

Social Care and Health Overview and Scrutiny Committee

Monday 1 November 2021 at. 6.00 p.m.

Town Hall, Walsall Council.

Committee Members Present

Councillor Hussain (Chair)
Councillor D. Coughlan
Councillor Ditta
Councillor Kaur
Councillor Murphy
Councillor Pedley
Councillor Robertson
Councillor Sears
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
P. Stoddart	Lead Accountant – Adult Social Care
Mrs N. Gough	Democratic Services Officer, Walsall Council

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

57/21

Apologies

Apologies were received on behalf of Councillor Johal, Councillor Gandham, Councillor Allen and Councillor Cooper.

58/21

Substitutions

Councillor Kaur substituted on behalf of Councillor Johal for the duration of the meeting and Councillor Sears substituted on behalf of Councillor Allen for the duration of the meeting.

59/21

Declarations of Interest and party whip

There were no declarations of interest or party whip.

60/21

Minutes of the previous meeting

The minutes of the meeting that took place on 23rd September 2021 were discussed.

Resolved

The minutes of the meeting held on 23 September 2021 were agreed as a true and accurate record.

61/21

Access to Primary Care Services

The Managing Director (Black Country and West Birmingham Clinical Commissioning Group) spoke to the report (annexed) and presented the salient points. The report responded to recommendations made at the previous committee meeting. Information was provided on national guidance, issued by NHS England, aimed at improving access to primary care. As part of this, contractual requirements for GPs which related to 'access' were being discussed with the BMA and local medical committees.

The Committee were informed that concerns (in relation to access) raised by the Committee had been fed back to GPs, and this was also discussed at the local commissioning board. In response to the Committees request for monitoring reports, Members were informed that CCG's did not have access to GP data, as this was held by NHS England.

Members were advised that in response to the Committees request for a Borough wide plan to improve primary care access, the report detailed plans for the recruitment of primary care practitioners in Walsall and how they would be allocated per Primary Care Network (PCN).

Since the last Committee, the CCG had reviewed the availability of out of hour's appointments, commissioned additional face-to-face appointments and the hours of the urgent treatment centre would also be extended by 3 hours each evening. Although provision for patients with symptoms of Covid-19 would continue to be separate.

In response to queries around the commissioning of GPs, clarification was provided that this was done through the national GP contract, recent guidance would strengthen this and for the first time, primary care access would be included in the contract. The Committee were assured that professionals triaging patients were carried out by a person who was competent to make decisions and CQC ratings confirmed that this was happening.

It was suggested that representatives could attend a future meeting to present plans for each locality. Member's attention was drawn to 4.6 and 4.7 within the report (annexed), which detailed CQC ratings of each GP practice in Walsall and it was noted that there were no GP practices in Walsall rated 'inadequate' with the vast majority rating good or outstanding. This indicated that there were not fundamental issues with the quality of care in Walsall, although it was acknowledged that access may remain difficult.

In response to a request from a Member further explanation on additional practitioners was described. A Member highlighted that contacting GPs was difficult, although it was acknowledged that GPs were responsible for their own telephone systems. It was also stressed that, nationally, the

ambulance service was incredibly busy. In Walsall increased access to the urgent care centre may assist this issue.

A Member suggested that the 'reset of GP practices' needed to be better communicated to the public, who may be expecting services to be delivered in the same way that they were pre-pandemic. The Managing Director stated that this was an important point, and it was confirmed that there was not an expectation for consultations to return to previous methods. It was acknowledged that consultation and engagement had not taken place due to the Covid-19 pandemic, and there was now an opportunity for changes to be evaluated.

A Member referred to the CQC state of health care and adult social care report and suggested that it was shared with Members. A Member queried how many of the additional primary care roles had been applied for and recruited to locally, to mitigate workforce issues and it was questioned how GP practices would have the capacity to fully support the additional roles recruited to. It was stressed by a Member that an evaluation of 'a good triage system' was needed in order to determine if current processes were effective. The Managing Director clarified that the table on page 18 (annexed) contained the actual number of additional staff recruited to, and support was being provided by the CCG to ensure that professional supervision was being provided (this included access to training).

A Member asked if the number of GP appointments could be broken down further to provide more information on appointments. The Managing Director stated that this data was not currently available to CCGs. However if it became available it was agreed that it would be taken to a future meeting.

It was stressed that those GP practices that had ratings of 'requires improvement' by the CQC would have an agreed action plan for improvement. A Member requested that the names of GP practices with this rating in Walsall be shared with Members of the Committee.

The Managing Director was asked how the triaging system would be improved given that this was managed by individual GP practices. The sharing of good practice and development of triaging models was described.

The Portfolio Holder described how the Joint Strategic Needs Assessment would impact on the service provided by GPs and would guide the CCG in its allocation of resources.

Resolved

That the Primary Care Access report be noted and an update provided to a future meeting.

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

The Executive Director presented the report (annexed) and highlighted the salient points. The Committee were informed that the draft revenue budget, as reported to Cabinet on 20 October 2021, included the latest medium term financial outlook for the four year period from 2022/23 to 2025/26. It also outlined the draft savings proposals for consultation, draft capital programme for 2022/23 to 2025/26, and set out the process and timescale for setting a legally balanced budget for 2022/23. It was noted that there was a gap of £2.5m across the Council after the delivery of identified savings, meaning further work was required. The Committee were informed that there were no capital schemes relating to the remit of the Social Care and Health Overview and Scrutiny Committee.

It was noted by officers that there was £9.4m of investment into adult social care in 2022/23 meaning that the net position was plus £2m. The use of the adult social care precept increases was discussed and it was confirmed that £2m of investment to adult social care would be provided through general funding.

The impact of the Government spending review on core functions and budget assumptions was still being analysed, this analysis would be reported to Cabinet in December 2021. Members attention was drawn to appendix one which details operational proposals for 2022/21 and totalled £7.5m. There were investment proposals within the Adult Social Care Directorate.

A Member asked for clarity on the level of public health savings proposals, and how these compared to previous years. Officers confirmed that services funded by the public health budget fund efficiencies and this offset savings.

A Member expressed concern in relation to the savings proposals relating to learning disabilities and mental health, given the likely increased need in the future. The Executive Director confirmed that this was part of the 'strength based approach' in relation to meeting individual support plan needs. It was noted that some individuals were over-prescribed care, or their situation had improved (meaning less care was needed) and also new technology meant that packages of care could be reviewed. It was also suggested that better value could be achieved by accessing support for individuals within communities.

Officers were asked for more information on changes to services at the Goscote Centre. Members were informed by the Executive Director that core services were still available for those who needed them, however the offer had been enhanced to include an outreach service. This had been well received, and it was stated that this would be further developed.

A Member asked for a description of how the Proud programme savings would be achieved to allow the Committee to fully understand proposed efficiencies and their impact on services. Officers acknowledged that this

was the transformed way that the Council worked now. Further detail was provided on the following:

- Resilient communities – individuals were supported by their communities to avoid the need for adult social care services. This had benefits to both individuals and council budgets. In order to facilitate this the Council would support community groups to meet the needs of individuals. Examples of how this could work in practice were provided.
- Customer Access Management – current demand through contact to adult social care was described and the potential to shift demand to a self-serve approach to access support. Also where contact with adult social care is received, advice on support within the community will be provided.
- Efficiencies through direct payments – the contracting of day care provision to provide individuals with the option to use their funding differently creating efficiencies for the Council.

A Member expressed concern that care payments were being driven down by the Council, and this may affect their viability. The Executive Director stated that this was a challenge in relation to domiciliary care, however day care providers did not face the same pressures as domiciliary care providers. In this approach the day care providers would have increased security of funding through the Council contracting day care spaces. The saving will be achieved by saving direct support service payments and economies of scale.

- All age disability – this related to extending the reach of services to young adults.
- Public Health transformation fund funded core services across the council, efficiencies achieved by core services funded in this way would be returned to the public health fund.

In response to concern expressed by a Member, Officers confirmed that statutory duties would not be delegated outside of the Council.

A request was made for future finance reports to include a commentary with information to demonstrate the impact on individuals. The Executive Director stated that the service transformation plan was currently being reviewed and it was recognised that financial reporting could be more user friendly, once complete this would be presented to scrutiny.

The success of resilient communities was described by a Member, and the use of forums such as friendship cafes had reduced the impact on adult social care and upskilling individuals within the voluntary sector could build on this further.

A Member suggested that the savings proposed would negatively impact residents of Walsall. The £4m saving associated to learning disability and mental health was highlighted as a significant concern, along with the lack of detail within proposals. Officers were asked if Equality Impact assessments had been completed on the savings proposed. The

Executive Director confirmed that all savings within this year were the same savings presented in the previous year and equality impact assessments were completed previously. Examples of how savings in relation to learning disabilities were provided to indicate the positive benefits that new equipment and technology could provide to individuals and also achieve savings.

It was suggested by a Member that outcome based practice and different ways of working to benefited individuals and created efficiencies. It was suggested that further explanation on this would be beneficial.

In response to a request for further detail on savings related to learning disabilities, officers provided assurance that anyone who had an assessed need would continue to have their needs met. Supported living was described and currently there was an over provision in Walsall, this resource had not been used in an efficient way. By rebalancing this more efficient use could be achieved.

The Chair expressed concern at the efficiencies proposed and the impact on vulnerable individuals and stated that he could not support the budget for this reason.

The resolution was put to the vote and subsequently declared carried, with 5 Members voting in favour and four voting against.

Resolved

The Committee considered the draft revenue budget proposals attached that related to the remit of the social care and health overview and scrutiny committee as shown in Appendix 1 and 2, and that feedback will be presented to Cabinet on 15 December 2021.

63/21

Corporate financial performance – quarter 2 financial monitoring position for 2021/22

The Lead Accountant presented the report and highlighted the salient points (annexed). Members were informed that after the net use of reserves there was a projected overspend of £4.63m, the detail relating to this was described. Key risks were set out within the report, one of these related to the receipt of payments from the CCG and there was a further risk around serviced transformation plan savings. Public Health services were funded by dedicated ring fenced grants, an underspend was forecast but would go into the public health reserve.

Recommendation

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

64/21

Areas of Focus

Members reviewed the areas of focus proposed for the committee. A Member requested a report on the availability of domiciliary care within the Borough, and the challenges faced by the Council in accessing provision.

Resolved

The Areas of focus was agreed, with the following reports requested at the next meeting:

- **Member requested a report at the next meeting detailing the availability of domiciliary care within the Borough, and the challenges faced by the Council in accessing provision.**
- **Information on the positive impact on adult social care of the interventions of the resilient communities' model.**

65/21

Date of the next meeting: 7th December 2021.

Councillor Coughlan expressed dissatisfaction at the chairs provided for the meeting, the Clerk agreed to provide this feedback to management.

Termination of Meeting

The meeting terminated at 8 p.m.

Chair:

Date:.....