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

Thursday, 10 July 2025 at 6.02PM

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

Portfolio Holder:
Councillor K. Pedley – Adult Social Care *(in person)*
Councillor G. Flint – Culture, Health and Wellbeing *(in person)*

Officers Present:
Kerrie Allward – Executive Director for Adult Social Care (Walsall Council) *(online)*
Jennie Pugh – Director of Adult Social Care (Walsall Council) *(in person)*
Seanna Lassetter – Principal Social Worker (Walsall Council) *(in person)*
Jack Thompson – Democratic Services Officer (Walsall Council) *(in person)*

Laura Brooks – Associate Director of Partnerships (Black Country Healthcare NHS Foundation Trust) *(online)*
Sarah Hogan – Deputy Director, Children, Young People and Families (Black Country Healthcare NHS Foundation Trust) *(online)*
Scott Humphries – Deputy Director for Learning Disabilities (Black Country Healthcare NHS Foundation Trust) *(online)*

Pip Mayo - Managing Director – Walsall Place, Commissioning Lead Cancer, Electives and Diagnostics (Black Country Integrated Care Board) *(online)*
Stephanie Cartwright - Group Director of Place (Walsall and Wolverhampton) (Walsall Healthcare NHS Trust) *(in person)*

Aileen Farer - Manager Healthwatch Walsall *(online)*

159 **Apologies**

The Chair welcomed all those attending the meeting.

Apologies were received from Committee Members, Councillors A. Parkes, J. Chapman and T. Wilson.

160 **Substitutions**

There were no substitutions for this meeting.

161 **Declarations of Interest and Party Whip**

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

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

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

163 **Minutes**

A copy of the Minutes of the meeting held on the 3 April 2025 were submitted [annexed].

Before moving onto the next item, the Chair informed the Committee that the order of the agenda would be changed so that the Developments in Mental Health (MH) and Learning Disabilities & Autism (LDA) item would be heard before the Areas of Focus for 2025/26 item.

Resolved

That the minutes of the meeting held on the 3 April 2025, a copy previously having been circulated be approved and signed by the Chair as a true and accurate record.

That the order of the agenda items be changed so that the Developments in Mental Health (MH) and Learning Disabilities & Autism (LDA) item be heard before the Areas of Focus for 2025/26 item.

164 **Developments in Mental Health (MH) and Learning Disabilities & Autism (LDA)**

The Chair invited Laura Brooks, Associate Director of Partnerships, to introduce the report [see annexed]. The following salient points were highlighted:

- There had been some significant developments in the Black Country Healthcare NHS Foundation Trust's (hereinafter Trust) older adult care provision, including the development of the community mental health services; in reach to care homes team, the older adults therapeutic service and the Admiral Nurse (specialist dementia nurse) model. This had seen a reduction in the amount of inpatient demand for admissions.
- Walsall had seen the development of the Dorothy Pattison Older Adult Unit. The new Unit had en-suite accommodation and was designed to be dementia friendly.
- The Edward Street Hospital in Sandwell was due to open in Autum 2025.
- The Trust was planning set up the hospital at home team for older adults, to provide community patients who present with complex mental health needs, with the aim of reducing hospital admissions.
- There were demand issues for ADHD (attention-deficit/hyperactivity disorder) nationally, and an NHS task force had been created determine the causes behind the steep increase in referrals.
- The proposed changes to ADHD criteria were based on a 'risk stratification model' to help manage the demand for ADHD referrals and to ensure that those who are more at risk are prioritised for diagnosis.
- Residents would still have the 'right to choose' under the NHS Constitution.
- Patients not eligible for a referral under the new criteria would be signposted to other services.
- The Trust was undertaking a communications exercise with primary care to make sure that the changes were understood.
- The Trust was working with stakeholders to help develop a new diagnostic model for ADHD referrals in the Black Country.
- The planned criteria changes for ADHD would be in place for a six-month period and then would be reviewed.
- As part of the Trust's work to ensure that all its facilities were fit for purpose, it was developing Goscote House as a hub for care and would move services from the Kingshill and Orchard Hills sites.
- There would be engagement activities in relation to the changes in facilities with service users and their families.
- The unused site at Orchard Hill would be sold and placed on a government data base so other public bodies would have priority to purchase the site.

At the invitation of the Chair, Members of the Committee were invited to ask questions on the report, the salient responses were:

- The Trust had seen a decrease in the numbers of those needing to be hospitalised for dementia related issues but had seen an increase in those who have a mental illness, but these often required less intensive support.
- The Trust hoped to see fewer people with dementia attending hospital in the future.
- There were more beds in the Trust's provision for those who were Elderly and Mentally Infirm (EMI) than for those with specific dementia needs.
- The aim of the hospital at home scheme was to reduce need to for hospital admittance.
- The proposed revised ADHD criteria would prioritise those who had come into contact with the criminal justice system.
- There were education programmes within policing to help police officers understand neurodivergences and the Trust supported the police in this.
- The proposed ADHD criteria changes were evidence-based proposals and not based on an arbitrary age cut-off as other systems had put in place. Age will not be a factor under the new proposed criteria.
- Whilst the Trust did work with partners and through its own work try to spread understanding of neurodivergent conditions, there was more work to be done in this area.
- As part of the Trust's work within the regional NHS group on the issues facing ADHD services, the group was first trying to get access to an online screening tool so that adults who believed they have ADHD or other neurodivergent condition could self-screen. The tool would provide them a report informing them if they had the related behaviours or whether there may be other explanations outside of neurodivergences.
- The ADHD service that the Trust currently had in place was more of a diagnostic service, but there was an understanding that the Trust needed to facilitate a wider offer through partners and the third sector to support patients through volunteering and other support.
- Child and Adolescent Mental Health Services (CAMHS) adopted a family approach however there were wating time pressures on the service.
- After six months the changes to the ADHD criteria would be reviewed or sooner if there was new guidance issued from the national NHS task force.
- A consultation had been started with service users at Kingshill and Orchard Hills on the move of services to Goscote House. Not much concern had been raised on the proposed move as the sites were not far apart geographically and Goscote House would offer better facilities. In addition, some service users already used facilities near to Goscote House so were familiar with the area.

Resolved

- That the Committee receive and note the update on the Older Adults developments.
- That the Committee provide a steer on substantiality of change for the temporary criteria for the AAA service and ask for any additional information if required.
- To provide a steer on substantiality of change for the movement of services to Goscote House ask for any additional information if required.
- That an update on the proposed AAA service criteria changes be provided following the planned six-month review and/or an update from the national NHS task force.

165 **Areas of Focus for 2025/26**

At the invitation of the Chair the Democratic Services Officer introduced the Areas of Focus for 2025/26 report [see annexed].

The Democratic Services Officer informed the Committee that while there had been changes to the remit to other scrutiny committees the remit of the Social Care and Health Overview and Scrutiny Committee had stayed the same. Attention of the Committee was also drawn to the items recommended from the previous municipal year, from health partners and from officers of the Council.

<u>Adult Social Care – overview and priorities</u>

The Portfolio Holder for Adult Social Care went through the Directorate presentation 2025/26 [see annexed]. The following points were highlighted by the Portfolio Holder:

- There has historically been disengagement with social care.
- The Portfolio Holder welcomed the Fit for the Future: 10 Year Health Plan for England (hereinafter the NHS 10 Year Plan) but stressed that for it to deliver it needed to include social care.
- The Borough of Walsall had an aging population.
- In Walsall 2100 residents lived with a diagnosis of dementia.
- The Portfolio Holder was working with Councillors to facilitate training for them to become ‘Dementia Friends’.
- There were over thirty thousand unpaid carers in the Borough.
- There had been an increase in the investment in Adult Social Care for example in the Pathways to Independence Programme.
- The Pathways to Independence Programme enabled residents to retain their independence for longer and helped to prevent those residents’ needing packages of care.
- The four priorities for Adult Social Care:
    1. Wellbeing, Prevent, Reduce and Delay
    2. Meeting Needs

3. Adult Social Care Financial Services
4. Enablers

The Portfolio Holder for Adult Social Care then outlined his political priorities for the municipal year. This included that through working with providers to increase the amount of Council funding they received, and the developing local assurance framework ensure there would be improvements to the quality of the care provided. Additionally, that the number of providers in the Borough needed to decrease leading to a smaller pool of high-quality care providers.

Furthermore, the Portfolio Holder, stressed the importance of using better terminology when referring to social care. In particular that the terminology used should reflect that people are at the centre and should not reduce that decisions around care affect a person's life and that of their family/friends in a profound way.

A Member asked if the Council worked with whg (Walsall Housing Group) for aids and adaptations for residents. The Portfolio Holder for Adult Social Care responded that the Council worked with the landlords of residents to deliver aids and adaptations to their dwellings.

A Member asked whether there were any care companies in the Borough that paid domiciliary carers for the time that they travelled to residents' homes. The Portfolio Holder for Adult Social Care responded that the Council funded care providers for the cost of transport through the rate provided but could not comment on the individual business practices of the care providers. However, in the Council's planned quality assurance framework, the Council would be monitoring whether providers were paying for travel time and the rates of pay, including whether it's on plan or through core delivery.

Care was delivered through funded care packages however some residents paid for their own private care packages as under the current legislation they did not qualify for support due to their financial position, or they chose to privately fund their care. The Executive Director for Adult Social Care added that the majority of the care was delivered through private providers as providing an internally run Council service would be more expensive.

The work the Council was undertaking in relation to its future commissioning intentions would help to make sure that the Council could meet the individual needs and ambitions of the residents it supported.

<u>NHS reform</u>

Stephanie Cartwright, Group Director of Place, highlighted that while the NHS 10 Year Plan did not include changes to social care, it would not change the approach of local NHS partners in continuing to work together with the Council to deliver for residents. This sentiment was echoed by the Executive Director of Adult Social Care and the Portfolio Holder for Adult Social Care.

The NHS 10 Year Plan outlined how national government would transform the NHS into a neighbourhood health service. The current system was focused on care delivered in hospital, which was episodic, whereas a shift to community-based care would help treat patients in the community.

In addition, there had been an overreliance in hospital care and a perception that hospital attendance may be dangerous. The proposed changes in the NHS 10 Year Plan sought to refocus the work that hospitals undertook and to shift some services out of hospitals and into a community setting. One of these changes would be the introduction of Neighbourhood Health Centres. The Committee would receive consultations on these and other proposed changes in the near future.

There was an ambition to increase the amount digital infrastructure in health services delivered in the community. And increasing the utilisation of technology such as remote monitoring devices. Not all NHS services were connected, but they needed to in the future to provide better and more efficient services.

Currently NHS services were reactive, however, the government wanted this to be shifted to a more preventative approach to services. There were also plans to introduce a new NHS operating model and to ensure that quality of care was improved by local providers. A new workforce model would help to deliver varying clinical disciplines to enable providers to deliver more care into people's homes.

It was hoped that moving services from a hospital setting into the community would make them more efficient and help the NHS to 'live within its mean'.

In the experience a Member of the Committee an NHS hospital had not got access to a scan they have received at another NHS hospital and the clinician attempted to have the scan repeated. This lack of communication was costing the NHS money. Stephanie Cartwright responded that the example given was why it is was important for improvements to be made so that the NHS communication of digital information is fluid across the country.

In response to a Members question on the creation of Neighbourhood Health Centres, Stephanie Cartwright informed the Committee that it would not private companies setting up these Centres. It would for the local NHS providers together with Walsall Together to design the new neighbourhood approach to healthcare delivery and it could not be delivered in isolation.

Members supported looking at how the transformation work being undertaken locally as initiated in the NHS 10 Year Plan was being delivered in the Borough and supported having a report on this at a future meeting.

Principal Social Worker Report Update

At the invitation of the Chair, the Principal Social Worker, Seanna Lassetter introduced the report [see annexed]. The following points were highlighted:

- The Council had facilitated for Walsall College students shadow Social Workers, one of the students had subsequently got a place on a social worker degree and another an occupational therapy degree.
- Fourteen newly qualifies Social Workers had completed their first year in practice at the Council.
- The Council continued to offer Social Worker Degree Apprenticeships and had currently four staff undertaking this. There were ninety-three applications for two of the degree posts which was positive as it showed local interest in social work.
- Work had been undertaken in collaboration with the University of Birmingham on IMPACT (the UK centre for Improving Adult Care Together). It was the first project in the West Midlands and the first project nationally for social work with older people. The project involved a researcher shadowing Social Workers to develop an understanding of good social work practice. The research had been featured in the British Journal of Social Work.
- The workforce had come together on the 1 April 2025 where they celebrate their achievements. This was important to support Social Workers in the Council and retain staff.
- The team had been progressing the Social Care Workforce Race Equality Standard and an action plan had been created. This fed into Adult Social Care's Equality Diversity and Inclusion Action Plan.
- The team was continuing to perform well with high performance in terms of assessments and annual reviews. In additionally, 93% of Deprivation of Liberty Safeguards (DoLS) applicants were completed and this was the second lowest waiting list in the region for DoLS.
- The priorities of the Principal Social Worker were to continue to develop the Quality Assurance Framework, lead and oversee the IMPACT project and contribute to the Adult Social Care workforce strategy.

Public Health – overview and priorities

The Portfolio Holder for Culture, Health and Wellbeing introduced Public Health Priorities for 2025-26 report [see annexed].

The Portfolio Holder informed the Committee that Public Health was focussing making the Borough healthier and reducing health disparities by working with partners, creating supportive environments, and providing services to improve wellbeing and prevent illness. Key commissioned services included 0-19 health support (from pregnancy through to adolescence), healthy eating programmes for children and families, weight management initiatives, and wellbeing services such as smoking cessation and health checks. Mental

wellbeing and oral health were also supported through community and NHS programmes.

Public Health, in recent years, had launched a refreshed infant mortality strategy, increased engagement in stop smoking and substance misuse services, developed new programmes for falls and frailty, and supported the Health Inequalities Working Group.

Public Health top priorities for the future were ensuring children had the best start in life, increasing healthy life expectancy, supporting healthy older age, and creating healthier places. They were also working on expanding services for young people, advancing key programmes (tobacco, food, alcohol, drugs), and preparing a physical activity framework to support a Sports England bid.

The Council's Business Insights and Policy teams would collaborate with health partners to refresh the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment and develop a new Health and Wellbeing Strategy aligned with broader Borough ambitions.

The Portfolio Holder acknowledged that the year had been busy, thanked partners for their support, and looked forward to continued collaboration.

In response to Members questions on the report, the Portfolio Holder informed the Committee that the Council commissioned the Soil Association to work with schools in the most deprived areas of the Borough. Working to understand children's eating habits, the food that is served to children, and informing the food offered by the Council's inhouse school catering service. The Portfolio Holder was happy to share further information on this and the schools included to Members.

In response to Members questions on the report, the Portfolio Holder informed the Committee that the Council was looking into utilising the business insights team to analyse data on teenage pregnancy with a focus on encouraging the long-term use of contraceptives. The Council also commissioned services through the Hatherton Medical Centre and Walsall Healthcare NHS Trust. Moreover, the Council commissioned an outreach service: Walsall Integrated Sexual Health Service, and many pharmacies offered free contraception. The Council had hired sexual health nurses and part of their role was to reach out to schools experiencing higher levels of teenage pregnancy. The Portfolio Holder offered to raise any concerns Members had about areas or schools with Public Health officers outside of the meeting.

<u>Setting areas of focus</u>

A discussion took place between Members and officers on the areas the Committee should focus on for the municipal year 2025/26. The Chair also thanked the Principal Social Worker for their report and the continuing work of the team.

At the end of this discussion the Democratic Services Officer confirmed the following areas of focus:

- Update on Mental Health Services
    - Including six-month review of ADHD criteria changes.
- Walsall Healthcare NHS Trust general update, focusing on:
    - Cancer services
    - Elective care waiting times
    - Midwifery services and the move of the midwifery led unit
    - Urgent Treatment and Emergency Treatment Centre
- Pathway to independence:
    - Community reablement
    - Prevention and early intervention
    - Enablement
- Implementation of new national NHS changes
    - Including shift to community-based care
    - The creation of local diagnostic centres
    - The creation of elective care hubs and centres of excellence
- Unpaid carers and update on the Council's Carers Strategy
- Childhood obesity, diabetes and outreach to schools
    - Including school meals
- Vaping – prevention and new regulations
- Teenage pregnancy and sexual health
    - Including school outreach
- Adult Social Care - Care Quality Commission Assessment outcome report (2025)
- Health Inequalities Working Group – recommendation monitoring
- Improving elective care services in the Black Country

The Portfolio Holder for Culture, Health and Wellbeing offered to raise concerns Members had in relation to residents accessing NHS dentistry services with health partners outside of the meeting.

Resolved

The following items be agreed as the Committees Areas of Focus for 2025/26:

- Update on Mental Health Services
    - Including six-month review of ADHD criteria changes.
- Walsall Healthcare NHS Trust general update, focusing on:
    - Cancer services
    - Elective care waiting times
    - Midwifery services and the move of the midwifery led unit
    - Urgent Treatment and Emergency Treatment Centre
- Pathway to independence:
    - Community reablement
    - Prevention and early intervention
    - Enablement
- Implementation of new national NHS changes
    - Including shift to community-based care

    - The creation of local diagnostic centres
    - The creation of elective care hubs and centres of excellence
- Unpaid carers and update on the Council's Carers Strategy
- Childhood obesity, diabetes and outreach to schools
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- Vaping – prevention and new regulations
- Teenage pregnancy and sexual health
    - Including school outreach
- Adult Social Care - Care Quality Commission Assessment outcome report (2025)
- Health Inequalities Working Group – recommendation monitoring
- Improving elective care services in the Black Country

That the Democratic Services Officer collate the areas of focus into a committee work programme and work with officers and local health partners to schedule the areas of focus accordingly.

166 **Forward Plans**

The Democratic Services Officer outlined the purposed of the forward plans and informed Members that if there were any decision contained on the forward plans 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.

167 **Date of next meeting**

The date of the next meeting was scheduled for the 11 September 2025.

There being no further business, the meeting terminated at 19:42.

Signed:

Date: