

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

Thursday, 18 January 2024 at 6PM

Committee Members present:

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice Chair)
Councillor P. Gill
Councillor S.B. Hussain
Councillor R. Martin
Councillor R.K. Mehmi
Councillor A. Nawaz
Councillor A. Parkes
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)
Jack Thompson – Democratic Services Officer (Walsall Council)
Marsha Foster – Chief Executive of Black Country Healthcare NHS Foundation Trust
Laura Brooks – Head of Health Transformations and Integrations (Black Country Healthcare NHS Foundation Trust)
Prof. David Loughton – Chief Executive of Walsall Healthcare NHS Trust

44 **Apologies**

Apologies were received from Councillors I. Hussain and W. Rasab.

45 **Substitutions**

No substitutions were received.

46 **Declarations of Interest and Party Whip**

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

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

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

48 **Minutes**

A copy of the Minutes of the meeting held on the 7 December 2023 were submitted [annexed].

Resolved

That the minutes of the meeting held on the 7 December 2023, a copy previously having been circulated, be approved and signed by the Chair as a true and accurate record.

49 **Mental Health Services Update**

At the invitation of the Chair, Marsha Foster and Laura Brooks took the Committee through the provided presentation [annexed].

At the end of the presentation the Chair invited Members of the Committee to ask questions, the responses to those questions included:

- The Trust had undertaken work to improve access to its mental health services, but more work was needed to make sure that the correct information on services was available to residents at the right time.
- There were a range of services available to patients experiencing a mental health crisis and the Trust had implemented a Black Country area telephone number to help residents, even those who were not under care already.
- When producing communications for the public the Trust took into account how the information would be interpreted and the accessibility of the communication to those who were in crisis.

- Times for initial assessments of children for mental health services was relatively quick however there were longer waiting times for specific treatments.
- The Trust had made available at home treatment and crisis treatment for children.
- The Trust had undertaken work to improve its documentation so that when patients were transferred between clinicians, patients did not have to reexplain their issues to new staff.
- In relation to deprivation levels the Black Country was the second worst for deprivation levels in England.
- The trust was working with organisations within deprived areas to help with mental health support and the Trust was spending £400,000 in Walsall to support this.
- Investing in deprived areas would help the Trust reach those who are harder to reach and the organisations already operating in these areas could help with making referrals to mental health services.
- The Trust was undertaking work to improve digital inclusion for mental wellbeing and improving services for those with accessibility needs such as interpreters.
- The Trust was planning on improving services to offer a more family centred approach to mental health.
- NHS 111 now had an option within its automated directory to access mental health support, users could call 111 and select 2 to access this support.
- It had been recognised that people's lives since the Covid-19 Pandemic had become more complex and that those experiencing loneliness did not always need specific mental health support but needed support from the community.
- The Trust was trying to improve the understanding of the different levels of services available within the voluntary sectors and then joining that up to make the knowledge available to clinicians.
- The Early Intervention Team for psychosis offered intense intervention for young people experiencing psychosis for the first time, for both them and their families. The young person would be monitored by a case worker and after the three-year intervention the individual would be transferred to a community mental health team through a six-month transition period.
- The Trust had developed a digital platform for talking therapy services and evidence suggested that digital talking therapy was good for patients.
- There had been significant investment in perinatal mental health support and there had been a focus on certain ethnic groups which data showed had poorer outcomes.
- The Trust was preparing to undertake work to help reach communities in relation to perinatal mental health.
- The Trust recognised that there was a fracture between some medical staff and the board of the Trust. To help rectify this fracture the Trust had started to collaborate more with medical staff and better communication on the transformation plan was needed.

- The interim medical director could attend a meeting of the Committee to present an item on the medical leadership at the Trust.
- There were no current plans to cut bed numbers at the Trust.
- There was increased demand on acute mental health services, and this meant that the trust must use its beds more efficiently, however, these beds were fragmented over several facilities and there were not enough beds in the right places.
- The overall CQC inspection of the Trust was good, however, on a responsive visit to Acute wards for adults of working age and psychiatric intensive care units, concerns were raised in relation to staffing levels and safety. In response the Trust's board had agreed a large investment to improve staffing levels within these services.
- The CQC inspection result was also a reflection of the fractured estate which was of variable quality. The Trust was implementing a programme to refurbish or in some cases rebuild facilities to improve the estate, however the budget for this was limited and was not a quick fix.
- There was a link between physical and mental health, which could include dietary effects on mental health. The Director for Public Health added, it was there for important that an environment was provide that enabled residents to make good choices easily.

The Portfolio Holder for Wellbeing, Leisure and Public Spaces added that the Council had commissioned a bereavement service and a men's mental health service. Additionally, that Walsall had a good social prescribing joint service and was working with GPs to help promote social prescribing. Moreover, the Council was working with the Foundation Trust on a joint alcohol and drugs strategy.

Prof. David Loughton added that Walsall Healthcare NHS Trust worked closely with the Foundation Trust with patients with complex mental health needs. In addition, that more community support and less institutionalisation of patients was positive, however, hospitals had seen an increase in older residents with complex mental health needs.

Resolved

- **That the Committee note the presentation.**
- **That the Committee receive a report on the work being undertaken by the Trust to improve its Acute wards for adults of working age and psychiatric intensive care units, and its programme to improve its estate.**

50 Adult Social Care – CQC Inspection Readiness

The Chair informed the Committee that due to illness officers were unavailable to attend to present the item on CQC Inspection Readiness.

Resolved

That the item, Adult Social Care – CQC Inspection Readiness be deferred to the next meeting of the Committee.

51 Recommendation Tracker

The Democratic Services Officer outlined the outstanding actions of the Recommendation Tracker and informed Members that information on the Black Country Integrated Care Board's Time 2 Talk service in relation to GP complaints would be sent to Members via email.

Resolved

That the Committee note the Recommendation Tracker.

52 Areas of focus for 2023/24

The Democratic Services Officer informed the Committee of the upcoming items for the next meeting of the Committee.

Additionally, the Democratic Services Officer informed the Committee that new guidance had been released by the Department for Health and Social Care for health scrutiny and that the statutory powers of the Committee were also changing.

Resolved

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

53 Date of next meeting

The date of the next meeting would be 19 February 2024.

There being no further business, the meeting terminated at 19:11.

Signed:

Date: