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

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 aliments 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.**

54/21 **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 domically 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 started 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.