



Walsall Council

Social Care and Health Overview and Scrutiny Committee

Thursday 4 April 2024 at 6.00PM

Meeting Venue: Conference Room 2 at the Council House, Lichfield Street,
Walsall

[Livestream Link](#)

Membership:

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor P. Gill
Councillor I. Hussain
Councillor S.B. Hussain
Councillor R. Martin
Councillor R.K. Mehmi
Councillor N. Nawaz
Councillor A. Parkes
Councillor W. Rasab
Councillor L. Rattigan

Quorum:

Four Members

Democratic Services, The Council House, Walsall, WS1 1TW

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[Walsall Council Website](#)

**If you are disabled and require help to and from the meeting room,
please contact the person above**

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</p>

	hundredth of the total issued share capital of that class.
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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.

Part 1 – Public Session

- 1. Apologies**
- 2. Substitutions**
To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.
- 3. Declarations of Interest**
- 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.
- 5. Minutes**
To approve and sign the minutes of the meeting held on 19 February 2024.
(Enclosed – Pages 1-6)
- 6. West Midlands Service Update and Hospital Transfer Times for Walsall Healthcare NHS Trust**
To receive an update on from West Midlands Ambulance Service on performance and the Walsall Healthcare NHS Trust on transfer times.
(Enclosed – Pages 7-11)
- 7. Elective Care Waiting Times at Walsall Healthcare NHS Trust**
To receive a report on the aim of to reduce elective care waiting times at Walsall Healthcare NHS Trust.
(Enclosed – Pages 12-16)
- 8. Primary Care Access and GP Services Working Group – Final Report**
To receive the final report of the Primary Care Access GP Services Working Group and to consider the recommendations of the Working Group.
(Enclosed – Pages 17-49)
- 9. Recommendation Tracker**
To review progress with recommendations from previous meetings.
(Enclosed – Pages 50-53)
- 10. Areas of focus for 2023/24**
To review the Committee Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.
(Enclosed – Pages 54-64)

11. Date of next meeting

The date of the next meeting will take place in the new municipal year with the date being decided at Annual Council.

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

Monday, 19 February 2024 at 6PM

Committee Members present:

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice Chair)
Councillor T. Jukes
Councillor R. Martin
Councillor A. Nawaz
Councillor A. Parkes
Councillor W. Rasab
Councillor L. Rattigan

Portfolio Holder:

Councillor G. Flint – Wellbeing, Leisure and Public Spaces
Councillor K. Pedley – Adult Social Care

Officers Present:

Dr Nadia Inglis – Interim Director of Public Health (Walsall Council)
Andrew Osborn – Director of Commissioning (Walsall Council)
Craig Goodall – Principal Democratic Services Officer (Walsall Council)
Jack Thompson – Democratic Services Officer (Walsall Council)
Pip Mayo - Director of Place for Walsall (Black Country Integrated Care Board)
Dr Sarah Kaddour – Dental Public Health Consultant (Black Country Integrated Care Board)
Vikki Tolley – Public Health Development Officer (Walsall Council)
Prof. David Loughton – Chief Executive of Walsall Healthcare NHS Trust

54 **Apologies**

Apologies were received from Councillors P. Gill, I. Hussain. S.B. Hussain and R.K. Mehmi.

55 **Substitutions**

Councillor T. Jukes substituted for Councillor S.B. Hussain.

56 **Declarations of Interest and Party Whip**

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

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

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

58 **Minutes**

A copy of the Minutes of the meeting held on the 18 January 2024 were submitted [annexed].

Resolved

That the minutes of the meeting held on the 18 January 2024, a copy previously having been circulated, be approved and signed by the Chair as a true and accurate record.

59 **NHS Comissioned Dentistry Services**

At the invitation of the Chair, the Director of Place for Walsall (Black Country Integrated Care Board), Pip Mayo took the Committee through the report [see annexed].

A discussion then took place between Members and officers in relation to the report, the responses from officers included:

- The ICB did not have the breakdown of the Walsall level data. The data contained within the report was at a Black Country level but the data for just Walsall had been requested and could be shared with the Committee as soon as it was received;
- Levels of decay in children's teeth in Walsall from 2017 was 23.4% and increased to 27.1% in 2019 but declined again to 24.8% in 2022;

- That the data on secondary care wait times within the Borough could be requested;
- There were many barriers to accessing dental healthcare and the cost involved was one of the reasons, even if a patient was entitled to free healthcare under the NHS;
- Work was being undertaken to help encourage the use of NHS 111 to access emergency dental care;
- A website was available to the public to help them identify if they were entitled to free dentistry care under the NHS;
- The ICB did not collect data on the primary care wait times as the data was held by each individual practice;
- An outline of oral health promotion activities being undertaken in Walsall.
- There is no formal registration of dentistry practices as there is with GP practices;
- The 38 contracts listed in the report were NHS contracts;
- There were improvements that could be made to information online in relation to oral health, but it was important to understand where residents would go to find that information;
- The data collected by dentists and GPs was not linked and it would be hard to compare the data collected by both together;
- From the Black Country level data there is an increase in the number of children accessing dentistry, however the Walsall data was not yet available;
- The ICB was still awaiting more detailed guidance on national government's Dental Recovery Plan.

The Chair thanked officers for the report and answering questions from the Committee.

Resolved

- **That the Committee note the report.**
- **That the Committee receive an update report on the Walsall level data for dentistry services including secondary care wait times at a future meeting of the Committee.**

60 Preparing for the Care Quality Commission Assurance Process of Adult Social Care

At the invitation Chair, the Director of Commissioning, Andrew Osborn introduced the report [see annexed].

A discussion took place between Members and Officers on the report, the responses to the questions included:

- There was previously a CQC (Care Quality Commission) regime which was replaced by peer audits, however, the government felt that there

was need for increased oversight of Adult Social Care, especially since the pandemic;

- Worcestershire County Council had helped assess the Council's Adult Social Care services and the Council was undertaking its own self-assessment;
- Through its inspection regime the CQC was not expecting a perfect service from the Councils, but wanted to see that Councils understood the strengths and weaknesses of the services they delivered;
- When an inspection from the CQC took place, it would be the first inspection from them at the Council under the new regime;
- It was likely an inspection would take place in the year 2024/25;
- The Council would get a better understanding of how its Adult Social Care services compared other Local Authorities after it had carried out its self-assessment;
- As part of the preparation for the CQC inspection the Council was undertaking mock interviews with staff so they would be prepared for an inspection;
- The 45 areas of assessment were shared with Councils before their assessments and the Councils had three weeks to supply the requested information. However, the CQC may not carry out the assessment straight after the three weeks and could wait six months before carrying it out;
- Some Councils had been given access to the Department for Work and Pensions data and a business case was being prepared for the Council to be granted access to help identify carers within the Borough;
- It would be possible to share the Council's current young carers offer with Members of the Committee.

The Portfolio Holder for Adult Social Care added that the return of CQC inspections was good as it provided independent oversight of Council services. In addition, that the Council was committing the resources needed to improve services and the quality of care. Furthermore, that more can and was being done to support carers that was not just offering respite relief.

Resolved

- **That the Committee note and acknowledge the planning undertaken to prepare for the CQC Assurance process.**
- **That the Committee requests the outcome of the preparatory CQC self-assessment of Adult Social Care services once complete.**
- **That the Committee be supplied with more details of the Council's current offer to young carers.**

61 **Adult Social Care Continuous Improvement & CQC ratings of Service Providers**

The Chair informed the Committee that the report on Adult Social Care Continuous Improvement & CQC ratings of Service Providers would be deferred to a later meeting of the Committee.

Resolved

That the item, Adult Social Care Continuous Improvement & CQC ratings of Service Providers, be deferred to a later meeting of the Committee.

62 **Changes to Health Scrutiny Powers and Guidance**

At the invitation of the Chair the Principal Democratic Services Officer, Craig Goodall, introduced the report and highlighted the salient points [see annexed].

A discussion then took place, the key points included:

- Apart from the power of referral to the Secretary of State being removed and replaced with the call-in mechanism, no other powers of the Committee had changed;
- There was a requirement for joint scrutiny arrangements to be made if a significant service health service change affected more than one local authority;
- The changes did not diminish the power of the Committee but did mean that the Secretary of State for Health and Social Care was notified of any significant health service change proposals in advance.

Resolved

1. **That the Committee note the removal of the referral powers under The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024 and the subsequent creation of the ‘call-in’ mechanism in relation to local significant service changes/reconfigurations.**
2. **That the Committee note that the new guidance and the NHS reorganisation under the Health and Care Act 2022 has created a more regional approach to health service delivery meaning that more joint scrutiny between local authorities on significant service changes could be needed in future.**
3. **That the Committee be requested Democratic Services to explore options to facilitate potential future joint scrutiny on significant service changes with health partners and including the possibility**

of a joint memorandum of understanding be explored between Black Country Local Authorities and regional health partners.

63 Recommendation Tracker

The Democratic Services Officer outlined that the recommendation from the previous meeting of the Committee to receive an additional report on the work of the Black Country NHS Foundation Trust to improve its estate would be placed in the report on suggested items for the Committee in the next municipal year. In addition, that item 8: Adult Social Care Continuous Improvement & CQC ratings of Service Providers would also be placed on the suggested items report in the new municipal year.

Resolved

- **That the Committee note the Recommendation Tracker.**

64 Areas of focus for 2023/24

The Democratic Services Officer informed the Committee of the upcoming items for the next meeting of the Committee, which included:

- Update from West Midlands Ambulance Service
- Elective Care waiting times (inc. surgery)
- Adult Social Care Reablement Services

Resolved

- **That the Committee note the Areas of focus for 2023/24.**

Date of next meeting

The date of the next meeting would be 4 April 2024.

There being no further business, the meeting terminated at 19:21.

Signed:

Date:

4 April 2024

West Midlands Service Update and Hospital Transfer Times for Walsall Healthcare NHS Trust

Ward(s): All Wards

Portfolios: Councillor G. Flint (Wellbeing, Leisure and Public Spaces)

1. Aim

To appraise Committee members on ambulance response times in the Borough of Walsall and the timeliness of ambulance handovers at Walsall Manor Hospital.

2. Recommendations

The Committee are recommended to recognise the comparatively good performance within the Borough of Walsall, as well as the extent of mutual aid Walsall Healthcare NHS Trust provides neighbouring Trusts with, by way of receipt of intelligently conveyed ambulances.

The Committee are also recommended to recognise that any delay in both ambulance response and ambulance handover has the potential to cause harm to the patient.

3. Report detail

3.1 Ambulance response times

We can see as of December 2023, the population of Walsall¹ had a mean response time for category 2 999 calls of 28 minutes, rising to 63 minutes at the 90th percentile. Category 2 calls including incidents such as suspected strokes and heart attacks. Walsall and the Black Country perform comparably well; in December 2023, the equivalent national response times were 46 and 101 minutes respectively. The Black Country ICB is typically amongst the top two performing of the 42 Integrated Care Systems in the English NHS.

¹ This analysis has been undertaken by the Black Country Integrated Care Board using West Midlands Ambulance Service data. The population of Walsall is based on the former Walsall Primary Care Trust boundaries. At present, data is only routinely presented within the NHS at ICB level. This analysis is one off for the purpose of this Committee.

Figure 1: Response time (mean) for ambulances for the Walsall population, by category, January 2023 – December 2023

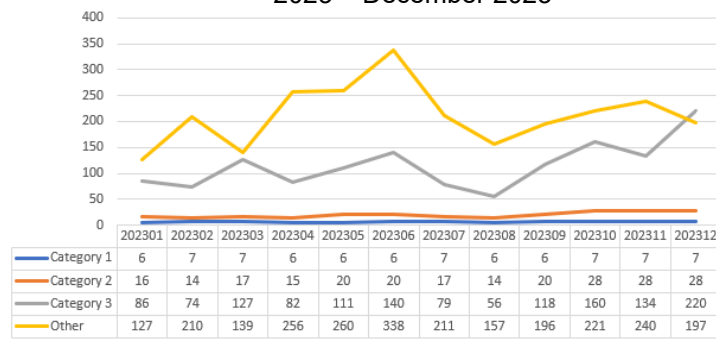
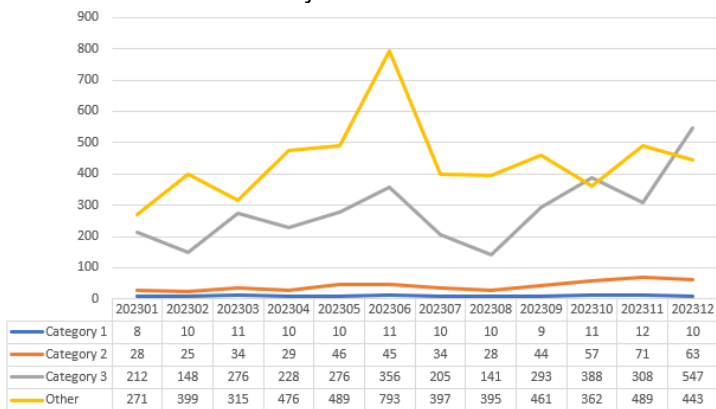


Figure 2: Response time (90th percentile) for ambulances for the Walsall population, by category, January 2023 – December 2023



3.2 Walsall Healthcare NHS Trust ambulance handover times

Walsall delivers comparably strong ambulance handover times, and has delivered the highest proportion of handovers within 30 minutes amongst NHS Acute Hospital Trusts in the West Midlands in January 2024. Performance has also ranked in first position for 26 of the past 36 months.

Figure 3: Ambulance handover % within 30 minutes ranking, Acute Trusts in the West Midlands, April 2019 – January 2024

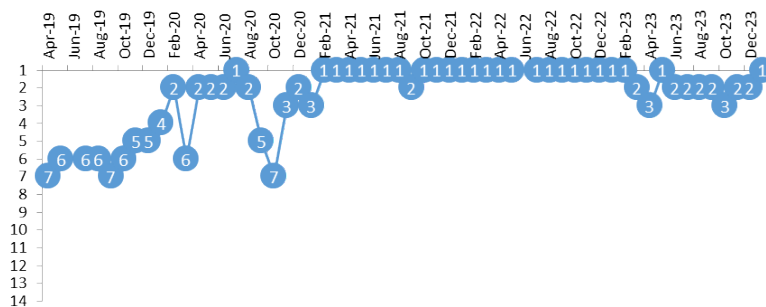
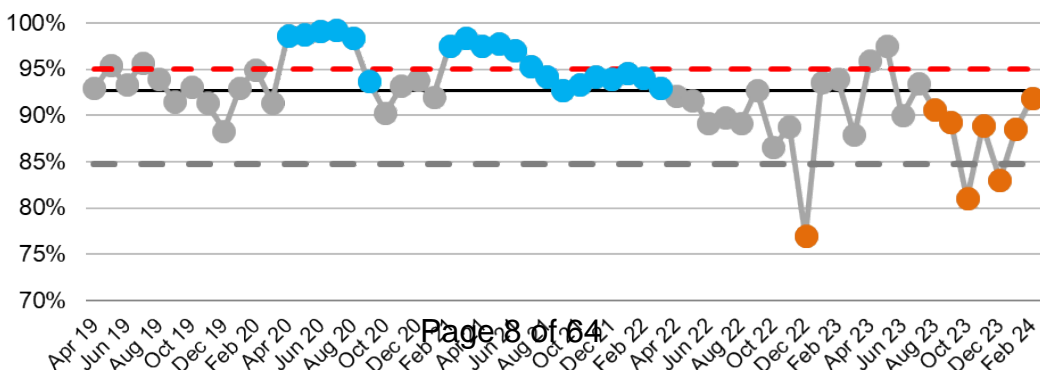
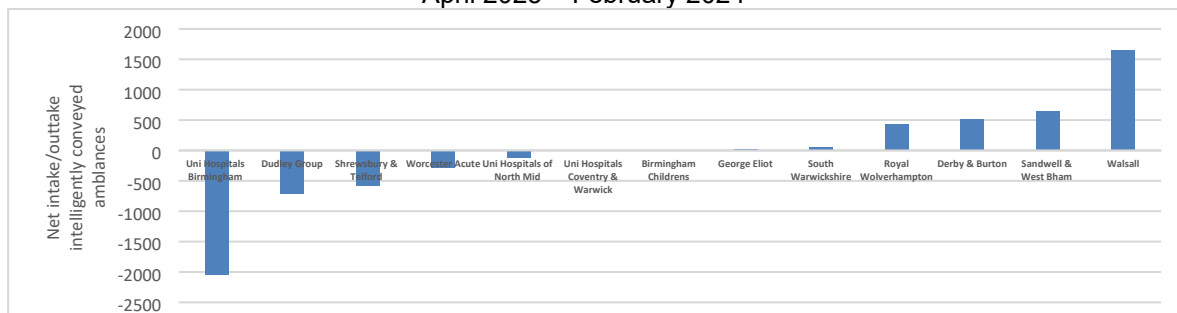


Figure 4: Ambulance handover % within 30 minutes, Walsall Manor Hospital, April 2019 – February 2024



We know that Walsall Healthcare NHS Trust also supports neighbouring Trust with a significant number of intelligently conveyed ambulances. This is where the West Midlands Ambulance Service will formally re-direct an ambulance crew to a different receiving Hospital, often due to anticipated delays to offload the crew at the nearest receiving hospital.

Figure 5: Net intake of intelligently conveyed ambulances, Acute Trusts in the West Midlands, April 2023 – February 2024



4. Financial information

Walsall Healthcare NHS Trust has not yet received financial remuneration for those intelligently conveyed ambulances (or increased self-presenting patients from other boroughs), with associated Emergency Department attendances and inpatient admissions. The Black Country Integrated Care Board is taking this forward, on behalf of the Trust. Figure 6 sets out the financial impact of increased out of Black Country area emergency activity in 2023/24.

Figure 6: Invoices for out of area emergency activity across Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust, 2023/24

System	Invoice (£'000s)
NHS Staffordshire and Stoke-on-Trent ICB	5,264
NHS Birmingham and Solihull ICB	1,284
NHS Shropshire, Telford and Wrekin ICB	151
Total	6,699

5. Reducing Inequalities

In this context, two of the Marmot objectives are relevant:

- Create and develop healthy and sustainable places and communities;
- Strengthen the role and impact of ill health prevention.

There is clear evidence that greater deprivation is associated with a higher likelihood of utilising Emergency Department services, meaning longer Emergency Access Standard waiting times or ambulance handover waiting times are likely to disproportionately affect the more deprived parts of the community we serve.

The published literature evidence base for differential access to secondary care services by protected characteristic groups of the community is less well developed. However, there is clear evidence that young children and older adults

are higher users of services, there is some evidence that patients who need interpreters (as a proxy for nationality and therefore a likely correlation with race) are higher users of healthcare services. And in defined patient cohorts there is evidence of inequality in use of healthcare services; for example, end of life cancer patients were more likely to attend ED multiple times if they were men, younger, Asian or Black.

In summary, further research is needed to make stronger statements, but there is published evidence of inequity in consumption of secondary care services against the protected characteristics of age, gender and race.

6. Decide

Nothing is tabled for decision.

7. Respond

Any response from the Committee will be taken forward by the Trust.

If the matter is within control of the Trust, that will be taken forward via Finance & Productivity Committee, followed by Trust Board.

If the matter is within the remit of the broader NHS Black Country Integrated Care Board, that will be taken forward via the Black Country Urgent & Emergency Care Board.

8. Review

How will you review the issue this report is about? Is there performance monitoring or regular reviews? Are there opportunities to get involved?

Background papers

Delays to hospital inpatient admission for patients in excess of 5 hours from time of arrival at the ED are associated with an increase in all cause 30 day mortality. Between 5 and 12 hours, delays cause a predictable dose response effect. For every 82 admitted patients whose time to inpatient bed transfer is delayed beyond 6 to 8 hours from time of arrival at the ED, there is one extra death.

Jones S, Moulton C, et al (2022), *Association between delays to patient admission from the emergency department and all cause 30 day mortality*, Emerg Med J. 2022 Mar;39(3):168-173. <https://pubmed.ncbi.nlm.nih.gov/35042695/>

Getting it Right First Time (2021), *Emergency Medicine: GIRFT Programme National Specialty Report*, <https://www.gettingitrightfirsttime.co.uk/medical-specialties/emergencymedicine/>

NHS England and the Department of Health & Social Care (2023), *Delivery plan for recovering urgent and emergency care services*, [Accessed: [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2023/03/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf) on 31 March 2023].

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04 April, 2024

Elective Care Waiting Times at Walsall Healthcare NHS Trust

Ward(s): All Wards.

Portfolios: Councillor G. Flint (Wellbeing, Leisure and Public Spaces)

1. Aim

This report provides an update on the aim to reduce elective care waiting times at Walsall Healthcare Trust.

2. Recommendations

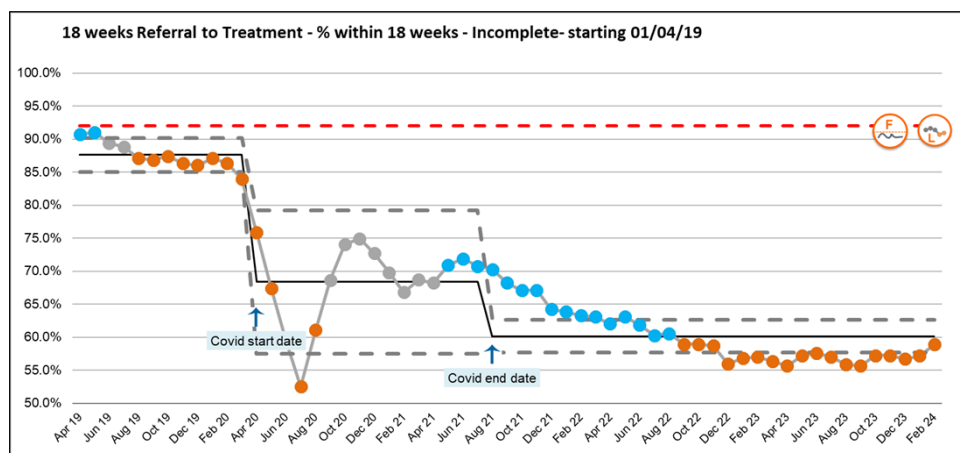
That the Committee note the report.

3. Report detail

3.1 In February 2023, 59% of patients waiting from referral for elective treatment have been waiting under 18 weeks, which is above the Trust’s forecast performance trajectory of 58%. Performance continues to show special cause variation below the mean average following the impact of the Covid pandemic.

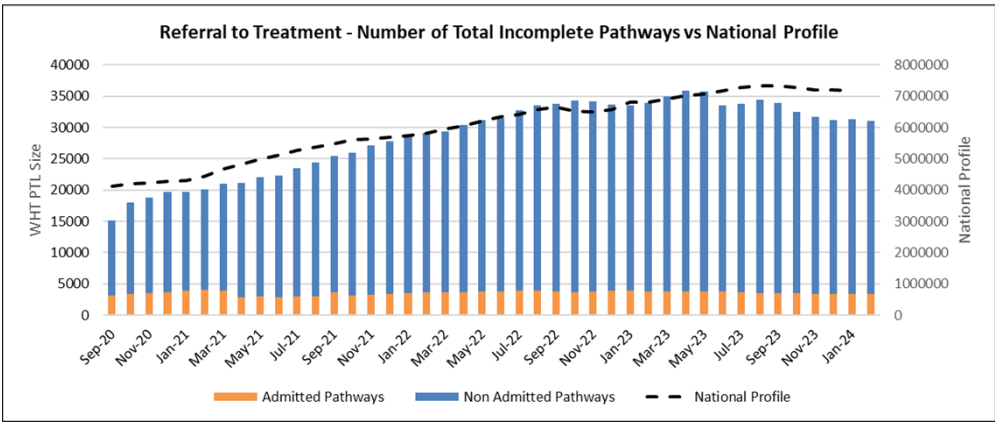
3.2 The national performance for elective care standards are published one month in arrears. January 2024 performance places the Trust above the median in a position of 54th best out of 119 reporting general Acute Trusts across the NHS for 18-week Referral To Treatment performance. Whilst ranking fluctuates, we are seeing an improvement in the Trust’s position within the 119 reporting Acute Trusts compared with 2022/23.

Table 1. 18 week referral to treatment performance, % of patients waiting for treatment within 18 weeks



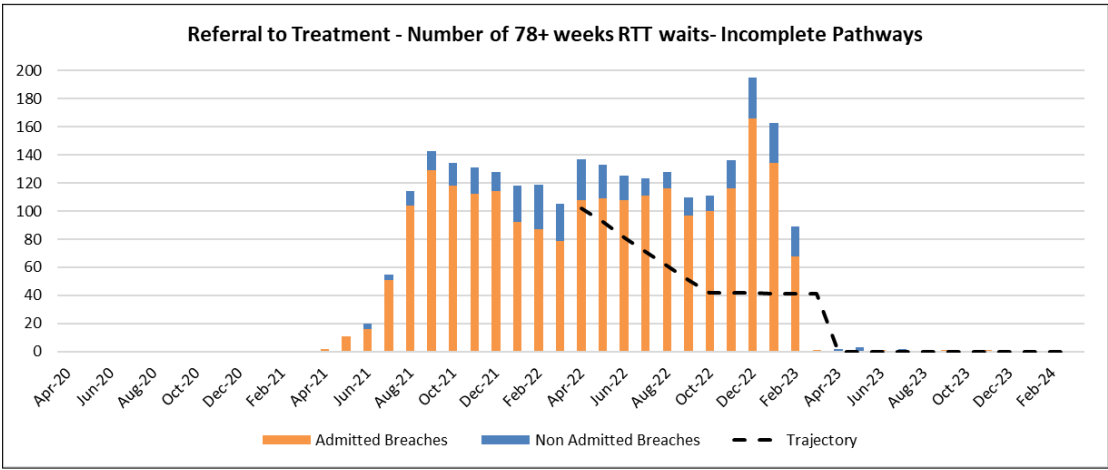
3.3 The Trust has reduced the number of patients waiting for elective treatment by 13.5% during the 2023/24 financial year to date.

Table 2. Referral to Treatment, number incomplete pathways at Walsall Healthcare Trust in relation to National position



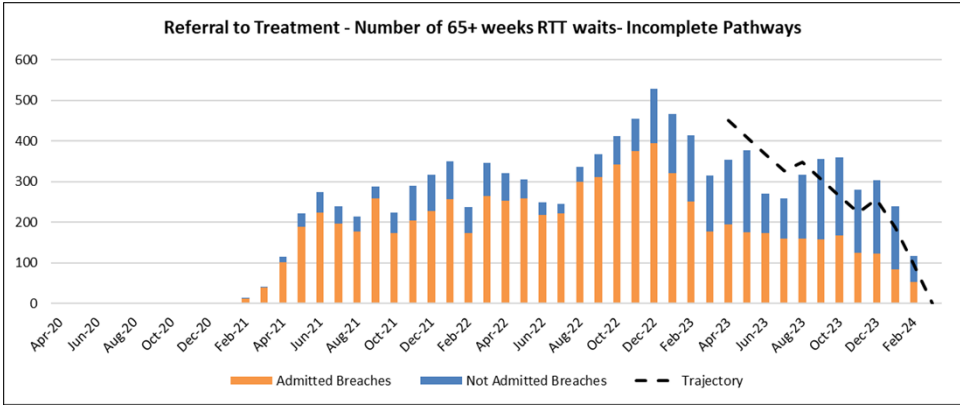
3.4 The Trust met the national target of having no patients waiting for more than 78 weeks for elective treatment by the end of March 2023, excluding patient choice. This performance has been maintained for the 12th consecutive months since.

Table 3. Number of incomplete pathways waiting over 78 weeks for treatment



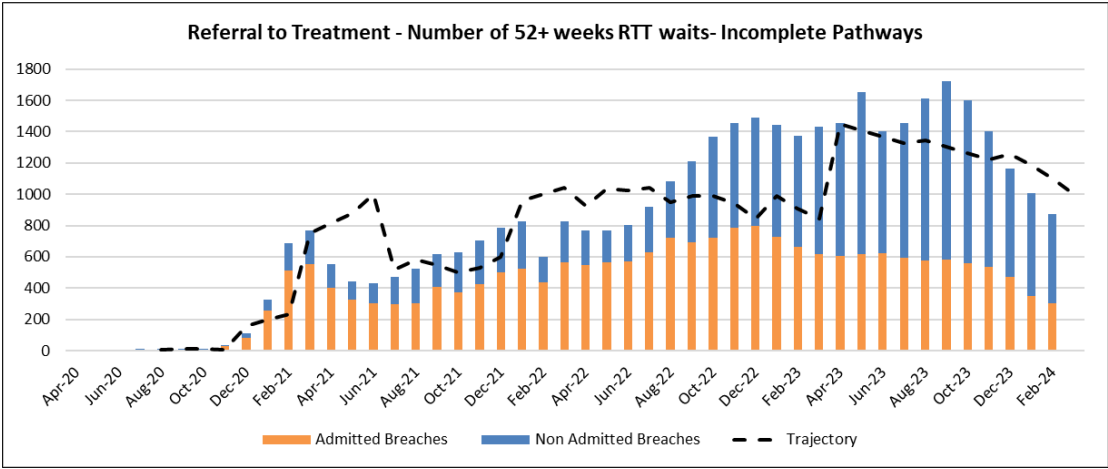
3.5 In December 2022 NHSE England published national NHS objectives for 2023/24 ([NHS England » 2023/24 priorities and operational planning guidance](#)) which included the ambition to ensure no patients are waiting over 65 weeks from referral by March 2024. The Trust remains ahead of trajectory to meet the national target of no patients waiting over 65 weeks for elective treatment by the end of March 2024, excluding patient choice. If achieved, the Trust will be the only Acute Hospital Trust in the Black Country and one of few nationally to meet this target.

Table 4. Number of incomplete pathways waiting over 65 weeks for treatment



3.5 Consequently, by reducing the waiting time for patients, in February 2024 we have achieved the lowest number of patients waiting for treatment over 52 weeks from referral since July 2022, with the number of patients waiting over 52 weeks reducing for 5 consecutive months. Moving forwards, the Trust have an elective activity plan in place in order to ensure no patients are waiting over 52 weeks for treatment by the end of March 2025.

Table 5. Number of incomplete pathways waiting over 52 weeks for treatment



3.6 In order to achieve reductions in elective care waiting times the Trust have invested in increasing available operating theatre sessions, maximised out of theatre clinical environments such as outpatients and built a Minor Surgery Procedure Room outside of the theatre environment which is due to open in April 2024.

3.7 In addition to reducing the time that patients wait for elective treatment, the Trust are proud to have received national recognition for our work in elective care. The Trust received Elective Hub Accreditation by the NHS England ‘Getting it Right First Time’ (GIRFT) programme in October 2023, meaning that our elective services within the Trust are ring-fenced and formally accredited. The Trust have also been nominated as a Finalist in the Health Services Journal 2024 Partnership Awards for the Outpatient Transformation Project undertaken which focused on

increasing outpatient clinic utilisation and reducing the number of patients who do not attend clinic appointments.

3.8 Walsall Healthcare Trust continue to provide mutual aid to neighbouring Trusts by taking on patients who have endured prolonged waits for their first outpatient appointment elsewhere, and by running additional operating lists to support patients who are awaiting surgical treatment.

3.9 The ongoing junior doctor industrial action continues to impact on elective waiting times across the Trust. During industrial action we have managed to maintain some clinical activity for clinically urgent elective patients, but unfortunately have needed to postpone some non-urgent outpatient and elective services to release clinicians to maintain safe cover of urgent and emergency care services. The effect of the strikes are mitigated by running additional outpatient clinics and theatre sessions, outside of industrial action periods.

4. Financial information

In order to address elective recovery additional investment has been allocated to increase elective activity through outpatient clinics and theatre sessions, however there has been income associated with the additional activity which offsets the spend.

5. Reducing Inequalities

The Trust have recently undertaken an Outpatient Transformation Programme to focus on reducing the number of patients that fail to attend outpatient appointments, which took into consideration the demographic of our patient cohort and associated socio-economic factors. As part of this review the Trust reached out to seldom heard groups to gain feedback on challenges in attending appointments. Following the feedback collated by our patient experience team the Trust have put additional support in place for patients including imbursement for travel to hospital appointments and links to hospital communications in the top 5 languages used across our communities. The Trust have recently been nominated as a Finalist in the Health Services Journal Partnership Awards for this work.

6. Decide

The committee is asked to accept this report as an update on elective care waiting times at Walsall Healthcare NHS Trust.

7. Respond

Not applicable.

8. Review

Regular performance monitoring for elective care waiting times is managed through the Trust by bi-weekly recovery and restoration meetings, chaired by the

Chief Operating Officer. In addition, there is weekly oversight of waiting times by both the Black Country Integrated Care Board and NHS England.

Background papers

None.

Author

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Social Care and Health Overview and Scrutiny Committee

4 April 2024

Primary Care Access and GP Services Working Group – Final Report

Ward(s): All

Portfolio: Councillor G. Flint – Wellbeing, Leisure and Public Spaces

The following report is the final report of the Primary Care Access and GP Services Working Group established on 27 July 2023.

Recommendation:

That the Committee consider the report and recommendations of the Working Group.

Contact Officer:

Jack Thompson
Democratic Services Officer
 01922 654196
 Jack.Thompson@walsall.gov.uk

Primary Care Access and GP Service Working Group



Walsall Council

Foreword

Increasing pressure on GP practices and primary care services has come to the forefront in recent years with a feeling of general dissatisfaction in the delivery of publicly run health services both nationally and locally. This dissatisfaction has become more pronounced and acute since the COVID-19 Pandemic in which the NHS was put under immense pressure. The subsequent adaptations to the Pandemic and the ongoing changes to health service delivery has left many residents feeling left behind and frustrated with services, in particular in relation to the accessibility of GP services.

Thus, the Working Group were driven to understand the current climate in which GP practices operated, changes that were planned and/or already being implemented with a focus on the increasing amount of digitisation and the recruitment and retention of clinicians. A wide range of evidence was received by the Group which informed its conclusions and recommendations.

The Group hopes that through its recommendations to the Council, the Black Country Integrated Care Board (BCICB), NHS England, and Department for Health and Social Care that improvements can be made that will benefit all residents in accessing GP services and primary care. In addition, it is hoped that the recommendations will bolster the ongoing work to drive improvements and reduce inequalities in access.

I would like to thank the witnesses who have given their time and advice to the Working Group, as well as the support of officers, Jack Thompson, Dr Nadia Inglis, Andrew Osborn, Deborah Hipkins, Ruth Smith, Helen Billings and Matthew Powis. I would also like to thank Members of the Working Group for their constructive feedback, analytical approach, and their passion in helping to find solutions to the problems residents face in accessing primary care and GP services.



Councillor Khizar Hussain

Chair, Primary Care and GP Access Working Group

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Introduction

At its meeting on the 28 September 2023, the Social Care and Health Overview and Scrutiny Committee considered issues surrounding patient access to Primary Care and General Practice (GP) Services following a number of previous discussions about the subject. The Committee noted that there had been increased pressure on Primary Care access, including general practice, pharmacy, optometry and dentistry services nationally and locally since the COVID-19 Pandemic. The increased pressure had made it harder for residents to secure appointments with GPs and other clinicians in a timely manner, causing frustration and affecting health outcomes. This was coupled with increased pressure in other parts of the health system, which had increased wait times for referrals, elective care and mental health services which in turn added pressure to GP Practices. The Committee therefore sought to establish a Primary Care Access and GP Services Working Group, which would focus mainly on general practice.

Members of the Social Care and Health Overview and Scrutiny Committee had already been consulted on the ongoing national work to improve access to GP services such as the General Practice Improvement Programme and efforts at the Black Country Integrated Care Board (BCICB) level, such as moving all practices to a digital telephone system. However, it was felt that more work was needed to address ongoing issues with access and that some of the changes already being made were leaving some residents behind.

Therefore, the Working Group sort to review the current GP commissioning model so as to understand what changes had taken place for GPs. In addition, Members wished to explore the current issues raised by residents with a particular focus on vulnerable residents and investigate where improvements could be made.

Terms of Reference

The draft terms of reference were discussed and agreed by a meeting of the Working Group that took place on 27 July 2023. The terms of reference were subsequently approved at a meeting of the Scrutiny Overview Committee 7 December 2023.

The full version of the Working Group's terms of reference can be found at **Appendix 1** to this report. The Working Group was supported predominantly by:

Andrew Osborn	Director of Commissioning
Dr Nadia Inglis	Interim Director of Public Health
Matthew Powis	Senior Democratic Services Officer
Jack Thompson	Democratic Services Officer

Membership

The Working Group membership consisted of the following Councillors:

Councillor K. Hussain (Chair of the Working Group)
Councillor P. Gill
Councillor R. Martin
Councillor R.K. Mehmi
Councillor W. Rasab
Councillor A. Nawaz

Witnesses

Deborah Hipkins	Head of Primary Care and Place for Walsall (Black Country Integrated Care Board)
Ruth Smith	Primary Care Commissioning Manager (Black Country Integrated Care)
Helen Billings	Head of Partnerships (Black Country Integrated Care Board)
Joanne Wright	Project Lead (Walsall Connected)
Dr Paulina Ramirez	Assistant Professor of International Business (University of Birmingham)
Emma Sharman	Digital Inequalities Lead (Black Country Integrated Care Board)
Nicola Waite	Resilient Communities Lead (Walsall Housing Group)
Fran Freeman	Senior Project Manager (Black Country Integrated Care Board)
Andrea Smith	Head of Integrated Commissioning (Black Country Integrated Care Board)
Elise Hopkins	Director of Customer Engagement (Walsall Council)
Rehan Symonds	Healthwave Hub

Findings

The Working Group received information mainly from the BCICB and the Walsall Together team on the current services being offered and national and local changes taking place to GP services. In addition, the Working Group reviewed national documents and publicly available data.

Current service delivery and data

The Working Group received information on the different types of GP contracts commissioned through BCICB and core parts of GP contracts. The core parts of the General Practice contract include:

- Agreement of the geographical or population area the practice will cover.
- Requirement for the practice to maintain a list of patients for the area and under what circumstances a patient might be removed from its register.
- Establishment of the essential medical services a general practice must provide to its patients.
- Set standards for premises and workforce and requirements for inspection and oversight.
- An outline of expectations for public and patient involvement.
- Provision of a list of key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

There are two different GP contracts commissioned in Walsall:

1. General Medical Services (GMS): This contract can either be held by an individual medical practitioner or two or more individuals practising as a partnership where at least one partner is a medical practitioner, or a company limited by shares. These contracts last in perpetuity and payments are made based on a list size.
2. Alternative Provider Medical Services (APMS): This contract can be held by a range of individuals or organisations. These contracts are time limited and will have an end date. These contracts are usually awarded through a competitive procurement process and the payment structure will vary for each contract.

In Walsall, there were six practices who held an APMS contract and forty-four who held a GMS contract. It was noted that contracts are updated as a minimum once a year with nationally negotiated contract variations.

There were fifty GP practices operating within the Borough and these were separated into seven Primary Care Networks (PCNs). The breakdown of the seven PCNs and GP practices under each can be found in **Appendix 2**. In addition to the two current GP commissioned contracts, additional services were contracted to GP practices both locally and nationally through the Direct Enhancement Service Contract, the Quality and Outcomes Framework and the Primary Care Offer. There were eight locally commissioned schemes provided by the BCICB. More information

on these additional national and local commissioned services can be found in **Appendix 3**.

Data provided by the BCICB showed the number of patients registered with GP practices within the Borough in October 2022 and October 2023 and the number of GPs working within the Borough.

Primary Medical Services - Workforce Data				
	2022		2023	
Total Patients	297840	305979		
	2022		2023	
	Headcount	FTE	Headcount	FTE
GP - Total	245	177.18	249	181.47
GP - Senior Partner	33	28.03	31	25.73
GP - Partner	79	58.01	80	59.08
GP - Salaried	59	35.95	57	32.79
GPs - 60-64 (excludes locums)	16		17	
GPs - 65-69 (excludes locums)	6		5	
GPs - 70 plus (excludes locums)	8		8	

It was noted that GP practices were paid for each patient registered and not per appointment offered, moreover, according to The King's Fund the average cost of a GP appointment in 2021/22 was £42.¹

Members were then informed of the inspection process for GP Practices. Practices rated good and outstanding by the Care Quality Commission² would be reviewed once every twelve months, whereas those rated poor would be inspected every twelve months and those rated inadequate every six months. Healthwatch Walsall also carried out 'Enter and View' inspections of Practices and collected feedback from patients. More information on Healthwatch and its recent report can be found in **Appendix 4**.

Data from the GP Patient Survey³ was also considered. It was highlighted that this was an independent national survey carried out by Ipsos Mori on behalf of NHS England. The data showed that Walsall, compared to national and Black Country level data, performed worse and better respectively in terms of patient satisfaction. The data also showed that the decrease in patient satisfaction since 2020, was more marked in Walsall than the national figures, but similar to the decrease for the Black Country.

The graphs below show the levels of satisfaction for GP practices from 2020 to 2023. The first graph shows the break down at the national (England), Black Country and Borough level. The second shows the breakdown between the seven PCNs in the Borough, with lower satisfaction levels in the South 1, South 2 and North PCNs.

¹ [NHS: Key Facts And Figures | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/insights-and-analysis/key-facts-and-figures)

² [How we monitor GP practices - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/monitoring-and-reporting/how-we-monitor-gp-practices)

³ [GP Patient Survey \(gp-patient.co.uk\)](https://www.gp-patient.co.uk/)

As part of their role, Healthwatch Walsall carried out 'Enter and View' inspections of practices in the Borough and would collect patient feedback directly. There was a mix of feedback from patients with some positive and some negative feedback being expressed. Some examples of this feedback are listed below:

*"Last 6 months appointments have increased, no issues getting appointments"*⁴

*"Telephone issues getting through sometimes"*⁴

*"Get called back, no issues with appointments"*⁵

*"Train receptionists – can be rude"*⁵

*"Staff always accommodating"*⁶

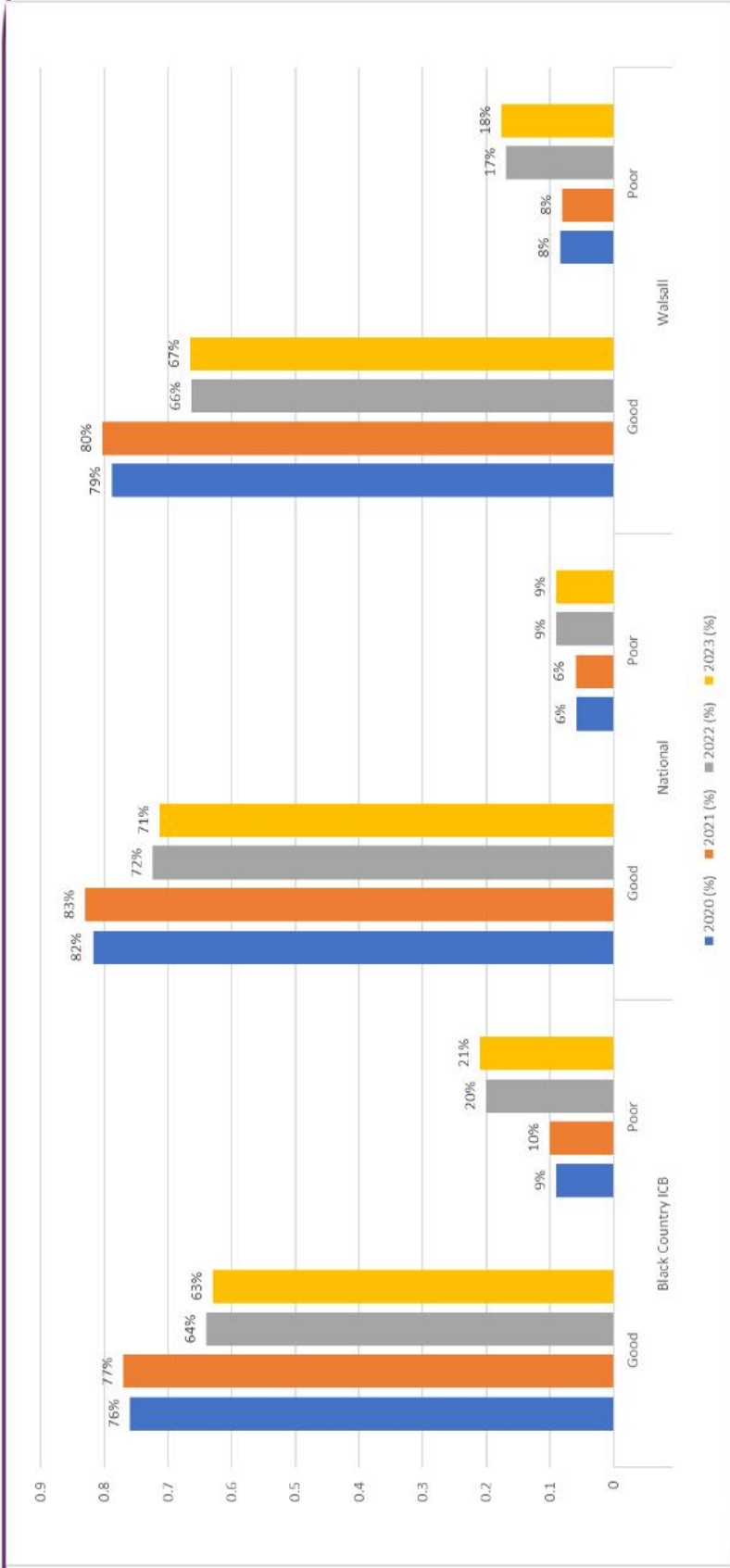
*"Can't get GP, can't get through on phone, don't use I.T."*⁶

⁴ [Final 301123 Palfrey Health Centre \(1\).pdf \(healthwatchwalsall.co.uk\)](#)

⁵ [020823 Final Pleck Health Centre.pdf \(healthwatchwalsall.co.uk\)](#)

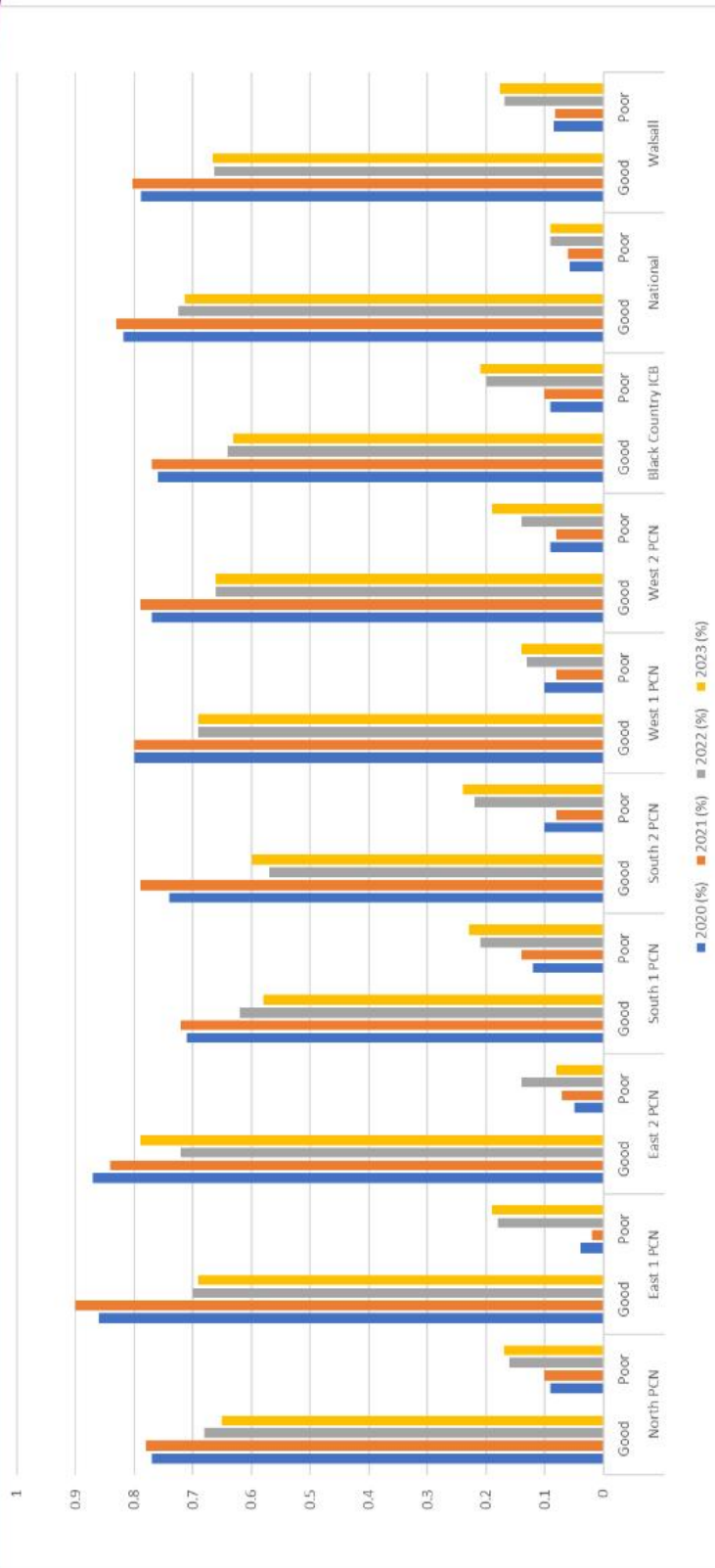
⁶ [BFP FINAL report 310523 0.pdf \(healthwatchwalsall.co.uk\)](#)⁶

Overall, how would you describe your experience of your GP practice



PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Overall, how would you describe your experience of your GP practice



PROUD OF OUR PAST, OUR PRESENT AND FOR OUR FUTURE

Ongoing changes

With the aid of BCICB colleagues, the Working Group received a comprehensive report containing recent appointment data, how GP contracts had changed, and how changes are being made to improve access including the national model for Modern General Practice.

