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 selfassessment;
- 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

- 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: