on this moving forward.

Savings proposals

The Proud service transformation plans have identified £20.14m of financial benefit for 2022/23 and £6.08m for 2023/24. Benefits / savings are classified into two categories:

1. Policy Proposals - which require an Executive decision to proceed, and which will be referred for public consultation and equality impact assessment prior to any decision being made to include these in Cabinet's final budget proposals. These total £282k over the two years. The majority are full year impact of savings from 2021/22. There are no policy proposals relating to the remit of this Committee.
1. Operational Proposals – savings which officers have delegations to implement; examples include restructures, back office savings and operational efficiencies. These total £25.95m over the two years. Operational proposals relating to the remit of this committee are shown at **Appendix 1**, and total £7.55m in 2022/23.

Some proposals require investment to support delivery, most of which has been provided for as part of the approved 2021/22 budget. Such investment will only be allocated if the relevant saving proposal is included within Cabinet's final budget report in February, once consultation and equality impact assessment on proposals has concluded.

Savings proposals outlined in the report to Cabinet on 20 October 2021 will ensure a balanced budget for 2022/23. A gap of £10.25m remains after the delivery of the £6.08m saving identified for 2023/24, with a further £18.41m saving requirement for 2024/25 and £15.23m for 2025/26. Directors continue to work on identifying additional options for Members consideration through the STP process, and a further report will be presented to Cabinet outlining further options to balance the budget for 2023/24 onwards. A work stream review of the STP's is taking place to ensure that they maximise opportunities from the Proud ways of working and capabilities, and therefore capture the full benefits; to ensure they capture innovative thinking; and to challenge any opportunities to accelerate identified savings.

Investment / cost pressures

Further to the changes in assumptions, the draft budget 2022/23 – 2025/26 includes provision for growth and investment of c£55m. There is a further £4.52m of pay and pension related investment to be allocated to services in 2022/23 once the pay award and pension valuation have been agreed. Those relating to the remit of this Committee are shown at **Appendix 2** and total c£24.5m over 4 years.

Draft Capital Programme

The draft capital programme for 2022/23 is balanced and totals £62.27m. It sets out new capital investment funded from the council's own resources of £38.41m (funded by capital receipts and borrowing) and externally funded schemes of £23.86m (funded by capital

grants) and represents a balanced programme for 2022/23. In addition, the report sets out a further three years of indicative proposals to 2025/26.

There are no capital schemes relating to the remit of this committee.

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APPENDIX 1

Benefits Realisation (Savings) for Proud activity by Outcome 2022/23 to 2025/26 relating to the remit of this Committee

A: Summary of Policy Proposals by Outcome 2022/23 – 2023/24

None relating to the remit of this Committee

B: Summary of Operational Proposals by Outcome 2022/23 – 2023/24

Directorate	Ref No	Detail of Operational Proposals by Outcome	2022/23 £	2023/24 £	Total £
Internal Services deliver quality and adapt to meet the needs of customer facing services					
Adult Social Care & Public Health	OP32	Paperless council meetings - savings to be made from eliminating paper agendas completely	(9,276)	0	(9,276)
Total Internal Services deliver quality and adapt to meet the needs of customer facing services			(9,276)	0	(9,276)
People know what makes them healthy and they are encouraged to get support when they need it					
Adult Social Care & PH	OP112	Public Health	(800,000)	0	(800,000)
Total People know what makes them healthy and they are encouraged to get support when they need it			(800,000)	0	(800,000)
People live a good quality of life and feel they belong					
Adult Social Care and Public Health	OP83	New Ways of Working/Staff Reconfiguration. Resilient Communities	(112,988)	0	(112,988)
	OP84	New Ways of Working/Staff Reconfiguration. Customer Access Management	(37,663)	0	(37,663)
	OP89	New Ways of Working/Staff Reconfiguration. Customer Access Management/ Resilient Communities	(1,178,407)	0	(1,178,407)
	OP90	Review of Older People existing long term and new residential nursing & domiciliary placement costs support packages for learning disabilities including supported living and mental health	(4,400,928)	0	(4,400,928)
	OP91	Reduction of day care funded by direct payments	(356,471)	0	(356,471)
	OP92	All Age Disability	(156,000)	0	(156,000)
	OP97	Review of resources including Goscote and shared lives	(500,000)	0	(500,000)
Total People live a good quality of life and feel they belong			(6,742,457)	0	(6,742,457)
Total Operational Proposals relating to the remit of this Committee			(7,551,733)	0	(7,551,733)

	2022/23 £	2023/24 £	Total £
Total Savings			
A - Policy Savings	0	0	0
B - Operational Savings	(7,551,733)	0	(7,551,733)
Total Savings relating to the remit of this Committee	(7,551,733)	0	(7,551,733)

APPENDIX 2

Summary of New Growth and Investment 2022/23 to 2025/26 aligned to Proud Outcomes relating to the remit of this Committee

Directorate	Ref No	Details of Growth by outcome	2022/23 £	2023/24 £	2024/25 £	2025/26 £
People live a good quality of life and feel they belong						
Adult Social Care and Public Health	1	Additional Social Care demand / cost pressures	3,153,075	3,652,586	4,000,000	4,000,000
	2	Better Care Funding iBCF2 fall out of grant	2,023,652	0		0
	New	Additional Social Care demand / cost pressures	1,629,000	1,056,000	1,056,000	1,056,000
	New	Additional Social Care demand / cost pressures (Covid-19)	1,486,892	0	0	0
	New	Direct Payments refund reducing	228,000	153,000	0	0
	New	Single handed review	274,000	0	(137,000)	(137,000)
	New	Payment on plan domiciliary care capacity issues	1,000,000	0	0	0
Total People live a good quality of life and feel they belong			9,794,619	4,861,586	4,919,000	4,919,000
Total Growth and investment relating to the remit of this Committee			9,794,619	4,861,586	4,919,000	4,919,000

DATE: 1 NOVEMBER 2021

CORPORATE FINANCIAL PERFORMANCE – QUARTER 2 (P5 AUGUST) FINANCIAL MONITORING POSITION FOR 2021/22

Ward(s) All

Portfolio: Councillor Martin – Adult Social Care
Councillor Craddock – Public Health

1. Aim

To provide the budget monitoring position for Period 5 2021/22. The Chair requested that this item be considered by the Committee.

2. Recommendations

2.1 To note the revenue and capital forecast for the financial year end 2021/22 for the services under the remit of the committee

3. Report detail – know

3.1 The current net revenue forecast position as at Period 5 (August 2021), after the net use of reserves is an over spend of **£4.63m**.

This forecast revenue position of £4.63m is made up as follows:

- Adult Social Care – £4.63m, further split as
 - £0.80m – Business as Usual
 - £3.83m – Service Transformation Plan
- Public Health – On budget

3.2 Reasons for the current position are shown in **Table 1** below:

Table 1- Explanation of over spend	£m
Business as Usual	
Additional placement costs and shortfall of client contributions of £2.2m related to a significant increase in domiciliary care numbers during the pandemic. £1.1m relates to a significant decrease in actual and projected deaths across residential and nursing and domiciliary care. Further work is required to understand the impact of COVID and how much of this pressure maybe ongoing	3.30
One off use of earmarked reserve to offset the increase in domiciliary care costs during the pandemic	(3.30)
Net increase in demand management placements above expected business as usual numbers for April to July. The increase in costs is mainly associated with the impact of accelerated hospital discharges and transition into longer term care packages from Intermediate care services and partially offset by joint funding income and client contributions. Further data is required in order to determine if the increase seen in the first 4 months will continue in future months for 21/22, or if this is a one-off peak.	0.62
Procure to Pay saving carried forward from 2019/20 was £1.29m of which £0.21m has been validated to date on an ongoing basis and is included in the current forecast position. This is partially offset by additional DP refunds of (£0.69m). Further work is underway to mitigate the remaining pressure including a review of existing provider payments. A detailed plan has been requested	0.39

Under spend on core services within Adult social Care due to vacant posts across the directorate and the one off use of improved better care fund partially offset by one-off costs to support STP delivery	(0.05)
Under spend within Communications, Brand and Marketing due to the one-off use of COVID funding	(0.13)
Subtotal BAU	0.80
Service Transformation Plan	
Older people and front door saving of £2.38m, partially achieved by the single handed proposal of £0.83m (amber), which to note would be higher but has had to be pared back due to delays in procurement timescales. The service is currently looking at options to mitigate this by bringing in additional capacity (including trained OT expertise in single handed care) in order to accelerate care reviews where possible. A plan is required as to how the remaining £1.55m is to be achieved, and is reliant on the implementation of CAMS and Resilient Communities work streams	1.55
Learning disability saving of £1.62m. £0.95m has been validated to date (blue). £0.19m is expected to be delivered from posts being held vacant within the Goscote Centre (green) and a further £0.50m expected to be delivered by end of March as a result of further placement reviews (amber).	(0.02)
Joint funding saving of £2.9m, partially achieved by a legally agreed pooled budget arrangement of £0.78m over and above the existing budget of £0.70m. Further work regarding the joint funding arrangement from 2020/21 onwards remains in progress	2.12
Commissioning Hub saving of £0.15m, is partially expected to be achieved by vacant posts being held within the core commissioning team of £0.12m, the remaining £0.03m is a result of delays in implementing the new operating model	0.03
Dispersed effort activity associated with the CAMs and admin hubs, awaiting plan via the directorate in terms of delivery	0.11
Subtotal STP	3.83
Overall ASC Total	4.63

3.3 The forecast revenue position by service is shown in **Table 2** below:

Service	Annual Budget	Year End Forecast	Planned use of reserves	Variance after reserves
	£m	£m	£m	£m
Management Support & Other	(11.05)	(10.33)	(0.83)	(0.11)
Complex Needs	0.34	0.34	0.00	0.00
Older People	8.75	8.75	0.00	0.00
Health & Social Care	0.46	0.32	0.00	(0.14)
Mental Health Services	1.29	1.32	0.00	0.03
Demand Management	42.87	50.14	(2.57)	4.70
Safeguarding	0.53	0.66	(0.13)	(0.00)
Resources	1.91	1.85	(0.08)	(0.14)
ASC Partnerships	0.48	0.59	0.00	0.11
Access, Assessment & Care Management	6.05	6.60	(0.34)	0.21
Strategy, Commissioning & Delivery Support	0.75	3.88	(3.04)	0.09
Intelligence & Delivery	1.34	1.61	(0.26)	0.01
Communication, Marketing & Brand	0.93	0.80	0.00	(0.13)
Total Adult Social Care	54.65	66.53	(7.25)	4.63
Public Health	(0.00)	8.32	(8.32)	(0.00)
Total Public Health	(0.00)	8.32	(8.32)	(0.00)
Total Health and Social Care	54.65	74.85	(15.58)	4.63

3.4 Reserves

The total allocated reserves in 2021/22 are £19.41m, of which £15.58m has been used or committed to date.

Table 3 below details the current net use of reserves included within the forecast.

Table 3 - Summary of use of reserves and transfer to reserves				
Reserve Details	Allocated reserve	Use of reserve	Transfer to reserve	Balance of reserve
	£m	£m	£m	£m
Doctors Assessments	0.20	(0.13)	0.00	0.07
COVID - General	3.83	(3.82)	0.00	0.00
COVID - Infection Control	1.33	(1.33)	0.00	0.00
COVID - Rapid Testing	1.21	(1.21)	0.00	0.00
COVID - Outbreak Management	8.06	(8.06)	0.00	0.00
COVID - Community Testing	0.80	(0.80)	0.00	0.00
Improved Better Care Fund	1.10	(0.95)	0.81	0.96
Better Care Fund	0.51	(0.51)	0.00	0.00
Public Health Grant	2.18	(0.49)	1.07	2.75
Aven House Worker (IFRS) - Public Health	0.04	(0.04)	0.00	0.00
National Development Team for Inclusion Project	0.15	(0.11)	0.00	0.04
Total Reserves	19.41	(17.46)	1.88	3.83

3.5 Risks

For the services under the remit of the committee, there are a number of risks totalling **£10.74m**, which have not been included within the above forecast. At this stage the risks are not certainties and as such are not included in the monitoring as an under or over spend. High risks of **£6.97m** are included in the corporate monitoring report to CMT. If the risks become certainties, they will need to be included in the forecast position as overspends unless alternative action can be identified to mitigate these costs. A summary of the risk assessment is shown in **Table 4** below.

Table 4 – Revenue Risks 2020/21				
Risk	Value (£m)	Ongoing (£m)	One Off (£m)	Actions to manage risk
High	6.97	0.00	6.97	Ongoing discussions with the CCG to resolve validation of Section 117 recharges and ASC STP proposals currently identified as Amber
Medium	2.84	1.78	1.06	
Low	0.93	0.00	0.93	
Total	10.74	1.78	8.96	

The main high risks (Red risks) that could negatively impact the current forecast position if they occur are shown in **Table 5** below.

Table 5- High risks		
Service	Reason/ explanation of risk	£m
Demand Management	Section 117 recharges to Walsall CCG	3.98
ASC STP Savings	Adult Social Care STP proposals currently identified as Amber	2.32
Demand Management	Client numbers within demand management increased significantly for M1-M3 as a result of accelerated discharges from ICS. The risk is based on if the current trend continues for the remainder of the financial year	0.68
Total High Risks		6.97

3.6 Service Transformation Plan 2021/22

Included within the budget for 2021/22 for services within the remit of this Committee are £13.73m of approved savings. Table 6 gives an early indication of the progress towards implementing these benefits:

Table 6 - Delivery of 2021/22 approved savings						
Benefit Ref	Benefit	Total Savings	Delivered/ Validated (Blue/ Green)	Planned Saving (Amber)	Shortfall (Red)	Mitigating Actions
		£m	£m	£m	£m	£m
Older People & Front Door						
OP89	Reducing New Demand - Front Door	(1.14)	0.00			
OP90A	Review Older people Residential/ Nursing Placements	(0.81)	0.00	(0.83)	1.55	
OP90B	Review Community Care Packages	(0.42)	0.00			
OP90C	Further reductions on client packages and placements	0	0.00			
Older People Front Door Subtotal		(2.38)	0.00	(0.83)	1.55	0.00
Learning Disability						
OP90D	Review of LD packages	(0.77)				
OP91	Reduction of day care funded by direct payments	(0.69)	(0.94)	(0.50)	(0.02)	
OP92	All Age Disability	(0.16)	0.00	0.00		
OP97	Review of Resources	0.00	(0.19)	0.00		
Learning Disability Subtotal		(1.61)	(1.14)	(0.50)	(0.02)	0.00
Joint Funding Arrangements						
OP94A/95	Review for joint funding tool arrangements	(2.90)	0.00	(0.78)	2.12	
Joint Funding Arrangements Subtotal		(2.90)	0.00	(0.78)	2.12	0.00
Other						
OP87	Reconfiguration of Commissioning Hub	(0.15)	(0.12)	0.00	0.03	
OP83	Staff Reconfiguration - Resilient Communities	(0.11)	(0.06)	(0.06)	0.00	
OP93	Direct Payment fees	(0.03)	(0.01)	(0.02)	0.00	
OP96	Benefit maximisation project	(0.78)	(0.65)	(0.13)	0.00	
OP113	CAM Dispersed Effort Benefit Target	(0.11)	0.00	0.00	0.11	(0.04)
OP109	A&BS Dispersed Effort Benefit Target	(0.07)	(0.03)	0.00	0.04	
Various	ASC - Various	(4.84)	(4.84)	0.00	0.00	
Various	Public Health	(0.74)	(0.74)	0.00	0.00	
Various	Communications, Branding & Marketing	(0.01)	(0.01)	0.00	0.00	
Other Subtotal		(6.84)	(6.45)	(0.21)	0.18	(0.04)
Total STP 2021/22		(13.73)	(7.59)	(2.32)	3.83	(0.04)

Each benefit is “BRAG” categorised as follows:

- Blue (delivered);
- Green (on track to be delivered with no issues at year end of 2021/22);
- Amber (not guaranteed at this stage but no major issues expected, some management action needed to ensure delivery) or,
- Red - (at high risk of not being achieved either in part or in full and therefore a robust delivery plan is required).

3.7 Capital Summary

The total capital programme related to this portfolio is £0.93m. The current forecast position is projected to be £0.93m. A summary is detailed in **Table 7** below:

Table 7- Forecast Capital Outturn 2021/22					
Service	Annual Budget	Actual Year to Date	Forecast	Year End Variance	Proposed carry forward to 2022/23
	£m	£m	£m	£m	£m
Council Funded					
All Age Disability Hub	0.04	0.02	0.04	0.00	0.00
SUB-TOTAL	0.04	0.02	0.04	0.00	0.00
Externally Funded					
ICES (Integrated Equipment Store)	0.89	0.40	0.89	0.00	0.00
SUB-TOTAL	0.89	0.40	0.89	0.00	0.00
GRAND TOTAL	0.93	0.42	0.93	0.00	0.00

4. Public Health

The forecast revenue position for 2021/22 before net use of/transfer to reserves is an under spend of **(£0.53m)** due to an underspend on staffing costs due to the impact of one-off funding to support the local authority’s COVID response and vacant posts within the service partially offset by costs associated with short term projects. After net transfer to reserves totalling **£0.53m** Public Health is **on budget**. This includes spend on sexual health services, drug and alcohol prevention and rehabilitation services, health visiting, school nursing, control of infectious diseases, oral health promotion, healthy weight and smoking cessation services.

The balance of Public Health of reserves carried forward from 2020/21 was £3.62m (this includes the earmarked reserve for COVID recovery of £1.40m). In the August position is a forecast transfer to reserves of £1.07m and use of reserves of (£0.53m), with an expectation that the remaining £4.16m will be carried forward to be utilised in future financial years.

In addition to the above, there is a total of **£8.032m** relating to the COMF (Contain outbreak management) grant for 2021/22 to support the Local Authority’s response to COVID. Further work is underway to scope a detailed expenditure plan in line with the conditions set out within the grant determination.

5. Financial information

- 5.1 The financial implications are as set out in the main body of this report. The council has a statutory responsibility to set a balanced budget and to ensure it has an adequate level of reserves. The council will take a medium term policy led approach to all decisions on resource allocation.

6. Reducing Inequalities

- 6.1 Services consider and respond to equality issues in setting budgets and delivering services. Irrespective of budgetary pressures, the Council must fulfil equal opportunities obligations

7. Decide

- 7.1 To approve the recommendations as set out in this report.

8. Respond

- 8.1 The Executive Director for Adult Social Care, with finance in support will be working with Directors and Heads of service to review the forecast, to continue to implement mitigating actions for any forecast overspends and to consider these financial implications in line with the council's budget setting process.

9. Review

- 9.1 Regular monitoring reports are presented to Cabinet to inform them of the impact of Covid-19 and the financial forecast for 2021/22, including an update on risks and impact on the budget for 2022/23 and beyond.

Background papers: Various financial working papers

Contact Officers:

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Stephen Gunther
Director of Public Health

✉ stephen.gunther@walsall.gov.uk

Social Care and Health Overview and Scrutiny Committee Work Programme 2021/22

Committee date	14th July	23rd Sept	28th October	7th December	20th January	1st March	21st April
Report Deadline	5th July	14th Sept	19th October	26th November	11th January	18th February	8th April
Public Health							
Finance			Budget and Q2			Q3	
Primary Care / CCG		Primary Care Access	Primary Care Access			Primary Care Access update	
Partnerships / integration							
Hospital Services and Community Care	CQC Report Urology services			Goscote centre report	CQC Report Urology services		
Adult Social Care				ASC Peer challenge outcome			
NHS Consultation							
Mental Health Services	Older Adult Mental Health In-patient bed provision						Update Feedback and decision from regulator

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
Published up to February 2022 (for publication 04/10/2021)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
05/07/2021	Local Growth Fund – Growth Deal Programme Approval of the 2020/21 Programme Spend	Approve the year end position of Growth Deal Projects, reflecting all changes to the Programme (Funding and Outputs) throughout the year, detailed in Attachment 1 of the report.	Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	03/11/2021
05/07/2021	Ruskin Mill Land Trust - Glasshouse Development Phase 3	Approve the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Glasshouse Development Phase 3 Grant Agreement with Ruskin Mill Land Trust, in relation to the project outputs.			
05/07/2021	Advanced Manufacturing Training Centre	Approves the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Advanced Manufacturing Training Centre Grant Agreement with Incomm, in relation to the project outputs.			

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
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Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
05/07/2021	Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Test Track 1 Project	Approves the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Test Track 1 Grant Agreement with Dudley Council in relation to the project output.			
06/09/2021	Elite Centre for Manufacturing Skills	Approves the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Elite Centre for Manufacturing Skills (ECMS) Grant Agreement with the University of Wolverhampton in relation to match funding.			
06/09/2021	<p>Growing Places Fund (GPF)</p> <p>Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Test Track 1 Project</p>	Approves the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley Council to deliver the Local Growth Fund (LGF) funded elements of Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – Test Track 1 Project from the Growing Places Fund (previously			

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
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06/09/2021	Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – National Innovation Centre	<p>used for LGF over programming) to support the delivery into 2021/22 financial year.</p> <p>Note that change request relates to a change in programme funding streams.</p> <p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley Council to deliver the Local Growth Fund (LGF) funded elements of the Hub to Home Transport Innovation Centre and Test Track Project: Very Light Rail and Autonomous Technologies – National Innovation Centre project from the Growing Places Fund (previously used for LGF over programming) to support the delivery into 2021/22 financial year.</p> <p>Note that change request relates to a change in programme funding streams.</p>	Papers TBC – Helen Martin Helen.Martin@dudley.gov.uk	Dudley Council	03/11/2021
02/08/2021	Black Country Executive Joint Committee Collaboration Agreement Deed of Variation	Approval of the proposed amendments, as highlighted, to the Collaboration Agreement covering the removal of the Advisory Board and revised Black Country Executive Joint Committee	Papers TBC – Simon Neilson Simon.neilson@walsall.gov.uk	Walsall Council	03/11/2021

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
Published up to February 2022 (for publication 04/10/2021)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
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		governance, and Governance Principles: Enterprise Zones, included as Appendix 1 to this report.			
06/04/2021	Local Growth Fund (LGF) Programme changes		Papers TBC – Simon Neilson Simon.Neilson@walsall.gov.uk	Walsall Council	01/12/2021
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 the Dudley Advanced Construction Centre project with delivery to continue in the 2021/22 financial year.			
06/09/2021	Elite Centre for Manufacturing Skills	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 2021/22 financial year. Note that change request relates to a change in outputs.			

BLACK COUNTRY EXECUTIVE JOINT COMMITTEE
FORWARD PLAN OF KEY DECISIONS
Published up to February 2022 (for publication 04/10/2021)

Date first entered into the plan	Project Name	Key Decision to be considered (to provide adequate details for those both in and outside of the Council)	Background papers (if any) and Contact Officer	Main consultees	Date Item to be considered
05/07/2021	Bilston Urban Village	<p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Wolverhampton City Council, to deliver the Local Growth Fund (LGF) funded elements of the Bilston Urban Village project with delivery to continue in the 2021/22 financial year.</p> <p>Note that change request relates to a change in match funding.</p>			



Walsall Council

FORWARD PLAN OF KEY DECISIONS

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

4 October 2021

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 helen.owen@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 (helen.owen@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 Rules set out in Part 4 of this Constitution. [Page 45 of 51](#)

**FORWARD PLAN OF KEY DECISIONS
NOVEMBER 2021 TO FEBRUARY 2022 (4.10.21)**

1	2	3	4	5	6	7
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
63/21 (4.10.21)	Corporate Plan 2021/22: To note the Quarter 2 performance against the Measures of Success in the Corporate Plan 2021/22	Cabinet Non-key decision	Stephen Gunther Stephen.gunther@walsall.gov.uk	Internal Services	Councillor Bird	15 December 2021
37/21 (7.6.21)	Sale of Council land in Blakenall: To seek approval to the freehold disposal of Council land in Blakenall <i>Contains commercially sensitive information.</i>	Cabinet Key decision Private	Nick Ford, Team Leader – Asset Management Nick.ford@walsall.gov.uk	Internal Services	Councillor Andrew	15 December 2021
47/21 (2.8.21)	Walsall's Customer Experience Strategy 2021 to 2026: To approve the Strategy which sets out the Council's service transformation to meet customers' priorities and needs	Cabinet Key decision	Elise Hopkins elise.hopkins@walsall.gov.uk Rashida Hussain Rashida.Hussain@walsall.gov.uk	Public, partner organisations, elected members, internal staff	Councillor Andrew	15 December 2021
14/21 (8.3.21)	Willenhall Masterplan: Strategic Land Acquisitions: In-principle approval for the use of Compulsory Purchase Order powers. <i>Contains information relating to the financial or business affairs of a particular person</i>	Cabinet Key decision Private Session	Willenhall Masterplan: Strategic Land Acquisitions. Joel.maybury@walsall.gov.uk	Internal Services	Councillor Andrew	15 December 2021

48/21 (2.8.21)	Affordable Housing commuted sums spend policy: To approve the use of affordable housing commuted sums (which are contributions secured through the planning process) to fund the provision of affordable housing to be used as temporary accommodation.	Cabinet Key decision	Neil Hollyhead Neil.hollyhead@walsall.gov.uk	Internal Services	Councillor Andrew	15 December 2021
64/21 (4.10.21)	Housing Enforcement Policy: To approve an updated and consolidated enforcement policy (including financial penalties)	Cabinet Key decision	David Lockwood David.lockwood@walsall.gov.uk Appollo Fonka Appollonaris.fonka@walsall.gov.uk	Public, Housing Associations, Internal Services	Councillor Andrew	15 December 2021
73/21 (4.10.21)	Town Deal: To authorise officers to receive and allocate Town Deal funding through agreed business cases.	Cabinet Key decision	Philippa Venables Philippa.venables@walsall.gov.uk	Internal Services, Town Deal scheme leads and Town Deal Board Members	Councillor Andrew	15 December 2021
65/21 (4.10.21)	Waste Management Strategy: To agree to the submission of the planning application for Middlemore Lane site to accommodate a new household waste recycling centre and a waste transfer station facility and to approve that the existing site at Fryers Road to have an upgraded household waste recycling centre.	Cabinet Key decision	Cabinet Report - 19 May 2020 Dave Brown Director of Place and Environment Dave.brown@walsall.gov.uk 01922 653478 Stephen Johnson Service Manager – Strategy Stephen.johnson@walsall.gov.uk 01922 654227	Internal Services	Councillor Andrew Councillor Butler	15 December 2021

66/21 (4.10.21)	Walsall's Street Scene Strategy : To approve a strategy which sets out the Council's aspirations and service standards for the design and maintenance of the boroughs streets and associated assets.	Cabinet Key decision	Dave Brown Dave.Brown@Walsall.gov.uk Kathryn Moreton Kathryn.Moreton@Walsall.gov.uk	Internal Services	Councillor Andrew Councillor Butler	15 December 2021
67/21 (4.10.21)	Green Space Strategy: To agree an updated Green Space Strategy including a programme to improve and update/upgrade our children's playgrounds and to consider new/improved outdoor gym facilities	Cabinet Key Decision	Alan Bowley Alan.bowley@walsall.gov.uk	Internal Services Ward Councillors	Councillor Butler	15 December 2021
68/21 (4.10.21)	Bulky and Garden Waste Service: To agree to the continuation of the current bulky waste charging arrangements 'Three for a Tenner' and brown bin collections free, fortnightly and extended to November.	Cabinet Key Decision	Alan Bowley Alan.bowley@walsall.gov.uk	Internal Services	Councillor Butler	15 December 2021
49/21 (2.8.21)	Domestic Abuse services contract award: To approve the contract awards for: <ul style="list-style-type: none"> the provision of Domestic Abuse emergency accommodation and support support to Domestic Abuse victims and their children <p><i>Note: There may be commercially sensitive information to be considered in private session.</i></p>	Cabinet Key decision	Neil Hollyhead Neil.hollyhead@walsall.gov.uk Isabel Vanderheeren Isabel.vanderheeren@walsall.gov.uk	Internal Services, service users, external stakeholders	Councillor Andrew Councillor Wilson	15 December 2021

46/21 (2.8.21)	Emotional Wellbeing and Therapeutic Support for Children and Young People in need: To approve entering into an appropriate agreement with the Black Country Healthcare NHS Foundation Trust to provide therapeutic services for children and young people in need, including those who are looked after.	Cabinet Key decision	David DeMay David.demay@walsall.gov.uk	Internal services, Walsall CCG and Black Country Healthcare NHS Foundation Trust	Councillor Wilson	15 December 2021
44/21 95.7.21)	Day care/day opportunities: To approve recommendations for the delivery of a menu of options for vulnerable people who require support to engage in meaningful community based activities as a result of ongoing needs around social care and inclusion,	Cabinet Key Decision	Cabinet report and the lessons learned from COVID report Jeanette Knapper 07500028537	Existing end uses of traditional day services in house; Existing users and carers/parents of people accessing building based day opportunities; Carers Hub; FACE; Frontline internal staff; External marketplace for day care	Councillor Martin	15 December 2021
69/21 (4.10.21)	Future provision of the Appointeeship Service: To receive the outcome of formal consultation undertaken with regard to the future provision of the service and to approve the recommended changes identified as a result of the consultation.	Cabinet Key Decision	Council reports 25 February 2021. Corporate Budget Plan 2021-22 & 2023-24; Cabinet Report 16 June 2021 – Pre-Audit Outturn 2020-21 Contact: Lloyd Haynes Lloyd.haynes@walsall.gov.uk	Internal Services, Service users, their reps and other stakeholders, incl. advocacy organisations, internal social care professionals.	Councillor Martin Councillor Bird	15 December 2021

70/21 (4.10.21)	Food Law Enforcement Service Plan: To receive the annual service delivery plan required by the Food Standards Agency and recommend Council to approve the plan	Cabinet Non-key decision Council	Paul Rooney Paul.rooney@walsall.gov.uk	Internal Services	Councillor Perry	Cabinet 15 December 2021 Council 10 January 2022
71/21 (4.10.21)	Fire Protection Service and Maintenance Contract: To approve the award of the contract <i>Note: Contains confidential information relating to the financial and business affairs of a particular person</i>	Cabinet Key decision Private Session	Ian Lister ian.lister@walsall.gov.uk	Internal Services	Councillor Statham	15 December 2021
72/21 (4.10.21)	Energy Supplies Contract: To approve the award of the contract for the provision of the Council's energy supplies	Cabinet Key decision	Ian Lister ian.lister@walsall.gov.uk	Internal Services	Councillor Statham	15 December 2021
61/21 (6.9.21)	Corporate Financial Performance 2021/22 and Covid-19 update – To report the financial position based on 9 months to December 2021 and impact of Covid-19.	Cabinet Non-key decision	Vicky Buckley 01922 652326 Vicky.buckley@walsall.gov.uk	Internal services	Councillor Bird	9 February 2022
62/21 (6.9.21)	Corporate Budget Plan 2022/23 – 2024/25, incorporating the Capital Strategy; and the Treasury Management and investment Strategy 2022/23: To recommend the final budget and Council tax for approval by Council	Cabinet Key decision Council	Vicky Buckley 01922 652326 Vicky.buckley@walsall.gov.uk	Council tax payers, business rate payers, voluntary and community organisations	Councillor Bird	Cabinet -9 February 2022 Council – 24 February 2022

22/21 (8.3.21)	Walsall Council Housing Allocations Policy: To update the policy which sets the principles for the allocation of affordable housing	Cabinet Key Decision	Neil Hollyhead Neil.hollyhead@walsall.gov.uk	Public, Housing Associations, Internal Services	Councillor Andrew	9 February 2022
74/21 (4.10.21)	COVID Memorial Garden: To consider options for a COVID Memorial Garden	Cabinet Key decision	Dave Brown Dave.brown@walsall.gov.uk	Internal Services. Stakeholders dependent upon options being developed	Councillor Perry	9 February 2022
75/21 (4.10.21)	General building Repair and Maintenance Contract: To award the contract for the Council's general building repair and maintenance. <i>Note: Contains confidential information relating to the financial or business affairs of a particular person</i>	Cabinet Key decision Private Session	Ian Lister Ian.Lister@walsall.gov.uk	Internal Services	Councillor Statham	9 February 2022
76/21 (4.10.21)	Mechanical and Electrical Service and Maintenance Contract: To approve the award of the contract award the contract for the Council's mechanical and electrical service and maintenance contract. <i>Note: contains confidential information relating to the financial or business affairs of a particular person.</i>	Cabinet Key decision Private Session	Ian Lister Ian.lister@walsall.gov.uk	Internal Services	Councillor Statham	9 February 2022
77/21 (4.10.21)	Supported Housing Repair and Maintenance Contract: To approve the award of the contract.	Cabinet	Ian Lister Ian.lister@walsall.gov.uk	Internal Services	Councillor Statham	9 February 2022