Minutes of the Social Care and Health Overview and Scrutiny Committee held in the Conference Room 2, Walsall Council House

Thursday, 25 September 2025 at 6.00PM

Committee Members present:
Councillor K. Hussain (Chair)
Councillor T. Jukes (Vice-Chair)
Councillor R.K. Mehmi
Councillor A. Nawaz
Councillor A. Parkes
Councillor L. Rattigan

Portfolio Holder:
Councillor G. Flint – Culture, Health and Wellbeing *(in person)*

Officers Present:
Jennie Pugh – Director of Adult Social Care (Walsall Council) *(in person)*
Dr Nadia Inglis – Director of Public Health (Walsall Council) *(in person)*
Mark Foster – Public Health Development Manager (Walsall Council) *(in person)*
Jack Thompson – Democratic Services Officer (Walsall Council) *(in person)*

Stephanine Cartwright - Group Director of Place (Walsall and Wolverhampton) (Walsall Healthcare NHS Trust) *(in person)*
Steve Jackson - Divisional Director of Operations for Community Services and Interim Deputy Chief Operating Officer (Walsall Healthcare NHS Trust) *(in person)*
Dr Simon Harlin - Divisional Director for Community Services (Walsall Healthcare NHS Trust) *(in person)*
Rebecca O'Sullivan - Professional Lead for Advanced Healthcare Professionals (Walsall Healthcare NHS Trust) *(in person)*
Louise Mabley - Interim Deputy Divisional Director of Operations, Community Services (Walsall Healthcare NHS Trust) *(in person)*
Andrew Rice - Head of Patient Voice (Walsall Healthcare NHS Trust) *(in person)*

Pip Mayo - Managing Director – Walsall and Wolverhampton Place, Commissioning Lead Cancer, Electives and Diagnostics (Black Country Integrated Care Board) *(in person)*

Aileen Farer - Manager Healthwatch Walsall *(online)*

168 **Apologies**

The Chair welcomed all those attending the meeting.

Apologies were received from Councillors V. Waters and R. Martin.

169 **Substitutions**

There were no substitutions for this meeting.

170 **Declarations of Interest and Party Whip**

There were no declarations of interest or party whip for the duration of the meeting.

171 **Local Government (Access to Information) Act 1985 (as amended)**

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

172 **Minutes**

A copy of the Minutes of the meeting held on the 10 July 2025 were submitted [annexed].

Resolved

That the minutes of the meeting held on the 10 July 2025, a copy previously having been circulated be approved and signed by the Chair as a true and accurate record.

173 **Childhood Obesity**

The Director of Public Health introduced the report and associated presentation [see annexed].

The Director of Public Health clarified that the presentation focused on childhood obesity and that an item on diabetes would need to be provided separately with the support of NHS colleagues.

The Director of Public Health highlighted that as part of their role they were lobbying both regionally and national for policy around healthy eating, food environment and physical activity. Childhood obesity was an issue of high concern within the Borough, with it predicted that over half of children in year 6 within the Borough would be obese by 2035.

The following points were highlighted in the presentation:

- That obesity in children did not only increase health risks for them in later life but also increased emotional and behavioural issues, including increased school absences.
- There was evidence demonstrating a clear cost of obesity to the economy in Walsall.
- 'Dietary risk' and 'low physical activity' were two of the leading causes of preventable deaths in the Borough and this was directly linked to childhood obesity.
- Nealy 25% of Year Reception aged children and nearly 42% of Year 6 aged children were overweight or obese. With data clearly showing that the trend in childhood obesity was increasing.
- Data demonstrated that childhood obesity in school children was generally higher in Black and Asian British communities when compared to White British communities.
- There were several exacerbating factors in relation to childhood obesity.
- The Walsall Council Food Plan had been approved by the Health and Wellbeing Board, and it had four priorities: Good Food Choice; Good Food Environment; Sustainable, Responsible and Resilient; and Leadership, Commissioning and Procurement.
- The Walsall Physical Activity Framework was still under consultation with community partners and was looking into how connect physical activity to daily life. The proposed Framework consisted of ten strategic areas and would lead to a bid for funding from Sports England which was scheduled to be made in 2026.
- The Council's Local Plan was under development and Public Health was seeking to embed health into the new Plan to help improve the food environment.

Mark Foster, Public Health Development Manager, outlined the current activities the Council was undertaking in relation to childhood obesity and children health. This included information on the: Food for Life Programme; Healthy Child Programme 0-5/Health Visitors; Healthy Child Programme 5-19/School Nursing; HENRY (Health, Exercise, Nutrition for the Really Young)' GroHealth; Community Weight Management Grant; Biteback; Veg Power; and Oral Health Improvement.

In concluded the presentation the Director of Public Health outlined the support Members of the Committee could offer to help address the issues raised.

At the invitation of the Chair, Members of the Committee asked a series of questions, the responses to which included:

- It was not bad for residents to enjoy unhealthy food on occasion; however, it was important that information was available for residents to make informed choices around the food they consumed.
- It was important to recognise that financial and time constraints affected residents' food choices. The Council's aim was help inform

residents so that they could take up the opportunities to make healthy food and could be supported to make those choices through, for example the community supermarkets and other services.

- Research had shown that it was more effective to try and encourage people to change the type of snacks they ate than changing the meals they regularly prepared.
- The Biteback application window had been extended to allow more schools to apply, and Members were encouraged to inform schools of the programme.
- There was not a large difference in childhood obesity levels between boys and girls. With 9.9% of boys and 9.4% of girls in in Year Reception living with obesity, and 24.5% of boys and 19.6% of girls in Year 6 were living with obesity.
- The geographical overlap in the Borough between childhood obesity and deprivation was multifaceted and lack of resources was one of the reasons.
- The Council had looked into how it could utilise allotments to help encourage healthy eating under the current legislation governing them. Many allotments had innovated however it was still cheaper and easier for residents to grow food in their own gardens.
- Some schools did have lessons involving growing food, cooking and healthy eating. However, each school was different. The Council would seek to work with schools to help develop this further where possible.
- School nurses only conducted the National Child Measurement Programme and did not carry out other physical health checks. They did however support families through workshops etc.
- Some of the schools in the Borough did utilise the Council's internal schools catering service which followed the 'Good Schools Food Guidance' but other schools used third party contractors. More work was needed to determine which schools follow the 'Good Food Schools Guidance' and the Council could encourage schools that were not.
- There were schools that engaged with local allotments, and the Portfolio Holder offered to help create links between schools and local allotments.
- More schools in deprived areas were engaged with the healthy eating programmes offered than those in affluent areas.
- The Council had a strong advertising policy with no fast-food being advertised on Council sites. The Council had also approached other advertising companies operating physical advertising in the Borough to discourage the advertisement of fast-food near schools.

Resolved

That the Committee be informed of the two schools awarded funding for the Biteback programme.

Members and partners linked with Health and Social Care Overview and Committee are asked to support efforts to tackle childhood obesity by:

- Advocating for access to healthy food in every part of the borough, and support decision making (e.g. through planning, licensing), which supports this.
- Lobbying nationally for universal free school meals, and for policies which improve the food environment.
- Promoting weight management support and physical activity initiatives via your networks at every opportunity.
- Highlighting the importance of healthy weight at key life stages (e.g. pre-pregnancy, pregnancy, early years).
- Supporting training for your teams and organisations (e.g. free HENRY training).
- Encouraging your networks to join the Food Partnership, and Physical Activity framework activities (where appropriate).

174 **Transformation of Stroke Rehabilitation Services in Walsall**

The Chair acknowledged that a member of the staff at Hollybank House, Mrs Diane Bettridge, was in attendance and had requested to ask questions in relation to the proposed changes contained within the report. Mrs Bettridge was welcomed to the meeting.

At the invitation of the Chair, Stephanie Cartwright, introduced the report [see annexed].

Stephanie Cartwright informed the Committee that the proposal followed the principals outlined in the NHS 10 Year Plan to move services from the hospital setting to the community. Before a decision would be made on the proposal public engagement would be sought and it was acknowledged staff that would be affected had raised concerns. Walsall Healthcare NHS Trust would take onboard the feedback of the public and had already guaranteed that no staff member would be without a job following the proposed changes. A West Midlands Clinical Senate had been established which had recommended the changes.

The other attendees representing the Walsall Healthcare Trust also contributed. The following salient points were raised:

- That the proposed changes would drive improvements in the service with better outcomes and experience for patients.
- There were currently some gaps in the service and the money saved through the proposed changes would be used to help fill those gaps.
- In both Dudley and Sandwell, stroke rehabilitation services were being delivered in same way as the proposed changes for Walsall and Wolverhampton.
- The augmented teams which would result from the changes would help aligned the service and help to deliver the nationally recognised best practice of care.
- While there was national survey data on some services delivered by hospitals, there was not much data on community led services such as

the one affected by the proposal. The Trust therefor planned to undertake targeted engagement sessions with patients. There would also be engagement with staff effected by the proposed changes.
- It was important for understand what communities expect from services including stroke rehabilitation.

Pip Mayo added that the Black Country Integrated Care Board (BCICB) had oversight of the service as it funded it. The BCICB would use base its decision to approve the proposed changes against several different tests. For example, did the proposed changes improve quality and would it be clinically safe. In the view of the BCICB, the proposal would improve quality, were supported by national guidance, and the national driver towards community care. Another test the BCICB would judge the proposal on would be the finances of the service. The proposal would not be a cost saving, but the reconfiguration of the service would enable money to be spent differently. Finally, the BCICB understood that the proposal understood the needs of patients, carers and the staff that cared for them. It was therefore important that staff were involved in the proposals and that their views were considered.

It was suggesting that the feedback and engagement, once collected, could be presented to the Committee before a decision was made on the proposals by the BCICB.

The Chair invited Mrs Bettridge to ask questions on the report to NHS staff present. The responses to the questions included:

- That the proposals had not been approved so a decision was yet to be made.
- Staff at Hollybank House had been made aware of the ongoing process but there was an understanding as to why there were strong feeling around the proposal from staff members.
- There had been concern for a while that Hollybank House was not fit for purpose, especially after the gas leak which forced services to be temporarily moved out of the building.
- The NHS Trust would learn from the response from staff in relation to the lack of engagement. Furthermore, that there was an absolute commitment to the staff affected that they would retain a job, but it could not be guaranteed that it would be same role . There would be no forced relocation of staff to roles in Wolverhampton.
- Some assessments had been carried out in relation to the transport of patients to services in Wolverhampton; however, it was highlighted that current stroke patients were taken to New Cross Hospital in Wolverhampton for their immediate care, meaning that the rehabilitation unit would be closer for transfers. Furthermore, under the proposals, more patients would be treated at home and would be transferred home sooner.
- The allocation of beds would still be based on clinical needs under the new proposal and the site in Wolverhampton offered more capacity for overflow.

Members of the Committee were invited to ask further questions; the salient points are highlighted below:

- Hollybank House was not a healthcare compliant facility.
- Some stroke patients went from acute hospital to home and others would go to bedded care as they needed further assistance. The reason for this was because care was 'goal' based, meaning that each patient would set goals with therapists/clinicians they wanted to achieve in care after their stroke.
- Rehabilitation of stroke patients in hospital did not provide good outcomes when compared to other non-hospital settings.
- The top priority was for the stroke rehabilitation service to be safe and fit for purpose.
- There was a gap in the recruitment of speech and language therapists and high-level stroke clinicians. Having a joined up Black Country approach to stroke rehabilitation would help build up a skills base in the area.
- Therapists took a holistic approach to helping carers and would support them where they could. Additionally, staff has access to the Walsall Carers Hub.
- When delivering stroke rehabilitation care in patient's homes, if there was a lack of space other facilities could be used such as a gym.

Following questioning, Members, supported by the Portfolio Holder Culture, Health and Wellbeing, conveyed that the Committee should receive the results of the consultation process once completed so that any feedback from the Committee could be relayed to the BCICB before a decision was made.

Resolved

That the Committee receive a report containing the feedback from the consultation on the proposed changes to stroke rehabilitation before they are approved including the feedback of staff.

175 **Recommendation Tracker**

The Democratic Services Officer outlined the items added to the recommendation tracker from the previous meeting and highlighted the completed recommendations.

Resolved

That the Recommendation Tracker be noted.

176 **Areas of Focus**

The Democratic Services Officer drew Members attention the item scheduled for the next meeting of the Committee, including a Capital Monitoring Report, the Draft Budget Proposals and an update report from the Walsall Healthcare Trust.

Resolved

That the Areas of Focus be noted.

177 **Forward Plans**

The Democratic Services Officer outlined the purposed of the forward plan and informed Members that if there were any decision contained on the forward plan within the remit of the Committee that they wished the Committee to consider, they could raise this in the meeting or outside it by contacting the Chair or clerk.

Resolved

That the Committee note the Forward Plans.

178 **Date of next meeting**

The date of the next meeting was scheduled for the 16 October 2025.

There being no further business, the meeting terminated at 20:08.

Signed:

Date: