

Social Care and Health Overview and Scrutiny Committee

Thursday 14 July 2022 at. 6.00 p.m.

Conference room 2, Walsall Council.

Committee Members Present

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor S. Elson
Councillor R.K. Mehmi
Councillor W. Rasab
Councillor L. Rattigan
Councillor K. Sears
Councillor P. Smith
Councillor R. Worrall

Officers

Walsall Council

T. Meadows	Interim Director of Commissioning
S. Gunther	Director of Public Health

Black Country Integrated Care Board (ICB)

G. Griffiths - Dale	Walsall Managing Director
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01/22 Apologies

Apologies were received from both Councillor Clarke and Councillor Cooper.

02/22 Substitutions

There were no substitutions for the duration of the meeting.

03/22 Declarations of Interest and Party Whip

There were no declaration of interest or party whip.

04/22 Local Government (Access to Information) Act 1985 (as amended)

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

05/22 Minutes of the previous meeting

The minutes of the meeting that took place on 21 April 2022 were discussed.

Resolved

The minutes of the meeting held on 21 April 2022 were agreed as a true and accurate record.

06/22 Introduction to the Health and Care System in Walsall Council

At this point in the proceedings a Member requested clarification on a procedural matter contained within the constitution, the Democratic Services Officer agreed to provide a written response directly to the Elected Member, outside of the meeting.

The Chair then invited the Interim Director for Commissioning, to begin the Introduction to the Health and Care System in Walsall Council presentation [annexed].

The Interim Director for Commissioning informed the Committee that the Social Care system was undergoing large changes due to the introduction of new legislation. Furthermore, that it was important to note that Social Care was a means tested service and therefore not free at the point of use for all residents. One of the main functions of the Council in regard to Social Care was commissioning of care homes and home care services -this was an obligation under the Care Act 2014. It was also the duty of the Council under the Care Act 2014 to ensure that organisations providing services remained viable and stable enough to deliver services, and to seek alternative arrangements when a provider fails. The Council spent around £80 million a year delivering statutory services under the Care Act 2014. Furthermore, the Council supported a 'home first' approach, which focused on residents returning to their homes with the right support and not delaying their discharge from hospital.

Continuing, the Interim Director for Commissioning informed members that the introduction of the Health and Care Act 2022 meant that once an individual had contributed £86,000 towards their care costs free care would be provided by the Local Authority. This created administrative obligations (and costs) for the Authority. In addition, the Care Quality Commission (CQC) would be instating an inspection regime for Councils.

The Chair then invited the Walsall Managing Director (Black Country ICB) to speak to the presentation in relation to the health care system in Walsall.

The Walsall Managing Director began by explaining that the governance of the NHS had changed from Clinical Commissioning Groups to Integrated Care Boards (ICBs). Furthermore, that GPs were now offering similar, if not the same level of primary care appointments as before the pandemic and waiting times for procedures had started to fall. The Managing Director highlighted the salient points from the presentation for members of the Committee.

There Chair invited the Director of Public Health to comment on the Council's work on public health.

The Director for Public Health outlined that there had been changes in the way public health was structured nationally with the introduction of Health and Care Act 2022. These changes included the way local authorities interacted with partners, for example Public Health England had been replaced with two separate organisations: the UK Health Security Agency and the Office for Health Improvement and Disparities. At the time of the meeting the Council was still waiting for some of the demographic data from the census taken in 2021, however, initial data indicated that life expectancy in the Borough had stagnated and that there had been a decrease in healthy life expectancy and overall, the population of Walsall was becoming older.

The Public Health team covered a large area of the Council's work, such as: sexual health, drugs and alcohol, immunisations, oral health, healthy eating, reducing smoking, commissioning health checks through the NHS, school nursing and health visitors. The Public Health team supported the 'One You Walsall' which helped local residents with weight management. In addition, a ten-year strategy for mental health had been signed by partners, which was designed to help communities support people's mental health. Public Health also linked into the community safety partnership, safeguarding, the economic work of the council, and arts/culture. Furthermore, the Public Health Team looked at certain data in greater detail, such as child deaths and infant mortality which indicated that the Borough and the Black Country did have a higher-than-average infant mortality rate than the national average.

The areas of focus for Public Health over the municipal year would be the: implementation of the ten-year mental health plan, health protection strategy and reducing inequalities across the Council. Finally, the Public Health Team would be reviewing further integration, sexual health services, 0 to 19 services, drug and alcohol services, and creating a broader wellbeing service.

The Chair then invited members to ask questions on the presentation. A discussion ensued on primary care access and in response to questions from Members the Walsall Managing Director informed the Committee that Primary Care Trusts were abolished in 2013 with commissioning work now taken on by the Clinical Commissioning Groups (CCG), not the Integrated Care Board (ICB); GP practices were private businesses and therefore not run directly by the NHS. However, the ICB did work closely with GPs to help reduce risks to patient safety. Members were assured that the same number of GP appointments were being offered to residents within the Borough as were offered before the Covid-19 Pandemic, however the demand for appointments had increased by 25% meaning pressure on GP practices was still very high. The ICB was looking at ways in which residents could be able to see specialist staff for pre-existing conditions straight away instead of using GPs as the first point of contact to reduce demand on primary care services. To try and reduce pressure on GP practices individuals that could and were willing to have virtual appointments should access them. If residents wished to complain about a GP practice, they should first raise it with the practice. If the complaint was not resolved, they could raise it with the ICB. Furthermore, the ICB tracked complaints and worked with GP practices to help them improve.

A discussion also took place around how the Council monitored and maintained standards within commissioned providers how complaints could be raised by residents. The Interim Director of Commissioning informed the Committee that there were a number of ways that commissioned providers of care were monitored. All providers registered with the CQC and were inspected by them. The Council monitored commissioned care providers by looking at various information such as feedback from users, complaints, reviews, and safeguarding issues. Furthermore, the Council could issue improvement plans to deal with concerns or could choose not to continue to use provider if unsatisfied with it. Those wishing to make a complaint about a commissioned care service provider should first do so with the provider themselves. If the issue is not resolved then a complaint can be raised to the Council, or the CQC.

Members also discussed the Council's approach to care and commissioning providers including contract types and inspections. The Interim Director of Commissioning reiterated that the Council supported the 'home first' approach. This meant that individuals were assessed for their social care needs at home where possible as this enabled the Council to determine need and options such as home adaptation more easily. Clarifying that it was always a clinical decision to discharge an individual from hospital, the Council only assessed need for care. Furthermore, the Council did not pay for vacancies within social care providers. As private businesses it was the responsibility of the providers to fill those vacancies. Neither did the Council have many block contracts with providers of social care, instead had framework and placement contracts with providers that meant that the Council only paid for what it needed. Additionally, the Council undertook announced and unannounced inspections of social care providers.

A Member questioned if ambulance response times were an issue in Walsall, the Committee were advised by the Walsall Managing Director that ambulance waiting times were a problem across the country nevertheless, Walsall was performing better than most. Additionally, Walsall Healthcare Trust had one of the best turnaround times for ambulances while other hospitals did not, and these delays could increase waiting times for Walsall residents.

A Member asked for information on the gap in life expectancy in Walsall, the Director of Public Health stated that the gap in life expectancy between the most affluent and deprived areas still existed within the Borough and had actually increased over the last few years. In response to a further question the Committee were informed that at the time of the meeting there was only one confirmed case of Monkey Pox within the Borough and around 1200 across the UK.

A specific question was asked around the ability of Elected Members/community to access information to ensure the safety of their residents, and were advised that the ICB was looking into ways in which those with long term conditions could name individuals who are part of their informal care arrangements so they could be contacted if hospitalised.

The Chair thanked members for their questions and thanked officers for attending the meeting.

Resolved

- That the Managing Director of NHS Walsall to circulate a briefing note on Primary Care Access to the Committee.
- That the presentation be noted by the Committee.

07/22 Areas of Focus 2022-23

The Chair introduced this item and then asked members to contribute items that they wanted to be part of the Committees areas of focus for the municipal year. The agreed upon items were as follows:

- Ambulance response and waiting times.
- Access to GP services and the Walk in Centre.
- Waiting times for A&E and the urgent care centre.
- Report on progress of improvements to inadequate areas found by the CQC for Manor Hospital and maternity services.
- Waiting times for elective surgeries and procedures.
- Childhood Obesity (referred from Education Overview and Scrutiny Committee).
- Teenage Pregnancy (referred from Education Overview and Scrutiny Committee).
- Dental provision.
- Transfer of patients into the social care system (bed blocking).

A Member asked for clarification on the part of the report referring to health scrutiny powers of the Committee. The Democratic Services Officer responded that the Committee would be and had been consulted on substantial variations or developments of service from the ICB. The Committee does have the power refer changes it does not agree with to the Secretary of State for Health and Social Care, but this has not been necessary in the past. Clarification was also provided on the limitation in the number of operational working groups. The Democratic Service Officer responded to state that this was due to resource issues in the Service.

Resolved

- That the Areas of Focus items suggested by members of the Committee be included in the work program for the municipal year.
- That the Areas of Focus report be noted by the Committee.

08/22 Date of next meeting: 15 September 2022

Termination of Meeting

The meeting terminated at 7.44 p.m.

Chair:

Date: