



Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 3 March 2022 at 6.00 P.M.

Meeting to be held: Town Hall, Walsall Council

Public access to meeting via: <https://youtu.be/mVANXGicZZ8>

MEMBERSHIP:

Councillor Hussain (Chair)
Councillor Cooper (Vice-Chair)
Councillor Coughlan
Councillor Ditta
Councillor Gandham
Councillor Johal
Councillor Murphy
Councillor Rasab
Councillor Robertson
Councillor Sears
Councillor Waters

PORTFOLIO HOLDERS:

Health and Wellbeing Councillor S. Craddock
Adult Social Care Councillor Pedley

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

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AGENDA

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes of the previous meeting To approve and sign the minutes of the meeting that took place on 20 January 2022.	<u>Enclosed</u>
<u>Scrutiny</u>		
6.	Primary Care Access update To consider an update service delivery within primary care.	<u>To Follow</u>
7.	Impact of Resilient Communities This briefing note gives a background to the resistant communities approach and examples of how it works in communities.	<u>Enclosed</u>
<u>Overview</u>		
8.	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>
9.	Date of next meeting 21 April 2022, 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 20th January 2022 at. 6.00 p.m.

Council Chamber, Walsall Council.

Committee Members Present

Councillor Hussain (Chair)
Councillor Ditta
Councillor Gandham
Councillor Kaur
Councillor Murphy
Councillor Sears
Councillor Waters

Portfolio Holders Present

Councillor K. Pedley – Adult Social Care
Councillor S. Craddock – Health and Wellbeing

Officers

Mrs K. Allward	Executive Director Social Care for Adults
Professor David Loughton	Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust
Lisa Carroll,	Director of Nursing, Walsall Healthcare Trust
Mrs N. Gough	Democratic Services Officer, Walsall Council

74/21

Apologies

Apologies were received on behalf of Councillors Cooper and Rasab.

75/21

Substitutions

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

76/21

Declarations of Interest and party whip

There were no declarations of interest or party whip.

77/21

Minutes of the previous meeting

The minutes of the meeting that took place on 9 December 2021 were discussed.

Resolved

The minutes of the meeting held on 9 December 2021 were agreed as a true and accurate record, subject to the inclusion of Councillor W. Rasab as in attendance.

Update on Proposals for Acute Urology Services at Walsall and Wolverhampton

The Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust introduced the report and highlighted the salient points (annexed). Members were informed that the transfer of emergency urological cases to Royal Wolverhampton Trust (with low complexity transferred to Walsall) was originally planned to take place in December 2021, however this had been delayed until April 2022.

In response to questions from Members, the reasons for the delay were described, largely due to ongoing pressures caused by the Covid-19 pandemic. Supply chain difficulties, staff and patient care pressures had been experienced. These issues had caused delays to building work at the Royal Wolverhampton Trust and ongoing pressure to NHS services.

Challenge was provided in relation to the impact of the delay on patients, the Joint CEO stated that there would be no impact on patients - there had been very few cancellations for elective operations and this situation continued to improve. Walsall had performed well and had one of the best records for delayed transfers of care (in the Midlands). Further clarity was sought on the reasons for this, and the Committee were informed that the 'Walsall Together' partnership was key to this success. Alongside this Walsall had a good performance in terms of 'Accident and Emergency' and ambulance offload times.

Members questioned if the planned revised transfer date for urological services was realistic, and the Committee were informed that currently this was on track however, challenges in relation to staff sickness (due to Covid) continued to pose a risk. Although it was acknowledged that staff sickness levels were reducing.

A discussion was held in relation to Staffordshire patients, and the Committee were informed that Cannock Hospital had been used for elective purposes with no emergency medicine this allowed transfer of patients. It was intended that this would be further developed to manage elective waiting lists.

Assurance was sought from a Member that the transfer of urology services would happen at projected timescales, the Joint CEO stated that this was on track however guarantees could not be provided due to staff sickness and the risk of staff being dismissed (due to lack of vaccination). The dismissal of significant numbers of staff due to lack of vaccination was a national issue, and could prevent services from being delivered effectively.

The Chair thanked NHS staff on behalf of the Committee for their continued hard work and dedication. It was acknowledged that staffing was an existing issue prior to the pandemic. The Joint CEO stated that over two hundred nurses had been recruited at Walsall Healthcare Trust, however a significant number of Members of staff could refuse to be vaccinated. Staffing issues were further discussed and it was confirmed

that staff sickness was improving however further work needed to be done at Walsall Healthcare Trust on the management of long-term sickness.

A Member questioned the extent of the urology waiting list at Walsall Healthcare Trust and it was confirmed that this had built up over a long period of time (prior to the pandemic). The Trust had procured a third robot to deliver urological services, however the demand for robotic surgery was high, and this needed managing across the West Midlands.

The Portfolio Holder (Public Health) acknowledged the success of Walsall Together and the work of Partners, and questioned if the vaccination rate in the general population improved, what impact that would have on the Trust. The Joint CEO stated that the situation with the hospital was improving and vaccination rates in Walsall were positive. A further discussion was held on Covid testing, the Joint CEO stated that community rates were not currently translating into hospital admissions. It was suggested that the Omicron variant did not have the same impact on the hospital as previous strains of the virus. The number of inpatients, ITU patients and deaths were monitored on a daily basis. It was stressed that the number of inpatients were starting to reduce in Walsall.

Resolved

That the Update on Proposals for Acute Urology Services at Walsall and Wolverhampton be noted.

79/21

Assurance report regarding Walsall Healthcare CQC Inspection of March and July 2021.

The Director of Nursing presented the report and highlighted the salient points (annexed). The Committee were reminded that the CQC carried out an unannounced focused inspection of the Trust on 9 March 2021, and this led to a section 9a warning notice to Walsall Healthcare Trust indicating that significant improvement was needed. Further to this the CQC undertook an unannounced inspection of maternity services at Walsall Healthcare Trust on 28 July 2021 and the overall rating for the service remained as 'required improvement'. It was noted that areas of good practice were also identified, actions identified (within action plans) were either complete or the Trust were on track to complete them.

The Committee were advised that in response to the inspections recruitment to key roles had taken place, this included the recruitment of international nurses, and support had been provided to these members of staff. Improvements to the hospital environment had been made, along with a review of governance processes. Investment had been made in the Leadership development programme for nurses. The CEO described the infrastructure that had been put in place to support international nurses.

A Member sought assurance that the issues raised within the inspections would not be repeated in the future and that progress was monitored. The Director of Nursing stated that quality standards were audited, peer

reviewed and reported to Trust Board to ensure clear oversight. Vacancies were robustly monitored and the Trust were focusing on the reduction of the use of agency staff. Strong leadership, staff forums (to allow concerns to be raised) and other safeguards were described. The use of agency staff was discussed, and prioritisation was being given to reduce this, and it was noted that maternity services across the country were under pressure.

A Member challenged what was being done to bridge the training and skills gap identified in the inspection. The Director of Nursing stated that ten Practice Educator Facilitators had been recruited - nurses that focused on education but within the clinical environment. These staff worked alongside nurses and the wider workforce, significant investment had been made into education and training. It was suggested that restrictions placed on the Trust when it was placed in 'special financial measures' had impacted on training and development of staff.

A Member asked for further clarification that the CEO was satisfied that issues raised within the inspection had been resolved and how these actions were monitored. The Director of Nursing confirmed that the necessary changes had been made and evidence had been submitted to the CQC, who were satisfied with this. Ongoing monitoring took place at a number of levels up to the Trust Board. It was acknowledged that continuous improvement was always needed, and key to this was recruitment.

A Member asked for timescales on improvements in maternity, the Director of Nursing stated that there were no timescales for improvement however the Trust had a detailed action plan, of which many of these actions were now completed, with ongoing monitoring. The maternity service had been reviewed by NHS England and was rated as 'good' with extremely positive feedback and sustained improvement.

The CEO stated that the physical environment of the hospital required improvement to make the maternity service more accessible, this included the relocation of the Midwife Led Unit, to provide immediate access to the consultant led unit. In response to a query from a Member, the Director of Nursing confirmed that recruitment to midwifery had taken place and provided further detail on this.

Resolved

- i. That the Assurance report regarding Walsall Healthcare CQC Inspection of March and July 2021 be noted.
- ii. That a further update be provided within 6 months.

80/21

Areas of Focus

Members reviewed the areas of focus proposed for the committee.

Resolved

The areas of focus was agreed.

81/21

Date of the next meeting: 3 March 2022.

Termination of Meeting

The meeting terminated at 7 p.m.

Chair:

Date:.....

Briefing note

Social Care and Health Overview and Scrutiny Committee

Title: Resilient Communities

Service area: Resilient Communities

Portfolio: Councillor G Perry, Deputy Leader and Resilient Communities

1. Aim

At the Social Care and Health OSC the Committee on 1st November, Members discussed the 'positive impact on adult social care of the interventions of the resilient communities model' and resolved to request a report to a future meeting.

This briefing note gives a background to the approach and looks at examples of how it works in communities.

3. Know

Resilient Communities is a holistic approach to working with communities. It is a strength based approach which supports personal responsibility, community led solutions, integrated services and integrated statutory support. The approach works in a variety of settings but is incredibly strong when dealing with community support. It is strong in this area because it builds on the trust and relationship that already exists between communities and the Voluntary and Community Sector (VCS) and between the Council and the VCS. The relationship between the sector and Council has been transformed over the last few years and is very positive.

The focus of the briefing is the community element of the resilient communities approach which is built on professional delivery in nice spaces with caring people.



On the ground the resilient communities approach builds on these trusted relationships and uses kindness, friendship and a sense of belonging to add to the professional approach within our key community assets to deliver support in the heart of our community. This support is intended to build individual and community wellbeing that:

- Keeps people in their homes longer
- Keeps people in their communities longer
- Keeps people active longer

All these elements build towards a better experience for our residents and importantly reduced demand on statutory services. During the COVID-19 pandemic the power of our community groups in building on Council support to provide individual care and support at the heart of our communities has been outstanding. They became our community front line leading on local support in not only traditional community support areas but also in areas such as lateral flow testing, vaccination support and surge testing. The Community stepped up and responded in a professional way. Most importantly when our community groups are involved the level of kindness, support and care within our communities increases.



The work of our community partners speaks for itself and several partners are attending scrutiny to do just that.

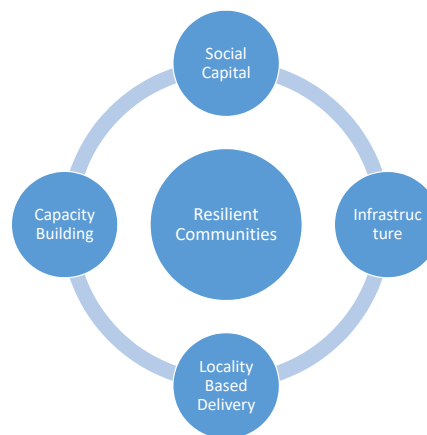
The programme is linked to the following Corporate Plan priorities:

- COMMUNITIES are prospering and resilient with all housing needs met in safe and healthy places that build a strong sense of belonging and cohesion
- PEOPLE have increased independences, improved health and can positively contribute to their communities

The Resilient Communities approach is gaining momentum within the Council and with key partners. It is a strength based approach which requires:

- Good, in house knowledge of the voluntary and community sector;
- Commitment to co-design and collaborative working where appropriate;
- Increasing Social Capital within Walsall both on a personal and organisational level.
- Key elements of infrastructure to support the work. Making Connections Walsall and a voluntary sector infrastructure organisation are two key elements of that infrastructure.
- Strong collaboration with partners such as WHG

Resilient Communities - Capabilities



In addition to these core elements speed of decision making, a closer relationship with our communities, appropriate levels of monitoring and a more holistic approach to issues are planned by-products of resilient communities.

Sector Capacity

The Walsall Community Network were at the heart of our COVID-19 Community response and saw the benefits in collaborating to best meet the needs of the communities of Walsall. The network is made up of the following organisations:

Aaina Community Hub
Bloxwich Community Partnership
Brownhills Community Association
Collingwood Centre
Frank F Harrison Community Association
Manor Farm Community Association
Moxley People's Centre
Old Hall People's Partnership
Park Hall Community Association
Pelsall Community Centre
Ryecroft Community Hub

Sneyd Community Association
Streetly Sports and Community Association
Walsall Black Sisters Collective
Willenhall CHART

These are geographically spread and are close to their communities. Other organisations such as Darlaston All Active collaborate with network members and others on a number of initiatives. These key community assets have their own strong local networks of local organisations where collaboration is key.

The Council is also building new capacity in the Borough, often in partnership with WHG, One Walsall, Walsall Together and other partners. This working across partners is key to avoiding duplication, increasing collaboration, encouraging new organisations and improving the community offer to residents.

Capacity to support people in their communities is vital and key investments are being made to ensure capacity is increased where it is needed.

Case Studies

Person A was referred to a Community Organisation when their partner was hospitalised with Covid 19. As their condition deteriorated, we supported Person A with weekly befriending calls, and facilitated them to visit when permissible. Their partner slowly recovered and was eventually able to return home. Person A has subsequently attended coffee/support mornings and offered their time volunteering with gardening activities at the Centre.

Person B's mental health deteriorated considerably due to the impact of the isolation resulting from the pandemic. After a long career as a dance instructor they were spending more time in bed and lost all motivation. After weekly telephone befriending calls, they subsequently agreed to attend a coffee/support morning. Although very anxious initially, and struggling to overcome a speech impediment exacerbated by their poor mental health, Person B gained confidence, made new friends and now visits another group member to deliver and collect books for them to read.

A resident was signposted to a local community organisation. It was arranged that hot lunches and newspapers were delivered during lockdown by volunteers. They began benefiting from this service too but when lockdown eased began coming to our centre. They now come to our coffee mornings/lunch club and any entertainment we may be hosting, without their carer. The resident now mixes with other members and has gained confidence.

A resident was referred to a community group during the height of the pandemic. They have been receiving befriending calls throughout 2021 but had not really had the confidence to leave the house during the lockdowns. Doorstep visits were made once a month as well as weekly calls. They began attending coffee and chat at the beginning of January 2022 for the first time. A staff member walked with them round to the centre. They really enjoyed attending and met an old friend of theirs who they hadn't seen for a number of years. The resident came by themselves this week and said

they had also been to the local shops during the week, as she felt more confident.

These are individual cases that have made a difference to individual's lives. Once in a community organisation there are wide ranging opportunities to engage in activities which beat loneliness and isolation and increases wellbeing.



Paul Gordon

Director of Resilient Communities

23rd February 2022

**BLACK COUNTRY
EXECUTIVE JOINT COMMITTEE**

FORWARD PLAN OF KEY DECISIONS - PUBLISHED UP TO JUNE 2022

Black Country Executive Joint Committee Collaboration Agreement – Deed of Variation

Key Decision to be considered:	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 governance, and Governance Principles: Enterprise Zones, included as Appendix 1 to this report.
Date first entered into the plan	02 August 2021
Contact Officer	Simon Neilson Simon.neilson@walsall.gov.uk
Main consultees	Walsall Council
Date Item to be considered	30 March 2022

Local Growth Fund (LGF) Programme changes

Project Name	Hatherton Street Phase 2
Key Decision to be considered	Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Jessups Brothers Ltd, to deliver the Local Growth Fund (LGF) funded elements of the Hatherton Street Phase 2 project with delivery to continue in the 2021/22 financial year. Note that change request relates to a change in match funding and outputs.
Date first entered into the plan	01 November 2021
Contact Officer	Simon Neilson Simon.Neilson@walsall.gov.uk
Main consultees	Walsall Council
Date Item to be considered	30 March 2022

Project Name**i9 Wolverhampton**

Key Decision to be considered

Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Ion Projects Limited, to deliver the Local Growth Fund (LGF) funded elements of the i9 Wolverhampton project with delivery to continue in the 2021/22 financial year.

Note that change request relates to a change in outputs.

Date first entered into the plan

01 November 2021

Contact Officer

Simon Neilson Simon.Neilson@walsall.gov.uk

Main consultees

Walsall Council

Date Item to be considered

30 March 2022

Project Name**Dudley Advanced Construction Centre**

Key Decision to be considered

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 2022/23 financial year.

Note that change request relates to a change in outputs

Date first entered into the plan

06 April 2021

Contact Officer

Simon Neilson Simon.Neilson@walsall.gov.uk

Main consultees

Walsall Council

Date Item to be considered

27 April 2022

Project Name**Elite Centre for Manufacturing Skills**

Key Decision to be considered

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

<p>Date first entered into the plan</p> <p>Contact Officer</p> <p>Main consultees</p>	<p>Growth Fund (LGF) funded elements of the Elite Centre for Manufacturing Skills (ECMS) project with delivery to continue in the 2022/23 financial year.</p> <p>Note that change request relates to a change in outputs</p> <p>06 September 2021</p> <p>Simon Neilson Simon.Neilson@walsall.gov.uk</p> <p>Walsall Council</p>
<p>Date Item to be considered</p>	<p>27 April 2022</p>

Land and Property Investment Fund (LPIF) Programme changes

<p>Project Name</p>	<p>Sandwell Housing Gap Funding</p>
<p>Key Decision to be considered</p>	<p>Approval for the Accountable Body for the Land and Property Investment Fund (Walsall Council) to proceed to amending the Grant Agreement with Sandwell Council, to deliver the Land & Property Investment Fund (LPIF), funded elements of the Sandwell Housing Gap Funding project with delivery to continue in the 2022/23 financial year.</p>
<p>Date first entered into the plan</p> <p>Contact Officer</p> <p>Main consultees</p>	<p>10 January 2022</p> <p>Tony McGovern Tony.McGovern@sandwell.gov.uk</p> <p>Sandwell Council</p>
<p>Date Item to be considered</p>	<p>30 March 2022</p>

<p>Project Name</p>	<p>Globe House, Walsall</p>
<p>Key Decision to be considered</p>	<p>Approval for the Accountable Body for the Land and Property Investment Fund (Walsall Council) to proceed to enter into a Grant Agreement with Globe Property Limited, to deliver the Land & Property Investment Fund (LPIF), funded elements of the Globe House project with delivery to commence in the 2022/23 financial year.</p>
<p>Date first entered into the plan</p> <p>Contact Officer</p> <p>Main consultees</p>	<p>06 December 2021</p> <p>Simon Neilson Simon.Neilson@walsall.gov.uk</p> <p>Walsall Council</p>

Date Item to be considered 30 March 2022

Black Country Digital Fund

Project Name **Black Country Digital Strategy**

Key Decision to be considered Approval for the Accountable Body (Walsall Council) to proceed to amending the Grant Agreement with the Black Country Consortium Ltd to increase its funding allocation to further develop the Black Country Digital Strategy, initially funded from the Growing Places revenue budget, and where applicable and eligible, recharged to the capital Black Country Digital Fund.

Date first entered into the plan 7 February 2022
Contact Officer Simon Neilson Simon.Neilson@walsall.gov.uk
Main consultees Walsall Council

Date Item to be considered 27 April 2022

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

Committee date	14 th July	23 rd Sept	28 th October	9 th December	20 th January	1 st March	21 st April
Report Deadline	5 th July	14 th Sept	19 th October	30 th November	11 th January	18 th February	8 th 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			Domiciliary Care	CQC Report Urology services		Goscote centre report
Adult Social Care				ASC Peer challenge outcome		Impact of resilient communities.	
NHS Consultation							
Mental Health Services	Older Adult Mental Health In-patient bed provision						Update Feedback and decision from regulator

To be scheduled:

- Follow up report on Uroglogy service reconfiguration.
- Primary Care Access.
- Walsall Healthcare Trust CQC improvement plan.