Members learned that there had been a 16% increase in the number of appointments offered from 2022 to 2023. In addition, all but nine of the GP practices within the Borough had updated their websites to improve access to information for patients.

The Working Group expressed a particular interest in appointment methodology. They were advised that the introduction of the Modern General Practice⁷ model would support Practices in providing the best appointment options for patients whilst achieving efficiencies. Furthermore, the introduction of The Modern General Practice Model by NHS England would enable practices to:

- see all patient need, by providing inclusive, straightforward online and telephone access.
- understand all need through structured information gathering.
- prioritise and allocate need safely and equitably (including continuity of care).
- make best use of other primary care services and the multi-professional team.
- improve the efficiency of their processes and reduce duplication.

Equity of access is key to a delivery of a modern and effective primary care system. Access to GPs is known to be poorer in areas with more deprived communities, linked both to community and staffing related⁸ factors.

The Delivery Plan for Recovering Access to Primary Care⁹ underpinned the Modern General Practice model and outlined the practice steps that would be implemented to achieve the ambitions of the model.

Members of the Working Group were particularly focused on the proposed changes to the triage process in General Practice and that patients would now be required to complete an online form or engage with a receptionist to ascertain what medical help they require. Following this the patient would then be clinically triaged by a GP. This new method of triage was also known as 'Total Triage'. In practice, this would be mean:

1. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where clinically appropriate.

⁷ [NHS England » Modern general practice model](#)

⁸ [Tackling the inverse care law | Health Foundation](#)

⁹ [NHS England » Delivery plan for recovering access to primary care](#)

2. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks.
3. Where appropriate, patients will be signposted to self-care or other local services (e.g. community pharmacy or self-referral services).

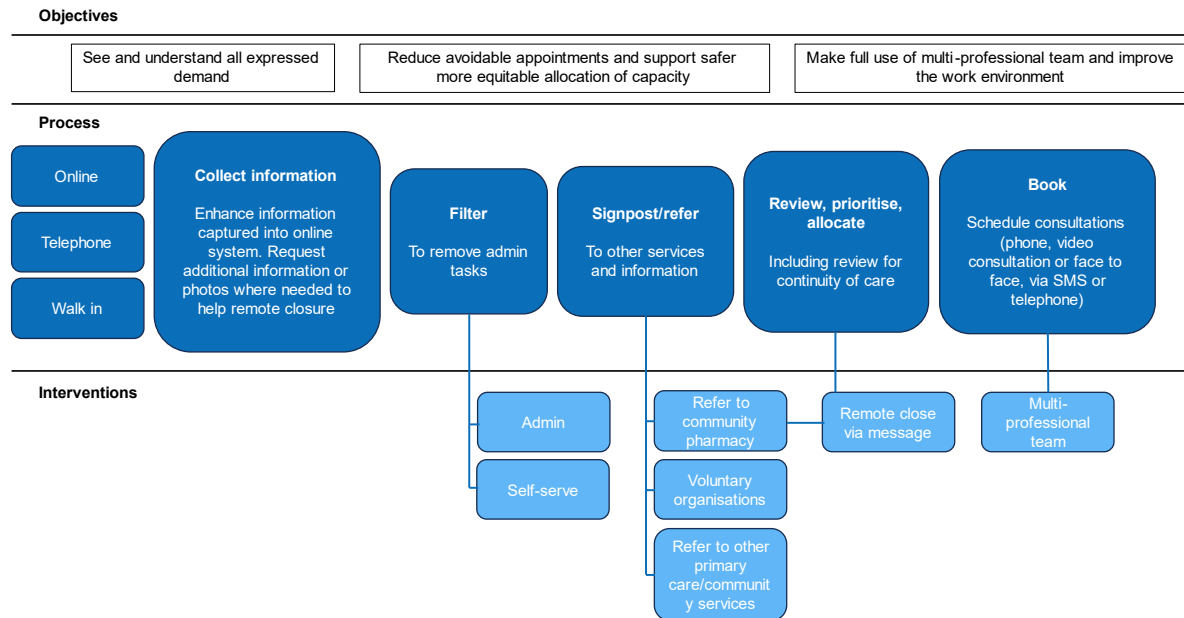


Figure 1 - visual representation of the Modern General Practice Model (BCICB)

Additionally, the BCICB was supporting practices across the Black Country transitioning onto the new model with 64% of practices across the Black Country having completed a baseline assessment to determine what support they will need to move towards to the Modern General Practice Model.

There were also planned improvements in building capacity within Primary Care, through the introduction of new roles such as social prescriber paramedics, pharmacists, advanced nurse practitioners and physiotherapists. In addition, there were plans to reform GP pensions to encourage practitioners to stay in general practice for longer. There were also proposals to change guidance for local planning authorities to engage with Integrated Care Boards (ICBs) when large housing developments were proposed to ensure that capacity within primary care was sufficient.

It was noted that work was also being undertaken as part of the Primary Care Access Recovery Plan to cut bureaucracy in general practice with a focus in relation to referrals to secondary care. The planned work would reduce the number of administrative tasks generated by the interactions between primary and secondary care services, such as:

- secondary care carrying out onward referrals for an immediate or related need rather than referring back to general practice.

- secondary care ensuring that patients have fit notes on discharge rather than requesting they attend their GP practice.
- secondary care having effective call and recall systems in place.
- primary care having clear points of contact within secondary care.

There was support for the work being undertaken to help improve access and capacity at GP Practices, however, the Working Group had several concerns about the current training of GP reception staff and the process for ordering repeat prescriptions. There was an overall consensus that even with the proposed changes under Modern General Practice there were still a large number of inconsistencies between GP practices across the Borough and that there needed to be a more guaranteed level of service for residents.

Additionally, the level of inconsistencies and the planned changes would make it more difficult to navigate primary care for residents even if some of the changes would eventually reduce the level of inconsistency in the longer term. To support this, there was a desire for the creation of a toolkit to help Elected Members to support residents with up-to-date information on how services would be delivered, what they should expect from primary care and how to effectively escalate issues.

Members were informed of the increased use of clinicians other than GPs to enable and empower patients to see the right person for their needs. They expressed concerns at the lack of understanding amongst the general public of the roles of other clinicians and how clinical oversight was carried out, which they felt could lead to some confusion. More information on how these clinicians fitted into the primary care offer would give reassurance to residents when they were offered an appointment that was not with a GP.

Members of the Working Group were supportive of efforts within the BCICB to secure funding for a Black Country level diagnostic centre to help alleviate demand on primary care services.

Digitisation

The Working Group received a detailed presentation from NHS, Walsall Housing Group and Council Officers on the transitional arrangements towards digital health service delivery and what support was being offered to residents.

Members noted that whilst digitisation of health services could bring great benefits in areas of high economic and social deprivation, it could also exacerbate already existing digital inequalities. The main source of digital inequality was the lack of skills and confidence to engage with technology. To address this, it was highlighted that a local system of training and skills development was needed in tandem with ongoing support to enable groups to engage with digitisation in a sustainable way. The Group noted that assuming technology dependency based on generational stereotypes was not always accurate and that older generations were more likely to access technology with a stable support network.

Members also heard how the Council had moved to support the digitisation of its services through the Walsall Connected service and the work being carried out by the West Midlands Combined Authority in this area as well. There was also support offered by the BCICB's Black Country Connected programme, which offered support to people with limited or no access to digital devices and/or internet connections and those with limited digital skills. As a result, it was recommended that, following the successful rollout of the Walsall Connected Partnership, the Council offer support to residents in using the NHS app, subject to resource being available, as part of national digitalisation initiatives.

Members were very interested to receive information on the NHS App¹⁰ and the planned expansion of its functionality. The Working Group noted the following functions of the NHS App:

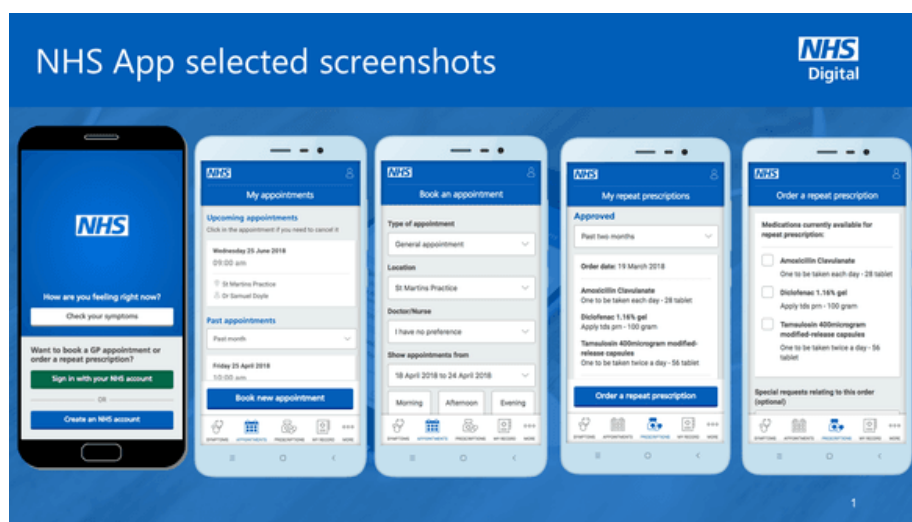
- ordering repeat prescriptions and nominating a pharmacy where you would like to collect them.
- booking and managing appointments.
- viewing your GP health record to see information like your allergies and medicines (if your GP has given you access to your detailed medical record, you can also see information like test results).
- booking and managing COVID-19 vaccinations.
- registering your organ donation decision.
- choosing how the NHS uses your data.
- viewing your NHS number or finding out what your NHS number is.
- using NHS 111 online to answer questions and get instant advice or medical help near you.

The Working Group also noted that, depending on the GP Practice or hospital, the App could allow the user to:

- message a GP surgery or health professional online.

¹⁰ [About the NHS App - NHS \(www.nhs.uk\)](http://www.nhs.uk)

- access health services on behalf of someone they care for.
- view and manage hospital and other healthcare appointments.
- view useful links sent by a doctor or health professional.
- view and manage care plans.



Members of the Working Group were concerned by the varied uptake of the App across the Borough. The data did however show that the uptake of the NHS App was higher in Walsall at 56% compared to Black Country Average of 48%. See **Appendix 5** for further information.

Taking into consideration the level of disparity across the Borough in relation health inequalities and health outcomes Members were concerned that evidence showed a correlation between poor health outcomes and digital poverty. Therefore, there was a risk that the digitisation of GP services would disproportionately affect those already experiencing poor health outcomes. The Working Group supported the ongoing work to help alleviate the potential negative effects of digitisation of the services but stressed that more work was needed to make sure that local systems of support were robust and were built with patient support and not imposed upon them.¹¹

Members of the Working Group noted the range of opportunities involved in increased digitisation, yet they were concerned that residents, in particular vulnerable residents, could be left behind by these changes. It was suggested that workshops in each locality of the Borough be offered and that digital support for using the NHS App be considered by the Council through the Walsall Connected service, subject to resource availability.

¹¹ What Good Looks Like for Our Communities Report 1, July 2023: Research Results from work by whg peer researchers (University of Birmingham & whg)- https://www.biis.org.uk/files/ugd/ac4bc9_5fa8f8fb2ca545f2b287d09b457654f8.pdf

Workforce Strategy

The NHS Long Term Workforce Plan was published by NHS England in June 2023. This plan was built on three pillars:

- Train – Growing the workforce.
- Retain – Embedding the right culture and improving retention.
- Reform – Working and training differently.

Members were supportive of the ambition to increase the number of training places for GPs by 50% to 6000 by 2031/32 and the ambition to train more staff domestically.

There was a concern that, without intervention, current modelling predicted a shortfall of qualified GPs of 15,000 full time equivalents by 2036/37. There was also support for making sure that all foundation doctors carried out at least a four-month placement in a General Practice setting and for a proposed new way of working which is to be developed to allow non-GP doctors to work in General Practice settings under the supervision of a GP.

The initiative to increase the number of training places for all doctors including additional training places for GPs was welcomed. However, the recruitment and retention of staff within primary care was seen as the key to delivering better services for residents and meeting current levels of demand.

Concerns remained about the current disputes between NHS workers and the Government over pay and conditions and the impact this would have on efforts to recruit and retain staff. The Working Group felt that progress in this area would be vital to improving the level of service delivery for primary care. Members also wished to see more promotion of health careers at a secondary school level, as it was felt that too much focus was currently placed on sixth form and university level students.

There were concerns that training for reception and other front of house staff may not be adequate enough to support vulnerable residents. There was a view that comprehensive training was required for reception staff to support them in helping residents navigate the changes to booking appointments and accessing digitised services so that vulnerable or digitally excluded patients were not left behind. There was also concern that abuse of these staff led to higher turnover which would negatively affect the service delivered to residents. As such the Working Group supported the sector wide zero-tolerance approach to abuse of NHS staff.

Conclusion

Increasing demand on health systems across the UK and a shortage of trained clinicians including GPs has created an acute problem for residents who need to access primary care services. In addition, the COVID-19 pandemic led to the accelerated use of technology and the digitisation in accessing care and risked leaving vulnerable residents behind.

The current data and services provided within the Borough showed the hard work that clinicians carried out on a day-to-day basis with increasingly high workloads. There was also an understanding that while there had been an increase in the percentage of patients who viewed GP services as poor, the majority expressed a positive view of services. The current changes through the Modern General Practice would deliver a better service to patients and help to reduce the inconsistencies between GP practices. However, the changes relied heavily on increased digitisation and risked leaving some patients behind. Moreover, some of the digitisation work that had taken place, for example through the NHS App, did not yet deliver what had been expected.

The data was clear that the demand on services vastly outstripped the supply of clinicians and whilst the planned changes could help make efficiencies in care delivery and triaging patients more effectively it was clear that to solve underlying problems in Primary Care and GP services an increase in the training of doctors and other clinicians was needed. As such, there was a view that the Council should work with partners to help facilitate this aim and make Walsall an attractive Borough in which to train and gain experience as a clinician.

Using other clinicians to supplement the work of GPs was welcomed but more work was needed to explain their role to the public and how the quality of care would be maintained and improved. Overall, there was a consensus that improving pay and conditions for clinicians would go some way to improving the recruitment and retention crisis currently being experienced by primary care.

To tackle the issues in accessing care requires a national approach, however, there were opportunities locally to help improve the experience of accessing care for residents and reducing inequalities in access. The importance of partnership work was also highlighted through the information received by the Working Group and there was a desire to see this work bolstered to support residents, particularly in relation to adapting to the increased digitisation of services. Many of the recommendations by the Working Group are focused on changes that would need to be directed by National Government through NHS England, however, Members reflected that the current system had not deviated from its original model as established in 1948 and could be easily modified. However, Members felt that this should not deter local NHS bodies such as the BCICB and partners from making local changes to help and support residents, reduce variation, and continue to push for reform at a national level.

Recommendations

Walsall Council

1. That, the Council work with partners to develop a toolkit to assist Elected Members to help constituents navigate primary care access.
2. That, the Council and partners work with Walsall Healthwatch as an effective tool for GP engagement and as an independent body for the public to voice complaints and concerns.
3. That, the Cabinet explore the use of artificial intelligence (AI) and assistive technology in Adult Social Care to help those receiving care to access primary healthcare and improve efficiencies.
4. That, the Council support GP Practices to reduce abuse of staff and work with partners to encourage health professionals to develop and train in the Borough. This could include:
 - a. Supporting staff by offering training on conflict resolution and lone working;
 - b. Supporting practices through the Safer Streets team by providing on the ground support for practices experiencing continuing problems;
 - c. Utilising community outreach to reinforce zero tolerance of abuse policies in GP Practices.
5. That, following the successful rollout of the Walsall Connected Partnership, the Council consider, subject to resource considerations, supporting residents in using the NHS app as part of national digitalisation initiatives.

Black Country Integrated Care Board

6. That, the Integrated Care Board work with local GP Practices on advertising and explaining Social Prescribing (including the ranges of schemes available in Walsall), and its benefits in tandem with clinical advice.
7. That the ICB works with GP Practices to modernise the way they operate in relation to appointment booking, triage systems and repeat prescriptions in line with national guidance taking account of the needs of their local population. This could include:
 - a. Booking appointments
 - i. These should be offered to be booked in person, via the phone and through the NHS App.
 - b. Ordering repeat prescriptions
 - i. Ordering repeat prescriptions should be offered through the NHS App, via the phone and where needed paper forms should still be available at practices.
 - c. Telephone systems
 - i. All practices should move to the cloud-based telephone system that allows residents to be called back when it is their turn in the queue.
 - d. The offer of both same day and future appointments

- i. Subject to triaging, all practices should offer a face-to-face or telephone appointment with a GP or other suitable clinician within two weeks.
- e. Total Triage
 - i. The move to the 'Total Triage' model of offering appointments should be consistent in its triaging, operation and staff training across the Borough to avoid confusion and frustration from patients.
 - f. Prioritising digital skills development at a very local level, through understanding and working with communities, as well as for GP staff to ensure patients adapt to increase uptake of digital options for appointments such as video consultation.
- 8. That, the Integrated Care Board provides an update each municipal year to both the Health and Wellbeing Board and the Health and Social Care Overview and Scrutiny Committee on inequalities in access and outcomes, and the quality assurance of GP Practices within the Borough, and any variations in quality.
- 9. That this report be shared with the Walsall Primary Care Collaborative and so that general practice within the Borough can engage in the delivery of its recommendations.

NHS England and The Department of Health and Social Care

- 10. That, the NHS App be the primary app utilised across all GP Practices to reduce inconsistencies with digital service delivery.
- 11. That, NHS England and the UK Government work to increase funding to ensure more GP appointments can be made available.
- 12. That, NHS England together with the Department for Health and Social Care strengthen the intervention power of Integrated Care Boards to intervene in underperforming practices. This should include powers, in exceptional circumstances, to directly buy out and take control of practices as set out in the recommendations of the Hewitt Review¹².
- 13. That, NHS England allow and create the following functionality within the NHS App: (NHS England)
 - a. The option to request a GP appointment by leaving a voice note;
 - b. Video consultation functionality;
 - c. The reason for the refusal/delay of repeat prescriptions and referrals.
- 14. That, NHS England develop a national advertisement campaign on the roles of clinicians and support operatives (i.e. other roles within GP practices) with the aim of creating a greater understanding amongst the public that other clinicians may be better placed for their care and that clinical oversight of care takes place.
- 15. That, the Department of Health explore alternative funding arrangements for GP Practices to allow the flexibility to increase funding to practices in areas of high deprivation and poor health outcomes.

¹² [The Hewitt Review: an independent review of integrated care systems \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Background Papers

- The Hewitt Review: an independent review of integrated care systems - <https://assets.publishing.service.gov.uk/media/642b07d87de82b00123134fa/te-hewitt-review.pdf>
- The NHS Constitution for England NHS Constitution for England - GOV.UK <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>
- Delivery plan for recovering access to primary care NHS England <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/>
- GP Patient Survey Datam GP Patient Survey - Analysis Tool <https://www.gp-patient.co.uk/>
- NHS Long Term Workforce Plan – June 2023 <https://www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf>
- What Good Looks Like for Our Communities Report 1, July 2023: Research Results from work by whg peer researchers https://www.biis.org.uk/files/ugd/ac4bc9_5fa8f8fb2ca545f2b287d09b457654f8.pdf

Social Care and Health Overview and Scrutiny Committee – Primary Care Access and GP Services Working Group

Initiation Document

Working Group Name:	Primary Care Access and GP Services Working Group
Committee:	Social Care and Health
Municipal Year:	2023/24
Chair:	Councillor Hussain
Lead Officers:	Andrew Osborn (Director of Commissioning, Lead Health and Social Care Officer) Jack Thompson (Democratic Services Officer) Matt Powis (Senior Democratic Services Officer)
Membership	Councillors P. Gill, R.K. Mehmi, K. Hussain, R. Martin and W. Rasab.
Co-opted Members	Not specified

1. Context

- 1.1. On 28 September 2023, the Social Care and Health Overview and Scrutiny Committee considered issues surrounding patient access to Primary Care and GP Services.
- 1.2. Members noted that since the Covid-19 Pandemic there has been significant pressure on GP Practices and Primary Care Access nationally and within the Borough. This has made it harder for residents to secure appointments with GPs and other health professionals in a timely manner, causing frustrations and affecting health outcomes. Coupled with this has been the increase in wait times for referrals, elective care and mental health services which further adds pressure onto GP Practices.
- 1.3. The General Practice Improvement Programme (GPIP) is being implemented by NHS England and delivered by the Black Country Integrated Care Board (ICB) to help improve support for GP Practices to meet demand and improve patient satisfaction. In addition, continued work is being undertaken by the ICB to improve GP telephone systems and complaints processes.
- 1.4. There was a consensus that the Committee needed to establish a working group to investigate and review obstructions within the industry and work with partners to improve patient outcomes.

2. Objectives

- a. Review the current GP commissioning model, the National General Practice Improvement Programme and rights of patients under the NHS Constitution;
- b. Understand changes made to GP and primary care access in light of the Covid-19 pandemic and review delivery plan for recovering access to primary care;
- c. Explore the current issues raised by residents, in particular those who are vulnerable, in regard to accessing GP appointments and primary care access and identify salient themes;
- d. Investigate improvements that could be made to primary care access and healthcare pathways.

3. Scope

- 3.1. Consider the issue around primary care and GP access within the Borough.
- 3.2. Investigate and consider the actions of local health partner led services:
 - a. GP practices (commissioned through the Black Country ICB)
 - b. Walsall Urgent Care Centre (Walk in Centre - commissioned through the Black Country ICB)
 - c. Urgent and Emergency Care Centre (A&E – Walsall Healthcare NHS Trust)
 - d. Referrals and elective surgery (Black Country ICB and Walsall Healthcare NHS Trust)
 - e. Mental health services (Black Country Healthcare NHS Foundation Trust)

- f. West Midlands Ambulance Service
- 3.3. To identify key points for the improvement in access to primary care and access to GP services within the Borough, and develop a joint strategy with partners to improve the healthcare pathways for residents.
- 3.4. Review delivery plan for recovering access to primary care.

4. Equalities Implications

- 4.1. The Equality Act 2010 protects children, young people and adults against discrimination, harassment and victimisation in relation to housing, education, clubs, the provision of services (including healthcare) and work.
- 4.2. The public sector equality duty in Section 149 of the Equality Act requires public bodies, including local authorities and healthcare providers, to take active steps to eliminate discrimination and to do positive things to promote equality.

5. Who else will contribute

- 5.1. In addition to lead officers and members contributions will be required from the following partners and stakeholders:
 - a. Black Country Integrated Care Board (ICB)
 - b. Walsall Healthcare NHS Trust
 - c. Black Country Healthcare NHS Foundation Trust
 - d. West Midlands Ambulance Service
 - e. Public Health (Walsall Council)
 - f. Healthwatch Walsall
 - g. Adult Social Care (Walsall Council)
 - h. Child Services (Walsall Council)
 - i. Walsall Housing Group and WATMOS

6. Timescale and Reporting Schedule

- 6.1. The following dates are based upon the need for the working group to be completed in the same municipal year:
 - a. Terms of Reference – November 2023
 - b. Terms of Reference to be approved by Overview Scrutiny Committee – 7 December 2023
 - c. Draft report to be considered by Working Group – TBC
 - d. Final report to be considered by Overview and Scrutiny Committee - TBC
- 6.2. A detailed timetable of meetings and activities can be found at Appendix A.

7. Risk Factors

- 7.1. The following table documents potential obstacles to the progress of the working group:

Risk	Likelihood	Mitigation
Input from officers will detract from service delivery.	Medium	Identify a manageable scope.
A lack of engagement from external partners.	Medium	Early engagement to provide the best opportunity to identify a mutually convenient time for input.
Complexity of current overlapping health systems	Medium	Provide the working clear guidance on current systems and processes operated.

Appendix A Timetable

Date	Activity
27/10/2023	Issue draft Terms of Reference for consideration and comment
03/11/2023	Comments on Terms of Reference returned to officers
07/11/2023	Final Terms of Reference agreed with group members
07/12/2023	Terms of Reference presented to Scrutiny Overview Committee
TBC	Review the current GP commissioning model, the National General Practice Improvement Programme and rights of patients under the NHS Constitution.
TBC	Understand changes made to GP and primary care access in light of the Covid-19 pandemic and review delivery plan for recovering access to primary care.
TBC	Explore the current issues raised by residents, in particular those who are vulnerable, in regard to accessing GP appointments and primary care access and identify salient themes.
TBC	Investigate improvements that could be made to primary care access and healthcare pathways.
TBC	Review evidence and draw conclusions in preparation for a draft final report with recommendations.
TBC	Present final report and recommendations to Scrutiny Overview Committee.

Walsall Primary Care Networks

Walsall PCNs:	GP Practices
North PCN	Mossley Fields Surgery
	Bloxwich Medical Practice
	Leamore Medical Practice - Dr P L Kaul
	Khan Medical Practice
	St Mary's Surgery
	Lower Farm Health Centre
	Birchills Health Centre
	St Luke's Surgery
	Pinfold Medical
	Blakenall Family Practice
East 1 PCN	Parkside Medical Practice
	St John's Medical Centre
	Streets Corner Surgery
	Chapel Street Surgery
	New Road Medical Centre
	Holland Park Surgery
	Walsall Wood Health Centre
Pelsall Village Surgery	
East 2 PCN	Portland Medical Practice
	Northgate Practice
	Rushall Medical Centre
	Collingwood Family Practice
	Blackwood Health Centre

South 1 PCN	Little London Surgery
	Brace Street Surgery - Dr A Sinha
	The Saddlers Health Centre
	Beechdale Surgery
	Forrester Street Practice
	Pleck Health Centre
	Ambar Medical Centre
	Brace Street Health Centre - Dr Mahbub
	Brace Street Health Centre - Dr Kumar
	Broadway Medical Centre
South 2 PCN	Palfrey Health Centre
	St Peter's Surgery
	Umbrella Medical
West 1 PCN	Kingfisher Berkley Practice
	Modality Darlaston Practice
	Darlaston Health Care - Dr Quresh
	Darlaston Family Practice - Dr Khan & Dr Merali
	New Invention Practice
West 2 PCN	Stroud Practice
	Croft Surgery
	Darlaston Medical Centre – Dr Ismat & Imam
	Lockfield Surgery
	Lockstown Practice
	Moxley Medical Centre
	Rough Hay Surgery
Sina Health Centre	
The Keys Family Practice	

Primary Care Offer (all practice signed up to):

- end of life supportive care: practices to keep a register of patients within their last year of life and patients on this list should have an advanced treatment plan.
- carers: practices to increase the number of people coded as carers, offer the carers a flu vaccination and smoking cessation.
- Multi-disciplinary teams supporting adults with complex health and care needs: practices to identify the top 1% of severely frail patients to be referred to the multidisciplinary team who will review patients care.
- Frailty – practices to support patients living with severe and moderate frailty and provide a medication review, have a falls review and have asked consent to activate their summary care record.
- Diabetes – practices to increase the number of people reaching all 3 NICE treatment targets.
- COPD – practice to record CAT score, carry out a medication review and have a personalised care plan in place.
- Bowel Cancer Screening – practices to improve uptake of bowel cancer screening.
- Electronic Palliative Care Coordination Systems –practices to provide people on the gold standards framework register with information on their end of life wishes, details of illness and next of kin recorded either via Electronic Palliative Care Coordination Systems or Recommended Summary Plan for Emergency Care and Treatment (ReSPECT).
- Practices are paid based on their performance against each of the elements.

Black Country Integrated Care Board – Locally Commissioned Schemes (LCSs):

- Electrocardiograms (ECGs).
- Treatment room (dressing of wounds including: surgical wounds, removal of sutures/clips/staples and compression bandages for skin ulcers.).
- Near patient testing (monitoring of bloods for patients on licensed disease modifying drugs for rheumatoid arthritis).
- Phlebotomy.
- Insertion, change and removal of ring pessary.
- Severe Mental Illness Health Checks (9 point health check for patients suffering from an SMI).
- Spirometry test to diagnose lung conditions.
- Prescribing Incentive Scheme.

Practices are paid on activity/performance.

Additional information on GP contracts and additional commissioned services can be found in the below links:

Document:	Link:
GMS Contract	PR00497-standard-general-medical-services-contract-august-2023.pdf (england.nhs.uk)
APMS Contract	PR00497-standard-alternative-provider-medical-services-contract-august-2023.pdf (england.nhs.uk)
Network Contract DES	Network Contract Directed Enhanced Service - Contract specification 2023/24 – PCN Requirements and Entitlements (england.nhs.uk)
Network Contract DES: Capacity and Access Improvement Plan Guidance	PRN00157-ncdes-v2-capacity-and-access-payment-2023-24-guidance.docx (live.com)
Network Contract DES: Investment and Impact Fund	Report template - NHSI website (england.nhs.uk)
Quality and Outcomes Framework	NHS England » Quality and outcomes framework guidance for 2023/24

Healthwatch Walsall Intelligence on GP Issues



March 2024



Engaging
Communities
Solutions

healthwatch
Walsall

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Intelligence Received	2-3

Introduction

Healthwatch Walsall is the independent voice of the public in health and social care issues in Walsall. Healthwatch Walsall collect feedback from the public in Walsall about their experiences of using health and social care services and use that feedback to work with service providers and commissioners to find ways to improve services.

Healthwatch Walsall receives regular patient feedback regarding primary care services and were are pleased to be able to support the work of the Democratic Service Team being undertaken for the Health & Social Care OSC, a brief overview of our intelligence is included in this paper.

Intelligence Received

From November 2023 to date the following intelligence has been recorded. The sources of data include speaking to people through our community outreach work, website submissions, "Have Your Say" feedback platform and from Enter & View visits.

During the period noted above, the intelligence received is themed as:

- Difficulties in getting G.P. appointments.
- Attitude of Reception staff.
- Patients unable to see the same G.P.
- Lack of knowledge of Extra GP Appointments.
- Dissatisfaction about how being treated by the practice.
- Inaccurate information on patient record.

From our recent work project around the Accessible Information Standard, we met service users with sensory impairment/disability and there were a number of issues raised from these focus groups which are as noted below:

- Lack of appointments/GP access.
- Paramedics give advice and this is overridden by GP.
- GP and Pharmacy information not consistent.
- Electronic patient check in system no good to a blind person.
- No Audio at GP have to rely on names being called out
- Issue around having to book two weeks in advance to see a GP for an interpreter to be present for the appointment.

From the survey used for this project, we learned that 32 out of 61 service users had difficulties using GP services due to communication problems.

Enter & View

Part of Healthwatch Walsall remit is to carry out Enter & View visits to health and social care premises and we have undertaken visits to GP Practices. We speak to service users directly to understand their experiences and their feedback is included in the reports, the links for which are shown below.

Palfrey Health Centre: <https://www.healthwatchwalsall.co.uk/report/2023-12-01/our-enter-view-visit-report-palfrey-health-centre-now-available>

Pleck Health Centre: <https://www.healthwatchwalsall.co.uk/report/2023-08-02/our-latest-enter-and-view-report-pleck-health-centre-now-available>

Blakenall Family Practice: <https://www.healthwatchwalsall.co.uk/report/2023-05-31/our-enter-and-view-report-blakenall-family-practice-now-available>

All the reports contain both positive and negative patient feedback.

For the forthcoming work year, we will continue our E&V visits to GP practices. Our reports are shared with providers, Walsall place ICB, CQC and Healthwatch England. Reports are also available through our website.

Through our contact with patients, it is clear there is a lack of patient awareness of alternative GP access routes, such as 'Extra GP Appointments'. So Healthwatch Walsall staff have been able to signpost patients, relatives and carers to this opportunity.

In addition we have been able to update GP practices around the change of service provider for adult carers which has changed within the last 18 months as some practices were displaying out of date information.

healthwatch

Walsall

Share your health or social care services experiences
by visiting our 'Have Your Say' section of our website
<https://www.healthwatchwalsall.co.uk/share-your-views>



Contact us

Blakenall Village Centre
79 Thames Road
Blakenall
Walsall
WS3 1LZ

Tel: 0800 470 1660

Email: info@healthwatchwalsall.co.uk

Website: www.healthwatchwalsall.co.uk



**Engaging
Communities**
Solutions

NHS App Uptake by PCN

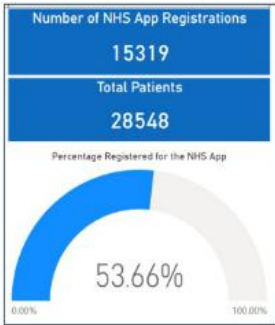
Data taken from Black Country ICB Digital First Dashboard (as of 16.01.2024)

(Number of Practices in each suburb in brackets)

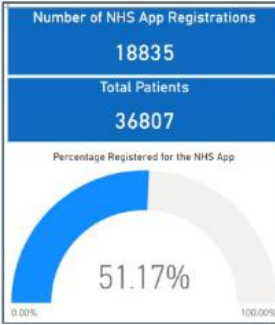
Walsall East (1&2) are particularly strong >55% across the patch.

Walsall South 2 has one of the lowest uptake Practices (Hatherton Medical Centre) c.20%

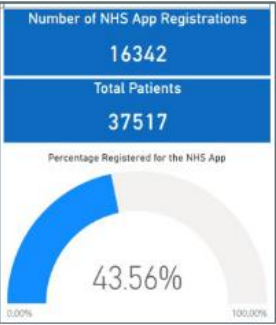
Walsall East 1 (8)



Walsall East 2 (5)



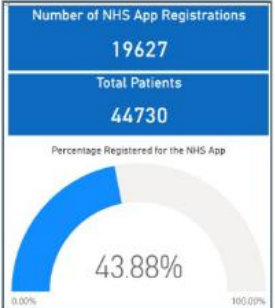
Walsall South 1 (9)



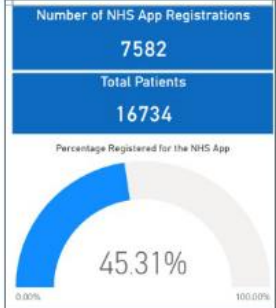
Walsall West 1 (6)



Walsall North (10)



Walsall South 2 (3)



Walsall West 2 (8)



Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2023/24

Committee Meeting Date	Agenda Item	Action/Recommendation	Officer responsible	Status	Target Completion Date	Notes
13 July 2023	Areas of Focus	A work programme for the municipal year be produced containing agreed areas of focus.	Jack Thompson	Complete	6 September 2023	Sent with agenda papers.
		Information on Social Worker referrals for Adult Social Care be shared with Members of the Committee.	Jack Thompson/ Kerrie Allward	In progress		
		The Committee be provided with the cumulative impact of the Fair Cost of Care exercise.	Jack Thompson/ Kerrie Allward	In progress		
		That the Committee be provided with the amount and percentage of the Council's Council Tax spent on Adult Social Care.	Jack Thompson/ Kerrie Allward	In progress		
14 September 2023	Access to GP Services – Update on telephone systems	That the Committee be supplied with figures of the money allocated through National General Practice Improvement Programme to Walsall.	Jack Thompson/ Black Country ICB	In progress		
		That information on how to raise complaints to the ICB be shared with Members of the Committee.	Jack Thompson/ Black Country ICB	Complete		Information was relayed to Members of the Committee via email on the 23 January 2024.

Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2023/24

26 October 2023	Update on Opening of Walsall Healthcare NHS Trust's Urgent and Emergency Care Centre	That the Committee request a future update on the Trust's Urgent and Emergency Treatment Centre.	Jack Thompson/ Walsall Healthcare NHS Trust	In progress		This recommendation will be relayed to the Committee when setting its areas of focus for 2024/25.
7 December 2023	Update on the midwifery led unit and maternity services.	That the Committee receive a future update on the Midwifery Led Unit, once it had been moved to the Manor Hospital.	Jack Thompson/ Walsall Healthcare NHS Trust	In progress		This recommendation will be relayed to the Committee when setting its areas of focus for 2024/25.
	Draft Revenue Budget and Draft Capital Programme 2024/25 – 2027/28	That a further report on the Draft Revenue Budget 2024/25 be presented to the Committee if any changes were made to the draft budget outlined in relation to the Committees remit.	Jack Thompson/ Kerrie Allward/ Suzanne Letts	Complete		This recommendation was not actioned as it was not possible to relay changes to the Committee. However, the Scrutiny Overview Committee received an updated version of the proposed budget on the 6 February 2024.

Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2023/24

18 January 2024	Mental Health Services Update	That the Committee receive a report on the work being undertaken by the Black Country NHS Foundation Trust to improve its Acute wards for adults of working age and psychiatric intensive care units, and its programme improve its estate.	Jack Thompson/ Marsha Foster	In progress		
	Areas of Focus	That a report be presented to the Committee on the new guidance from the Department of Health and Social Care and the changes to the Committee powers at the next meeting of the Committee.	Jack Thompson/ Craig Goodall	Complete		Report provided to at the meeting on the 19 February 2024.
19 February 2024	NHS Commissioned Dentistry Services	That the Committee receive an update report on the Walsall level data for dentistry services including the secondary care wait times.	Jack Thompson/ Pip Mayo	In progress		To be reported to the Committee in the next municipal year.
	Preparing for the Care Quality Commission Assurance Process of Adult Social Care	That the Committee requests the outcome of the preparatory CQC self-assessment of Adult Social Care services once complete.	Jack Thompson/ Kerrie Allward/ Andrew Osborn	In progress		To be reported to the Committee in the next municipal year.
		That the Committee be supplied with more details of the Councils current offer to young carers.	Jack Thompson/ Kerrie Allward/ Andrew Osborn	In progress		This information to be provided via email to Committee Members and

Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2023/24

							Councillor T. Jukes.
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Social Care and Health Overview and Scrutiny Committee: Work programme 2023/24¹

Main agenda items	14/09/23	26/10/23	07/12/23	18/01/24	19/02/24	04/04/24
Theme: Primary Care Access						
Access to GP Services - Update on telephone system						
Social Prescribing (Walsall Healthcare Trust – Walsall Together)						
Mental Health Services						
Dentistry						
Theme: Emergency and Hospital Care						
Update on the new Urgent Treatment Centre						
Update on the midwifery led unit & maternity services (neonatal birthweights) ICB/Walsall Healthcare Trust						
Manor Hospital CQC inspection report feedback						
West Midlands Ambulance Services Update						
Theme: Waiting times						
Elective care waiting times (inc. Surgery)						
Adult Social Care						
Adult Social Care Continues Improvement Programme & CQC ratings of service providers						
Adult Social Care – CQC Inspection Readiness						
Adult Social Care Debt						
Reablement Services						
Budget Scrutiny						
Quarter 2 Financial Monitoring						
Budget Setting 2024/25						

¹ Please note that the work plan can be edited, and items can be added and removed at the discretion of the chair.



Walsall Council

FORWARD PLAN OF KEY DECISIONS

**Council House,
Lichfield Street,
Walsall, WS1 1TW**
www.walsall.gov.uk

4 MARCH 2024

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” at least 28 calendar days before they are due to be taken by the Executive (Cabinet). Also included on the plan are other decisions to be taken by the Cabinet (“non-key decisions”). Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. Copies of the plan can be obtained from Democratic Services, Walsall MBC, Council House, Walsall, WS1 1TW craig.goodall@walsall.gov.uk and can also be accessed from the Council’s website at www.walsall.gov.uk. The Cabinet is allowed to make urgent decisions which do not appear in the forward plan, however, a notice will be included on the agenda for the relevant Cabinet meeting which explains the reasons why.

Please note that the decision dates are indicative and are subject to change. Please contact the above addressee if you wish to check the date for a particular item.

The Cabinet agenda and reports are available for inspection by the public 7 days prior to the meeting of the Cabinet on the Council’s website. Background papers are listed on each report submitted to the Cabinet and members of the public are entitled to see these documents unless they are confidential. The report also contains the name and telephone number of a contact officer. These details can also be found in the forward plan.

Meetings of the Cabinet are open to the public. Occasionally there are items included on the agenda which are confidential and for those items the public will be asked to leave the meeting. The forward plan will show where this is intended and the reason why the reports are confidential. Enquiries regarding these reasons should be directed to Democratic Services (craig.goodall@walsall.gov.uk).

“Key decisions” are those decisions which have a significant effect within the community or which involve considerable expenditure or savings. With regard to key decisions the Council’s Constitution states:

- (1) A key decision is:
 - (i) any decision in relation to an executive function which results in the Council incurring expenditure which is, or the making of savings which are, significant, having regard to the Council’s budget for the service or function to which the decision relates or
 - (ii) any decision that is likely to have significant impact on two or more wards within the borough.
- (2) The threshold for “significant” expenditure/savings is £500,000.
- (3) A decision taker may only make a key decision in accordance with the requirements of the Executive Procedure Rules set out in Part 4 of this Constitution.

**FORWARD PLAN OF KEY DECISIONS
APRIL 2024 TO JULY 2024 (04.03.2024)**

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
20/24 (4.3.24)	<p>Walsall Proud Programme: Next Stages of Transformation</p> <p>This report details the key outcomes, achievements and progress of the Council's Proud transformation journey and outlines the approach to service transformation going forward.</p>	Cabinet Non-key decision	Caroline Brom Caroline.Brom@walsall.gov.uk	Internal Services	Cllr Bird	20 March 2024
18/24 (4.3.24)	<p>Public Sector Equality Duty:</p> <p>To note the Public Sector Equality Duty annual report which will be published in March 2024 in accordance with our obligations with the Equality Act 2010.</p>	Cabinet Non-key Decision	Karen Griffiths Karen.Griffiths@walsall.gov.uk	Internal Services	Cllr Bird	20 March 2024
7/24 (5.2.24)	<p>Darlaston Long Term Plan for Towns:</p> <p>To authorise the Executive Director for Resources and Transformation, in consultation with the Cabinet Member for Regeneration, to act as</p>	Cabinet Key Decision	Philippa Venables Philippa.Venables@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024

	Accountable Body for the Darlaston Long Term Plan for Towns.					
8/24 (5.2.24)	Fixed Penalty Notices: Cabinet to consider law changes allowing the increase of penalties for litter, fly tipping and duty of care and approving the new penalty limits in Walsall.	Cabinet Key Decision	David Elrington David.Elrington@walsall.gov.uk	Internal Services	Cllr Perry	20 March 2024
9/24 (5.2.24)	West Midlands Local Transport Plan Settlement and Transport Capital Programme 2024/25: To approve the West Midlands Local Transport Plan Settlement and Transport Capital Programme 2024/25.	Cabinet Key Decision	Matt Crowton Matt.Crowton@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024
2/24 (8.1.24)	Acquisition of a Strategic Town Centre Development Site: To approve the acquisition of a strategic town centre development site. <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Nick Ford Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024
15/24 (5.2.24)	Acquisition of a Town Centre Property for Strategic Regeneration: To approve the acquisition of a town centre property for strategic development.	Cabinet Key Decision	Nick Ford Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024

	<i>This will be a private session report containing commercially sensitive information.</i>					
11/24 (5.2.24)	<p>Connected Gateway:</p> <p>To approve delegations to enable continued delivery of the external grant funded programmes/ projects in line with the agreed governance and assurance framework.</p> <p><i>This will include a private session report containing commercially sensitive information.</i></p>	Cabinet Key Decision	Simon Tranter Simon.Tranter@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024
14/24 (5.2.24)	<p>Healthy Levelling Up Partnership:</p> <p>To agree to the Healthy LUP proposal and agree delegations to bring forward proposals for funding under the scheme.</p>	Cabinet Key Decision	Simon Tranter Simon.Tranter@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024
17/24 (4.3.24)	<p>Strategic Acquisition in Pheasey:</p> <p>To approve the use of Compulsory Purchase powers to bring forward the development of a derelict site.</p> <p><i>This will be a private session report containing commercially sensitive information.</i></p>	Cabinet Non-key decision	Nick Ford Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	20 March 2024
16/24 (14.02.24)	<p>Playing Pitch and Outdoor Sports Strategy:</p> <p>To adopt a new strategy and establish a council led steering group to</p>	Cabinet Key Decision	Jaki Brunton-Douglas Jaki.Brunton-Douglas@walsall.gov.uk	Internal Services	Cllr Flint	20 March 2024

	undertake ongoing monitoring and annual update.		Black Country PPOSS - Overarching Strategic Framework Walsall PPOSS - Assessment Report			
65/23 (4.12.23)	Contract for Multiple Recyclable Materials: To award off-take and processing contracts for multiple recyclable materials. <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Katie Moreton Kathryn.Moreton@walsall.gov.uk Alan Bowley Alan.Bowley@walsall.gov.uk	Internal Services	Cllr Murphy	20 March 2024
6/24 (8.1.24)	Alternative Provision Contract: To approve the award contracts for the provision of Alternative Education. <i>This will include a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Laura Wood Laura.Wood@walsall.gov.uk	Internal Services	Cllr M. Statham	20 March 2024
58/23 (6.11.23)	High Needs Funding Formula 2024/25: To approve changes to the High Needs Funding Formula, as agreed by Schools Forum, to be used for the allocation of Dedicated Schools Grant – High Needs Block to schools in Walsall for the 2024/25 financial year.	Cabinet Key Decision	Richard Walley Richard.Walley@walsall.gov.uk	Schools Forum, Internal Services	Cllr M. Statham	20 March 2024

59/23 (6.11.23)	Early Years Funding Formula 2024/25: To Cabinet approve the Early Years Funding Formula, as agreed by Schools Forum, to be used as the allocation of funding to early years providers in Walsall.	Cabinet Key Decision	Richard Walley Richard.Walley@walsall.gov.uk	Schools Forum, Internal Services	Cllr M. Statham	20 March 2024
46/23 (4.9.23)	SEN Place Requirement: To approve finance for additional special educational needs school places.	Cabinet Key Decision	Alex Groom Alex.Groom@walsall.gov.uk	Internal Services	Cllr M. Statham	20 March 2024
14/23 (6.2.23)	Growth Funding for Schools: To enable the Local Authority to fulfil its duty to secure sufficient primary and secondary school places, through the adoption of a policy for the application of revenue funding for school growth.	Cabinet Key Decision	Alex Groom Alex.Groom@walsall.gov.uk	Internal Services, Schools Forum	Cllr M. Statham	20 March 2024
66/23 (4.12.23)	Waste Management Strategy Update - Fryers Road Household Waste Recycling Centre redevelopment (HWRC): That Cabinet approve the pre-tender budget for the redevelopment of a larger Fryers Road HWRC and agree to use the Pagabo framework (design and build stages) for the procurement of Fryers Road HWRC.	Cabinet Key Decision	Katie Moreton Kathryn.Moreton@walsall.gov.uk Stephen Johnson Stephen.Johnson@walsall.gov.uk	Internal Services	Cllr Andrew Cllr Murphy	17 April 2024

67/23 (4.12.23)	Council Plan 2022/25 – Q3 23/24: To note the Quarter 3 2023/24 (outturn) performance against the Markers of Success in the Council Plan 2022/25.	Cabinet Non-key Decision	Elizabeth Connolly Elizabeth.Connolly@walsall.gov.uk	Internal Services	Cllr Bird	17 April 2024
20/24 (4.3.24)	Protective Characteristics for Care Leavers: To agree that ‘care experience’ be treated as if it were a Protected Characteristic under the Equalities Act 2010, so that decisions on future services and policies made and adopted by the council consider the impact on people with care experience.	Cabinet Key Decision	Zoe Morgan Zoe.Morgan@walsall.gov.uk	Internal Services	Cllr Elson	17 April 2024
13/24 (5.2.24)	Multifunctional Devices leasing contract: To consider the award of a 5-year contract for the leasing of multifunctional devices (MFDs) and production print devices. <i>This will include a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Sharon Worrall Sharon.Worrall@walsall.gov.uk	Internal Services	Cllr Ferguson	17 April 2024
19/24 (4.3.24)	Compact Sweeper Hire Contract: Award of contract for 5 hired compact sweepers (plus a spare) for 6 years. Street Cleaning – Clean & Green.	Cabinet Key Decision	Den Edwards Den.Edwards@walsall.gov.uk	Internal services	Cllr Murphy	17 April 2024

	<i>This will include a private session report containing commercially sensitive information.</i>					
21/24 (4.3.24)	Healthwatch Contract Extension: For Cabinet approval to extend the current contractual arrangements for Healthwatch under Reg 72 to allow for full design, tendering and implementation.	Cabinet Key Decision	Grace Charles Grace.Charles@walsall.gov.uk	Internal Services	Cllr Pedley	17 April 2024
10/24 (5.2.24)	Surveillance and Access to Communications Data: To review the authority's performance as regards directed surveillance and to approve an updated policy for surveillance and the interception of communications data.	Cabinet Key Decision	David Elrington David.Elrington@walsall.gov.uk	Internal Services	Cllr Perry	17 April 2024
12/24 (5.2.24)	Walsall Safer Streets – Palfrey Big Local and General Update: To cover the work of Palfrey Big Local, their resident led approach and the outcomes they have achieved.	Cabinet Non-key Decision	Paul Gordon Paul.Gordon@walsall.gov.uk	Internal Services Palfrey Big Local	Cllr Perry	17 April 2024
57/23 (6.11.23)	Walsall Net-Zero 2041 Climate Strategy: To approve the Walsall Net-Zero 2041 Strategy.	Cabinet Key Decision	Katie Moreton Kathryn.Moreton@walsall.gov.uk	Internal Services	Cllr Flint	July 2024

Black Country Executive Joint Committee
Forward Plan of Key Decisions

Published up to June 2024

Date Created	Key Decision	Contact Officer	Main consultee	Date of meeting
	No decisions scheduled.			