



## Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 21 February 2023 at 6.00 P.M.

Meeting to be held: Conference room 2, Walsall Council House

Public access to meeting via: [www.WalsallCouncilWebcasts.com](http://www.WalsallCouncilWebcasts.com)

### **MEMBERSHIP:**

Councillor Hussain	(Chair)
Councillor Waters	(Vice-Chair)
Councillor Clarke	
Councillor Martin	
Councillor R.K. Mehmi	
Councillor Rasab	
Councillor Rattigan	
Councillor Sears	
Councillor Smith	
Councillor Worrall	
Vacancy x1	

### **PORTFOLIO HOLDERS:**

Health and Wellbeing	Councillor G. Flint
Adult Social Care	Councillor Pedley

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## AGENDA

1.	<b>Apologies</b> To receive apologies for absence from Members of the Committee.	
2.	<b>Substitutions</b> To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	<b>Declarations of interest and party whip</b> To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	<b>Local Government (Access to Information) Act 1985 (as amended)</b> 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 (if applicable).	
5.	<b>Minutes of the previous meeting</b> To approve and sign the minutes of the meeting that took place on 19 January 2023.	<u>Enclosed</u>
<b><u>Scrutiny</u></b>		
6.	<b>Primary Care Access</b> To receive a presentation from Modality in relation to the future of the Harden/Blakenall GP Practice.	<u>To follow</u>
7.	<b>Teen Pregnancy</b> To receive an update on Walsall's current position around teenage pregnancy and to set out the progress made to reduce teenage pregnancy in Walsall.	<u>Enclosed</u>
8.	<b>Childhood Obesity</b> To receive an update on the levels of childhood obesity in Walsall and the work the Council is doing to tackle childhood obesity.	<u>To follow</u>
9.	<b>Procurement of Adult Sexual Assault Referral Centre (SARC) services across the West Midlands – Consultation</b> To receive information of the procurement of Adult Sexual Assault Referral Centre services (SARC) across the West Midlands and to provide any feedback to NHS England on the service.	<u>Enclosed</u>
<b><u>Overview</u></b>		
10.	<b>Recommendation Tracker</b> To review progress with recommendations from previous meetings.	<u>Enclosed</u>
11.	<b>Areas of Focus</b> To review the Committee Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.	<u>Enclosed</u>

12.	<b>Date of next meeting</b> To note that the date of the next meeting will be 08 April 2023.	
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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:

<b>Subject</b>	<b>Prescribed description</b>
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 hundredth of the total issued share capital of that class.</p>

## Schedule 12A to the Local Government Act 1972 (as amended)

## **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.

## **Social Care and Health Overview and Scrutiny Committee**

**Thursday 19 January 2023 at. 6.00 p.m.**

**Conference room 2, Walsall Council.**

### **Committee Members Present**

Councillor K. Hussain (Chair)  
Councillor V. Waters (Vice-Chair)  
Councillor K. Sears  
Councillor W. Rasab  
Councillor R. Worral  
Councillor R. Martin  
Councillor A. Nawaz

### **Portfolio Holder – Adult Social Care**

Councillor K. Pedley

### **Portfolio Holder – Health and Wellbeing**

Councillor G. Flint

### **Officers**

#### **Walsall Council**

D. Hamilton	Director for Adult Social Care
S. Letts	Lead Accountant for Adult Social Care and Public Health
J. Thompson	Democratic Services Officer

### **Black Country Integrated Care Board (ICB)**

G. Griffiths - Dale	Walsall Managing Director
Dr. D. Ananta	Medical Director
Mr S. Basi	Director of Primary Care

### **39/22 Apologies**

Apologies were received from Councillors: G. Clarke, R.K. Mehmi and P. Smith.

### **40/22 Substitutions**

Councillor A. Nawaz substituted for Councillor R.K. Mehmi for this meeting.

### **41/22 Declarations of Interest and Party Whip**

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

## **42/22 Local Government (Access to Information) Act 1985 (as amended)**

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

## **43/22 Minutes**

A copy of the Minutes of the meeting held on the 15 December 2022 was submitted [annexed].

### **Resolved:**

That the minutes of the meeting held on the 15 December 2022, a copy previously been circulated, be approved and signed by the Chair as a true and accurate record.

## **44/22 Primary Care Access**

The Chair invited the Walsall Managing Director from the Black Country Integrated (ICB) Care Board to introduce the report to the Committee.

The Walsall Managing Director explained to the Committee a letter had been sent by the Chair to the ICB and that the report addressed the issues raised in the letter [annexed]. The Managing Director highlighted the salient points of the report including that it had been a very busy winter for primary care across the Country. In preparation of increased demand, the ICB had commissioned additional services from GPs to increase capacity and paediatric respiratory services and increased capacity at the Urgent Treatment Centre (UTC). Furthermore, this extra provision had been extended and was being kept under review and the ICB would be happy to provide the outcome of the review to the Committee.

The Walsall Managing Director also explained that he had been contact with Councillor Smith regarding the Harden/Blakenall GP Practice and would be happy to share those communications with the Committee. In addition, Modality, who currently ran the Harden/Blakenall GP Practice, had taken on the comments of the Committee from previous meetings and had not yet decided whether to close the site. Moreover, Modality, were happy to attend next meetings of the Committee at the Chairs request. The Walsall Managing Director also made clear that the ICB had not yet made a decision on recommissioning the Harden/Blakenall GP Practice.

The Director of Primary Care for the Black Country ICB added that a full service would need to be provided by the Harden/Blakenall site and then a consultation would be taken with a clear set of Key Performance Indicators (KPIs).

The Medical Director for the Black Country ICB informed the Committee that all the feedback, including that from the Committee would be taken into account through the Primary Care Sub-Committee.

A Member asked why certain GP practices within the Borough were missing from the schedule of renewals. The Walsall Managing Director responded that only APMS (Alternative Provider Medical Services) contracts were included in the schedule as the other contracts were not renewed in the same way but were only reviewed periodically to ensure quality of the service.

A Member recalled a personal account in which an individual had been assessed online using photos and this had caused problems as the diagnosis was incorrect. The Walsall Managing Director responded by explaining that sending photos for dermatology issues was common practice but the system was not perfect. It was down to the individual clinician when making a clinical decision and it would have been for them to determine whether the images were of a good enough quality to make an accurate diagnosis. In addition, patients could request an in-person appointment. The Medical Director added that these issues should be viewed on a case-by-case basis and a conversation between the patient and the clinician should take place to resolve this.

A Member asked why GP practice contracts were renewed for five years as standard, especially for practices with known problems. The Walsall Managing Director responded that model for commissioning GP practices had been in place since 1948 but the way it was delivered had changed. The Director of Primary Care responded that much of the way in which primary care was delivered was set at a national level and the ICBs carried this policy out. In addition, primary care access was a problem across the country and an extra £7.6 million had been given to GP practices to deliver more appointments. However, there was a need to look at different models or a mixed model approach to delivering primary care and the ICB was investigating potential new approaches. It was important to note that the number of GP appointments delivered in 2022 was higher than the number in 2019 and the number of face-to-face appointments being delivered was around 74% of all appointments.

A Member asked how Walsall GP practices could deliver a better quality of service to their patients. The Medical Director responded that this was a complex issue and while using technology could help it would not solve all the issues in primary care. GP practices were concerned and wanted to deliver better care, but the current delivery model was old and national reform was needed. In addition, GPs were leaving the profession partly because they were not delivering the level and quality of care they wanted.

A Member asked why many GP practices were only offering appointments on the day instead of offering appointments further into the future. The Director of



Primary Care responded that every GP practice operated differently, and some practices did offer longer date appointments. In addition, phone lines were struggling due to the demand and one approach some practices were taking was to only offer same day appointments. The ICB encouraged all GP practices to meet best practice, but the issue was something that should be looked at.

A Member asked how many GPs were taking on private patients and did it affect the NHS. The Director of Primary Care responded that he was not aware of any NHS GP providers offering private medical services. However, more GPs were doing part time hours and some doing locum work, out of hours work or working in a hospital setting, but these were often for the NHS.

A lengthy discussion took place between Members and representatives from the ICB on how GP practices operated and the level of service they delivered. Some of the responses to Members questions on this topic included:

- GP receptionist used a series of questions to determine which clinicians' patients should see however there were different triage systems depending on the GP practice;
- That patients who experienced rude behaviour from staff at a GP practice including receptionists should report it to the ICB so they could act on the complaint. It was up to each GP practice to train receptionists. The ICB did not track the training level of receptionists across the 181 GP practices within the Black Country as it was not part of the national KPI framework set out by national government so the ICB could not ask for that information from GP practices;
- If an emerging pattern of complaints occurred at a practice the ICB would step in to deal with this;
- The ICB was developing a five-year transformation strategy and this would involve asking the public what they expected from the primary care system;
- In the medium and long term a standardised approach to GP practices needed to be developed The ICB was looking into ways to become more interventionist and was working on a charter which would set a standard level of service across the Black Country;
- There was an electronic record of the work being carried out by GPs and there was high-level scrutiny of their work;
- GP capacity had increased but so had demand and a long-term solution would be needed to solve the current issues in the system;
- Increases in the number of GPs being trained would hopefully mean there would be improvements in the long term;
- That whether patients needed a face-to-face appoint should be done on a per patient basis, however, without the use of other appointment methods there would not be enough face-to-face appointments to meet demand;

- There were protocols in place to maintain patient confidentiality, and the ICB expected GP practices maintain their commission on the quality of service they provided;
- The ICB worked with GP practices to help them deliver best practice;
- It was important to note that the ICB could only decide to spend money within the constraints of the current national system;
- The ICB did collect aggregate data but couldn't not access personal medical records;
- New roles were being created and clinicians trained to deliver these roles, these would help to improve the primary care system, but it would take a while for improvements to take effect;
- Improvements needed to be made in the way patients were sorted to help improve the efficiency of the primary care system.

The Portfolio Holder for Adult Social Care added that many GP practices were now run by corporate entities and a service level agreement needed to be put in place with GP practices. In addition, the Council should put pressure on the Department for Health and Social Care to make this possible and the ICB should not be rubberstamping new contract extensions.

A Member asked if the ICB looked at the performance of GP practices and was there benchmarking data that could be used to set targets for the practice to meet before their contract was renewed with the ICB. The Director of Primary Care responded that the ICB did not automatically renew contracts and they took into account various factors when reviewing contracts. The Medical Director added that the ICB looked at internal quality assessment and CQC (Care Quality Commission) reports. It was also important that GP practices showed improvements.

A Member asked whether the amount of none renewed contracts could be shared with the Committee. The Medical Director responded that it would be possible to share this information.

The Chair acknowledged that the service level being provided could be improved and that there should be no rubberstamping of contracts. Furthermore, the Harden/Blakenall situation needed to be addressed urgently for the benefit of local residents.

## **Resolved**

- 1. That the Committee note the additional GP capacity commissioned over winter 2022/23 in Walsall.**
- 2. That the Committee invite Modality to the February meeting to discuss the potential changes to the Harden/Blakenall GP Practice.**

3. That the Committee note the contractual issues relating to Walsall APMS GP practices and consider any views that they would wish to communicate to the ICB in its decision making process.
4. That the number of none renewed GP Practice contracts be shared with the Committee.
5. That the minutes of this meeting be sent to the ICB so the views of the Committee can be taken into account by the Primary Care Committee.
6. That an update on the Primary Care Transformation Strategy be presented to the Committee at a future meeting.

#### **45/22 Adult Social Care Reform – Walsall Adult Social Care CQC Assurance Readiness**

The Chair invited the Interim Director for Adult Social Care to introduce the report. The Interim Director for Adult Social Care took the Committee through a presentation [annexed].

At the end of the presentation a Member asked whether the new inspection regime would incur a financial cost to the Council. The Interim Director for Adult Social Care responded that there would be some extra cost initially, but it would become normal practice in the future.

A Member asked how money given to Walsall Housing Group for social prescribing had been spent. The Interim Director for Adult Social Care responded that the Council needed to make the most of community-based services. An example of this was the intermediate care service, this nationally recognised scheme carried out assessments to discharge patients out of hospital which was better for patients' long-term recovery.

A discussion took place around care for residents at home and in care homes and whether the Council was taking the right approach. The responses from the Interim Director for Adult Social Care included:

- That the Council ran both a care home and care at home model but the balance between both was not yet right;
- The Council needed to come up with another model for those with complex needs and future planning needed to be carried out;
- To help residents to stay as independent as they can there needed to be a shift away from care homes;
- The offer for those who care for family members was not good enough and there were currently not enough choices available to them;
- There was a carers assessment in place in Walsall but the uptake of this was low;
- The Council did not often know about those providing care to family members until there was a crisis and the Council needed to identify them sooner and needed help from partners, such as GPs, to do this;

- A draft strategy on young carers was being created in partnership with health and children's services;
- More work was needed to help those caring from the Black Asian and Minority Ethnic and a white working-class backgrounds.

A Member asked about the work of the falls prevention team. The Interim Director for Adult Social Care responded that fall prevention was run by public health, and they were using technology to help identify those at risk of falls to help prevent them.

### **Resolved**

- 1. The Committee note the activity already being undertaken to the support CQC readiness.**
- 2. The Committee commit to support adult social care to build on the strengths and focus on the areas of development identified to support CQC readiness.**

### **46/22 Corporate Financial Performance 2022/23 – 7 month position ended 31 October 2022**

The Lead Accountant for Adult Social Care and Public Health went through the report and highlighted the key figures [annexed].

A Member asked why there was an overspend of £11.33 million and was this because the Council was failing to understand the pressure on the social care system. The Lead Accountant for Adult Social Care and Public Health responded that the £11.33 million reflected the whole Council position and £6 million of the overspend was from Adult Social Care. The Member pointed out that this was still an overspend by the directorate. The Interim Director of Adult Social Care responded that the resourcing level had been increased and some of the planned savings would take time to come through.

A discussion took place around the debt owed to the Council from the ICB and the debt that needed to be collected from individuals for care delivered. The responses included:

- Discussions were ongoing regarding the level of payment required to be made to the Council by the ICB. ;
- The Council was not being paid for all the services it was delivering at the moment, but the Council was doing work to improve debt collection;
- Officers agreed that more detail on debt collection could be shared with the Committee in a future meeting;
- The Portfolio Holder for Adult Social Care added that the debt collection issue was complex, and legislation constrained the Council. The Council had to deliver care before a financial assessment was carried out so there was a delay when recovering monies owed;

- There had been added complexities because of who carried out the assessments, but a newly recruited head of finance would help the Council to achieve the target of financial assessment within 7 days;
- The number of assessments that were taking more than 28 days to carry out was not acceptable;
- That within the £6 million overspend an assumption of how many people could pay for their care had been made. This was reflected in the £4 million risk;
- A timetable for the collection of the £4 million owed could be presented to the Committee at a future meeting;
- The Council needed to agree a new framework with the ICB to continue partnership work;
- It was not possible for the Council to charge people who don't pay for care pre-emptively;
- There was increased demand for Social Care services since the pandemic and it was not possible for the Council to know fully what the demand in the future would be.

### **Resolved**

- 1. That the Committee be presented with a report detailing the Council's efforts to recover the debt owed by the ICB and debt owed for services provided by the Council for care.**
- 2. That the Committee's concerns regarding the Social Care and Health budgetary overspend and the debt still owed by the ICB be expressed to the Cabinet. That the Cabinet be asked to prioritise the recovery of the £4 million pounds owed by the ICB.**
- 3. That the Committee note the forecast 2022/23 year-end financial position for the Council as a whole.**
- 4. That the Committee note the forecast 2022/23 year-end financial positions for services within the remit of the Committee.**

### **47/22 Draft Revenue Budget and Draft Capital Programme 2023/24 – 2026/27**

The Lead Accountant for Adult Social Care and Public Health introduced the report, highlighting the main figures and explaining the appendices.

Members sought clarification from the Lead Accountant for Adult Social Care and Public Health on the summary of operational proposals outcome 2023/24-2026/27 contained within appendix 2. Specifically, Members sought clarification on how savings would be made in the budget and whether they would affect the services delivered by the Council. Officers assured Members that some of the proposed savings involved increasing income generation and other proposed savings were based on early intervention.

Members also raised concerns around OP15, 'Income generation review of grants – Section 75 grant', contained within appendix 2. As this grant scheme was with the ICB which was still in discussions with the Council over previous funding arrangements.

The Chair sort reassurance that the planned savings of £2.25 million over the financial year 2023/24 would not have a detrimental effect on the welfare and wellbeing of residents who use Council social care services. Officers informed Members that these proposed savings were based on a strength-based approach which would help the Council to better determine the support level needed by residents. Through improved reviews of services, residents would have a more appropriate level of support which would enable them to maintain as much independence as possible.

The Portfolio Holder for Adult Social Care added that the savings would not have a detrimental impact because the level of care provided was a requirement under the Care Act 2014. The Council was seeking to implement a new way of working and that this would deliver better care for residents.

A discussion took place around why certain items had been listed as savings when they were the result of increased income generation. It was clarified that these were classed as savings because they were a continuation of income made in the previous financial year. In addition, the Council was challenging decisions with partners, such as health, on the delivery of care meaning that the Council would recover that returned income as savings.

Whilst accepting the explanation of both Officers and the Portfolio Holder in relation to the above matters, concern remained at the level of proposed savings. The Committee were unable to support them in their current form.

### **Resolved**

- 1. Cabinet be advised that the Committee is unable to support the savings listed in the 'Summary of Operational Proposals by Outcome 2023/24 – 2026/27', contained with Appendix 2.**
- 2. That the draft revenue budget proposals and draft revenue capital scheme be noted.**

### **48/22 Recommendation Tracker**

The Democratic Services Officer informed the Committee that a date for the Committee visit to the new A&E and Urgent Treatment Centre had been organised for the 26 January 2023. In addition, that communication with West Midlands Ambulance Services on a visit to their call centre was ongoing.

## **Resolved**

**That the Recommendation Tracker be noted.**

### **49/22 Areas of Focus**

The Democratic Services Officer informed the Committee of the three planned items for the next meeting of the Committee. That communications had been sent to NHS England, who were responsible to dental provision, but no date for a report had been agreed. In addition, that in consultation with the Chair the invitation to Modality to the next meeting would be made and added to the areas of focus.

## **Resolved**

**That:**

- 1. Modality be invited to the next meeting of the Committee;**
- 2. the Areas of Focus be noted.**

### **50/22 Date of next meeting**

The next meeting of the Committee was scheduled to take place on the 20 February 2023.

The meeting terminated at 21:00p.m.

Signed:

Date:



## **Social Care and Health Overview and Scrutiny Committee**

### **Agenda Item No. 7**

**February 2023**

#### **Teenage Pregnancy and Teenage Pregnancy Reduction Strategy**

**Ward(s)** All

**Portfolios:** Cllr Flint – Public Health

#### **Executive Summary and Aim:**

The purpose of this paper is to outline Walsall's current position around teenage pregnancy and describe the actions and progress made by the multiagency teenage pregnancy prevention strategy group in the actions set in place to reduce teenage pregnancy in Walsall.

The current priorities are to:

- Gain strategic partnership support through the Health and Wellbeing Board, Safeguarding Board and Children's Alliance for the refreshed strategy 2023 – 2027.
- Ensure commitment to maintain employment and training support for young parents and vulnerable teens when IMPACT funding ceases.
- Work with our Regeneration and economic development teams and the West Midlands Combined Authority to improve young people's prospects through their planned economic and environmental improvements.
- Challenge private businesses, and key employers in Walsall such as the NHS and Council to provide a wider range of placements and work experience options for young people thereby increasing their aspiration and opportunity.
- Support parents of children at year 6 and year 7 transition in conversations around relationships
- Audit the Relationship and Sexual Health advice and teaching offered in schools and in the Colleges and provide teaching resources to augment these.
- Increase access to sexual health services and advice both through the Walsall Integrated Sexual Health service and other Public Health resource
- Continue to monitor populations and geographical areas where higher numbers of teen parents are seen
- Continue to offer intensive support to hotspot schools and populations
- Increase the number of courses which raise aspiration and reduce risky behaviour in vulnerable teens.

#### **1. Recommendations**

**That the Social Care and Health Overview and Scrutiny Committee:**

- a) Recognise that teenage pregnancy reduction cannot be tackled by one organisation alone and to support the strong partnership of key organisations who are needed to implement a successful integrated strategy.



- b) Provide a collective voice to shape and support linking the Teenage Pregnancy Reduction agenda with other issues concerning children, young people, families, health, and education particularly in vulnerable groups.

## **2 The Report**

### **The Issue**

- 2.1 There is a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on public services. The cost to the NHS alone of teenage pregnancy is estimated to be £63m a year. We know that every £1 spent on prevention initiatives saves £4 to the public purse. Teenage mothers are also more likely than older mothers to require costly support from a range of services e.g., social care, benefits or supported housing, and are less likely to engage in education, employment, or training. The children of teenage mothers are also less likely to reach developmental milestones or be school ready.
- 2.2 Evidence clearly shows that having children at a young age can damage a young women's health and well-being and severely limit education and career prospects.
- 2.3 The challenge for Walsall is to provide young people with the means to avoid early pregnancy, but also to tackle the underlying circumstances that motivate young people to want to or lead them passively to become pregnant or young parents. We also need to consider how best to engage foreign nationals who settle in Walsall as this has and will impact on conception rates.
- 2.4 The IMPACT team have been working successfully with the teenage pregnancy team to facilitate young parents into employment and training but funding for this service is at risk after July 2023. This would be a major gap as provision of employment and training is recognised as vital in tackling the wider underlying circumstances which lead a young person to become pregnant.
- 2.5 Despite significant progress over the last 15 years, with a reduction of almost 60% in the under-18 conception rate, a continued focus is needed. Teenagers have the highest rate of unplanned pregnancy with disproportionately poor outcomes. Over 50% of under-18 conceptions end in abortion and inequalities remain between and within local authorities.
- 2.6 Rates of teenage pregnancy are far higher among deprived communities. The poorer outcomes associated with teenage parents also mean the effects of deprivation and social exclusion are passed from one generation to the next. For example:

- At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over and are much less likely to be employed or living with a partner.
- Teenage mothers are 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- Mothers under 20 have a 30% higher risk of mental illness two years after giving birth which affects their ability to form a secure attachment with their baby.
- The infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50% less likely to breastfeed – both of which have negative health consequences for the child.
- Children of teenage mothers have a 63% increased risk of being born into poverty compared to babies born to mothers in their twenties and are more likely to have accidents and behavioural problems.
- Among the most vulnerable girls, the risk of becoming a teenage mother before the age of 20 is nearly one in three.
- Men who were young fathers are twice as likely to be unemployed at 30.

*Source: Public Health England (A Framework for Supporting Teenage Mothers and Young Fathers)*

- 2.7 Teenage Pregnancy prevention cannot be tackled by one organisation alone; a strong partnership of key organisations is needed to implement a successful integrated strategy. Through the currently draft Walsall Teenage Pregnancy Reduction Strategy 2023 – 27, a common understanding of the underlying causes and issues related to teenage pregnancy have been identified.
- 2.8 International evidence, as well as the lessons from other areas where teenage pregnancy rates have fallen fastest, shows that young people need the provision of high quality consistent comprehensive relationships and sex education. This gives young people the tools to help them deal with the pressures and influences within society today, as well as equipping them with the knowledge and skills to avoid unplanned pregnancies and sexually transmitted infections. This needs to be offered alongside easy access to young people centred contraceptive and sexual health services when needed. In addition, our most vulnerable young people need to be identified early and offered evidence based effective interventions. It is clear that as well as giving young people the means to avoid early pregnancy, sustained reductions in rates will only be possible if action is taken to address the underlying factors that increase the risk.
- 2.9 Since the previous Overview and Scrutiny Report in 2019, partnership actions have been set in place, including:
- working with schools to improve the quality of RSE,

- increasing young people's knowledge and access to sexual health services,
- supporting young people in raising their aspirations and engagement with education
- working across agencies to identify and support vulnerable young people
- working with the ICS to ensure we have a robust abortion pathway around termination services.
- ensuring early intervention and coordinated support for young parents - including prevention of 2<sup>nd</sup> subsequent pregnancies
- working in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans/strategy's (including the Children's Alliance, the Community Safety Partnership, One Walsall, Black Country Women's Aid and in General practice).

### 3 Progress to date

- 3.1 Walsall has made good progress in reducing teenage pregnancy. The conception rate amongst the under 18s has reduced significantly. The rate in 1998 was 67.2 per 1,000, whereas the latest data for quarter three 2021 shows a rolling rate of 20.3 per 1000 girls. Walsall's total decrease from 1998 is 73.7% which supersedes the England decrease of 71.1 and the West Midlands 70.2.

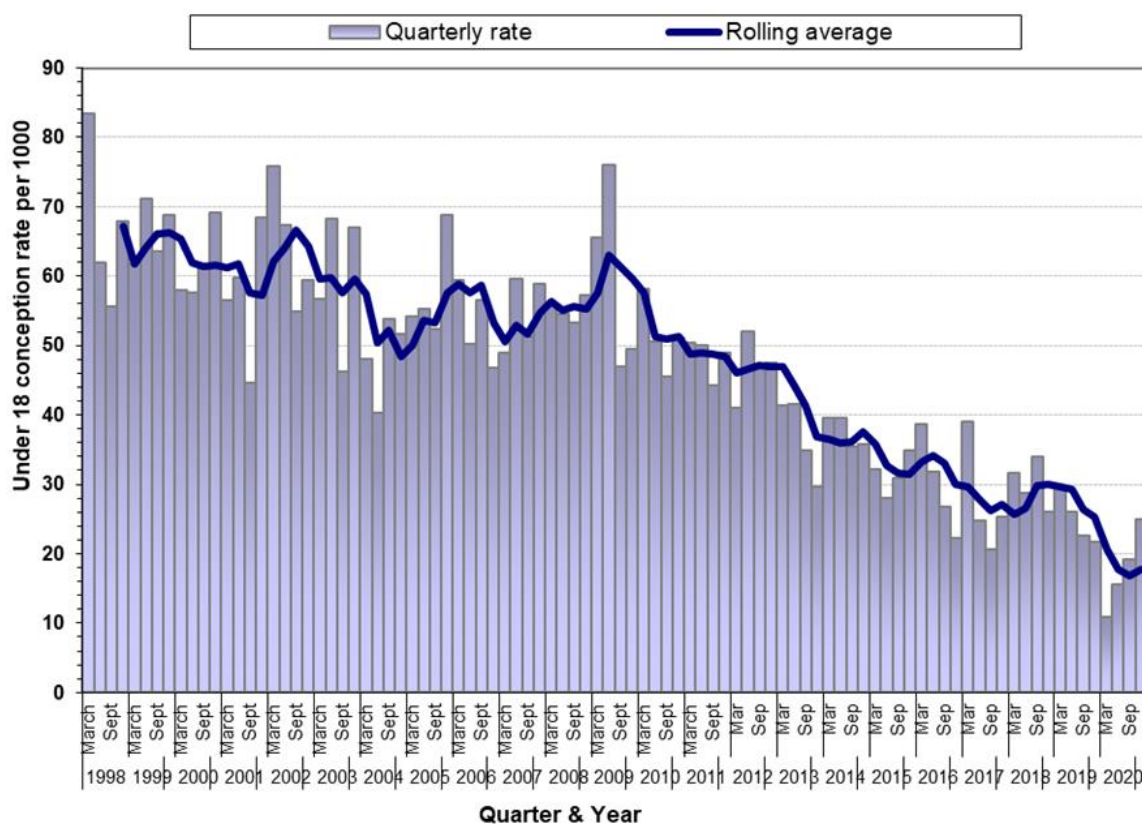


Table 1 - Teenage pregnancy (4-quarter rolling) rate per 1,000 (1998-2021)  
 Source: Office for National Statistics, Quarterly conceptions to women aged under 18, 1998 – Q1 2021, Website:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarria>

- 3.2 Despite the good progress seen in Walsall, our teenage pregnancy rates remain higher than comparable areas and more work is needed in particular to increase access to termination services, as currently local rates are lower than the percentage in England. Walsall has done a great deal to reduce conception rates, however we need to do more to continue the downward trend and match our statistical neighbours who have done better and improved faster than ourselves. The aspiration is that Walsall will follow best practice and evidence of what works e.g., offer more access to Teens and Toddlers youth development programmes which are proven to have an impact on vulnerable young people and were highlighted as good practice by Ofsted and CQC.

Indicator	W Midlands	Walsall	Wolverhampton	Sandwell	Dudley
U 18 conception rate	15.1	17.7	20.2	16.3	15.3
Teen mothers	0.8%	1.2%	0.9%	0.8%	0.8%
Number teen mothers		30	25	30	25

*Table 2 Conception rates by Black Country area. Source; Walsall TP data base)*

- 3.3 Evidence based whole systems approach, alongside investment in contraceptive services have helped to achieve success locally. However, the disinvestment /budget reduction in the provision of integrated sexual services has led to reduced access for young people too good sexual health advice, contraception and STI management. This is evidenced by the reduction in numbers of young people in the Borough accessing opportunistic Chlamydia testing, as well as the increased burden of STIs.

## 4 Vulnerable Groups

- 4.1 Knowledge of the needs in Walsall has been gained through analysis of national and local data and local needs assessments as well as consultations with Children and young people and parents. We know that some young people are at more risk than others.
- 4.2 Individual risk factors associated with young women experiencing pregnancy before 18:
- Free school meals eligibility: a poverty indicator
  - Persistent school absence by year 9 (aged 14) or reduced timetables
  - Slower than expected academic progress between ages 11-14
  - Experience of sexual abuse and exploitation
  - Looked after children and care leavers.
  - Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy

- Alcohol: associated with under 18 conception and STIs, independent of deprivation, 1 in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
- Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions.
- Adverse Childhood Experiences (ACEs), young people who have experienced a number of these factors will be at significantly greater risk.
- Certain groups of foreign nationals who settle in Walsall

#### 4.3 Individual risk factors associated with young men experiencing fatherhood

Young fathers are more likely than older fathers to have been:

- Not in Education, Employment, Training (NEET).
- Subjected to violent forms of punishment at home.
- Twice as likely to have been sexually abused.
- Have pre-existing serious anxiety, depression and conduct disorder.
- Have poor health and nutrition.
- Drink, smoke, and misuse substances 1:6 young men accessing drug and alcohol services are young fathers.

## 5 Walsall under 20s pregnancy referrals data by postcode

- 5.1 From the 2020-21 under 20s Walsall NHS referral data, the highest rate wards for under 20 referrals were Blakenall, Bloxwich, Bentley and Leamore.

High TP rate areas	Referrals Rec'd 2016	Referrals Rec'd 2017	Referrals Rec'd 2018	Referrals Rec'd 2019	Referrals Rec'd 2020	Referrals Rec'd 2021
WS3	76	60	65	52	38	46
WS2	60	31	48	41	21	19
WS1	34	32	24	16	12	10
WV12	28	15	5	11	9	9
WS8	24	7	14	7	11	7
WV13	24	19	20	7	6	9
WS10	23	15	20	10	11	9

Table 3. Postcodes of highest teenage pregnancy referral rates in Walsall 2016-2021

(Walsall TP data base) These are directly linked to areas of deprivation

- 5.2 Schoolgirl pregnancies have reduced year on year from 46 in 2010/11 to 14 pregnancies in 2020/21. We however know that young people becoming pregnant in the last decade are more vulnerable than in the past.

- 5.3 Partnership working, early intervention, commitment to delivering good Relationship and Sex Education and raising aspiration are key to reducing conception rates in Walsall. Local evidence supports this, as in two previous high-rate schools' significant reductions have been seen. These schools now have young people's health drop-ins, comprehensive PSHE curriculum across key stages 3, 4 and 5 and identify those most vulnerable for targeted interventions.

## **6 Teenage Pregnancy Reduction Strategy**

- a. Work has been in place to support the reduction of teenage pregnancy in Walsall since 2010. Since 2017 this has been commissioned by Walsall Public Health and delivered through Walsall Healthcare Trust as part of the Healthy Child programme. A multiagency task and finish group review previous actions to reduce teenage pregnancy, support teen parents and build on emerging evidence of effectiveness. This group has now been working to refresh Walsall's multiagency teenage pregnancy reduction strategy which will be relaunched in the spring of 2023 with partners signed up to support new actions.
- b. Within the strategy, the focus is on working with the target groups identified in point 2.2 and hotspot areas (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national evidence. Through the local Early Help/Family Hub approach, Walsall partners will work together to identify vulnerable young people to offer early intervention.

As an example of the activities undertaken by members of the teenage pregnancy reduction strategy group, the following have been achieved:

### **6.1 Teens and Toddlers**

Teens and toddlers' evidence-based Youth development programmes have been running in Walsall for 15 years. Young people are identified using specific vulnerability criteria and gain a qualification upon completion. Participants are monitored until their 18th birthday around their pregnancy outcome. Of the 833 young people completing the programme, the conception rate was 1.3% with the impact of raising teen aspiration seen as the biggest factor in reducing the teenage birth rate. An action is in place to expand the reach and numbers of courses offered from March 2023.

### **6.2 Sexual Health Services**

Pathways are in place from School health and the teenage pregnancy team to Walsall's integrated sexual health services. Sexual health clinics are delivered in Walsall College and in community venues.

Six secondary schools have staff who attended condom distribution training and now offer this in their schools.



Window stickers have been produced by the teenage pregnancy team and delivered to pharmacists publicising that they are signed up to Free Emergency Hormonal Contraception thus raising awareness of their offer. Dedicated under 25 sexual health clinics are offered by WISH in their bases across the Borough. Poster information about access to abortion services are available in all GP surgeries across Walsall.

Information outlining young people's right to access healthcare has been widely distributed across services in Walsall and to those groups who are most vulnerable.

### **6.3 Employment and Training**

A dedicated IMPACT adviser is deployed to the teenage pregnancy team to support young parents in accessing education, employment, and training. This support includes support to access government scheme for free childcare. It must be noted that funding for this service is uncertain.

### **6.4 Support for school age and vulnerable parents**

All school age parents have a designated midwife and teenage pregnancy support worker allocated to them.

There is also a joint teenage pregnancy and Health in Pregnancy 16 -19 years pathway in place to ensure those most vulnerable parents have access to support and help.

### **6.5 Information resources supporting schools and young people**

The EasySRE website hosts a series of up-to-date films, teaching resources and podcasts designed to support schools in delivering a high-quality Relationship and Sexual Education curriculum. Resources have been produced in conjunction with the young people of Walsall. These include a resource for parents or carers to support them in talking about healthy relationships and puberty with their children. These resources are free of charge to people living and working in Walsall.

Support for identified hotspot schools to deliver Personal and Sexual Health Education has been led by the Teenage Pregnancy Lead together with partner agencies. <https://www.easysre.net/>

## **7 Decide and Next Steps**

Following this report, the following actions will be prioritised:

- Gain strategic partnership support through the Health and Wellbeing Board, Safeguarding Board and Children's Alliance for the refreshed strategy 2023 – 2027.

- Ensure commitment to maintain employment and training support for young parents and vulnerable teens when IMPACT funding ceases.
- Work with our Regeneration and economic development teams and the West Midlands Combined Authority to create opportunities for young people in their planned economic and environmental improvements thereby improving young people's prospects.
- Challenge private businesses, and key employers in Walsall such as the NHS and Council to provide a wider range of placements and work experience options for young people thereby increasing their aspiration and opportunity.
- Support parents of children at year 6 and year 7 transition in conversations around relationships.
- Audit the Relationship and Sexual Health advice and teaching offered in schools and in the Colleges and provide teaching resources to augment these.
- Increase access to sexual health services and advice both through the Walsall Integrated Sexual Health service and other Public Health resource.
- Continue to monitor populations and geographical areas where higher numbers of teen parents are seen.
- Continue to offer intensive support to hotspot schools and populations.
- Increase the number of courses which raise aspiration and reduce risky behaviour in vulnerable teens.

## **8 Key Financial Factors and legal considerations:**

- 8.1 The work of the teenage pregnancy prevention coordinator is financed as part of the Healthy Child Programme 5-19 team as part of the Public Health core grant.
- 8.2 Integrated Sexual Health services are mandated, funded via the Public Health core grant.
- 8.3 In addition to the above, joint working and resource is required from many partners to ensure that support can be offered to vulnerable teens in all areas of their lives in order to prevent teenage pregnancy, increase aspiration and support young parents to access employment and training. Strategic support is required to enable workers to deliver this support and ensure that it is seen as a part of core business.

## **9 Council Corporate Plan Priorities:**

### **9.1 Increase economic prosperity**

By delaying pregnancies in young people, young people in Walsall will be able to maximise their time in education and training.



Support for young parents to access training and employment through the IMPACT team means also that young parents are given additional support to become economically independent.

**9.2 Maximise people's health, wellbeing, and safety**

As identified in Points 2.1, the implications of early parenthood impact on young parents and on their children. Focus on prevention of teen pregnancy will positively impact on these negative consequences.

As highlighted in 2.4, teen pregnancy is most prevalent in areas of deprivation and in those groups who are most vulnerable. The teenage pregnancy reduction strategy follows Marmot priority 1 "giving every child the best start in life" and his aim that activity is focussed on those groups and in those areas of greatest need using a universally proportional approach.

**9.3 Safeguarding**

Through its focus on increasing healthy relationships and so, increasing awareness of exploitation, the teenage pregnancy prevention strategy and strategy group work actively contribute to safeguarding children and young people in Walsall.

**10 Citizen impact:**

The benefits of reducing teenage pregnancy identify the positive impact on local people of strategy actions.

**11 Environmental impact:**

No impact identified.

**12 Review and Performance management:**

12.1 The teenage pregnancy reduction strategy is monitored in the multiagency strategy group on a quarterly basis and achievements against actions noted.

12.2 The performance of the current Walsall Teenage Pregnancy Support lead is monitored on a quarterly basis in commissioner meetings led by Walsall Public Health.

**13 Reducing inequalities:**

13.1 As highlighted above, teen pregnancy is most prevalent in areas of deprivation and in those groups who are most vulnerable. The teenage pregnancy reduction strategy follows Marmot priority 1 "giving every child the best start in life" and his aim that activity is focussed on those groups and in those areas of greatest need.

13.2 Has an Equality Impact Assessment been carried out? **No**

**14 Consultation:**

Young people and their parents were co-producers of the EasySRE resources described above and young people consulted as to what should be contained within each resource.

**15 Appendices and Background papers:**

Draft Teenage Pregnancy Reduction Strategy 2023- 2026

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## Appendix 1 Background Paper 1

### Paper 1. Draft Teenage Pregnancy Reduction Strategy 2023- 2026



## Walsall Children and Young People's Partnership Multiagency Teenage Pregnancy Reduction Strategy – *DRAFT*

### 2023 -2026

	Name	Email	Phone
Partnership Lead	Health & Wellbeing Board		
Lead Officer	Carol Williams	<a href="mailto:Carol.williams14@nhs.net">Carol.williams14@nhs.net</a>	01922 602330
	Refresh December 2023		

### Strategy Purpose

The focus and purpose of the revised strategy is to;

- confirm what is working well,
- identify service progression
- maximise and strengthen partnership contributions.

The strategy will highlight both preventative and support interventions including support for young parents which contributes to the wider prevention agenda.

The work plan includes interventions directly delivered/coordinated by the Teenage Pregnancy Team and those that contribute to women's, children's and family health including maternity, School Health, Health Visiting, Health in Pregnancy, Sexual Health, local authority Children's services, voluntary sector, and schools/ training providers.

Sharing local data across the partnership will need to be robust to inform timely targeted work.

### **Great Progress moving forward**

Walsall has made great progress the conception rate amongst the under 18s has reduced significantly. The rate in 1998 was 67.2 per 1,000 the latest data for quarter three 2021 shows a rolling rate of 20.3 per 1000. Walsall's total decrease from 1998 is 73.7% this supersedes the England decrease of 71.1 and the West Midlands 70.2.

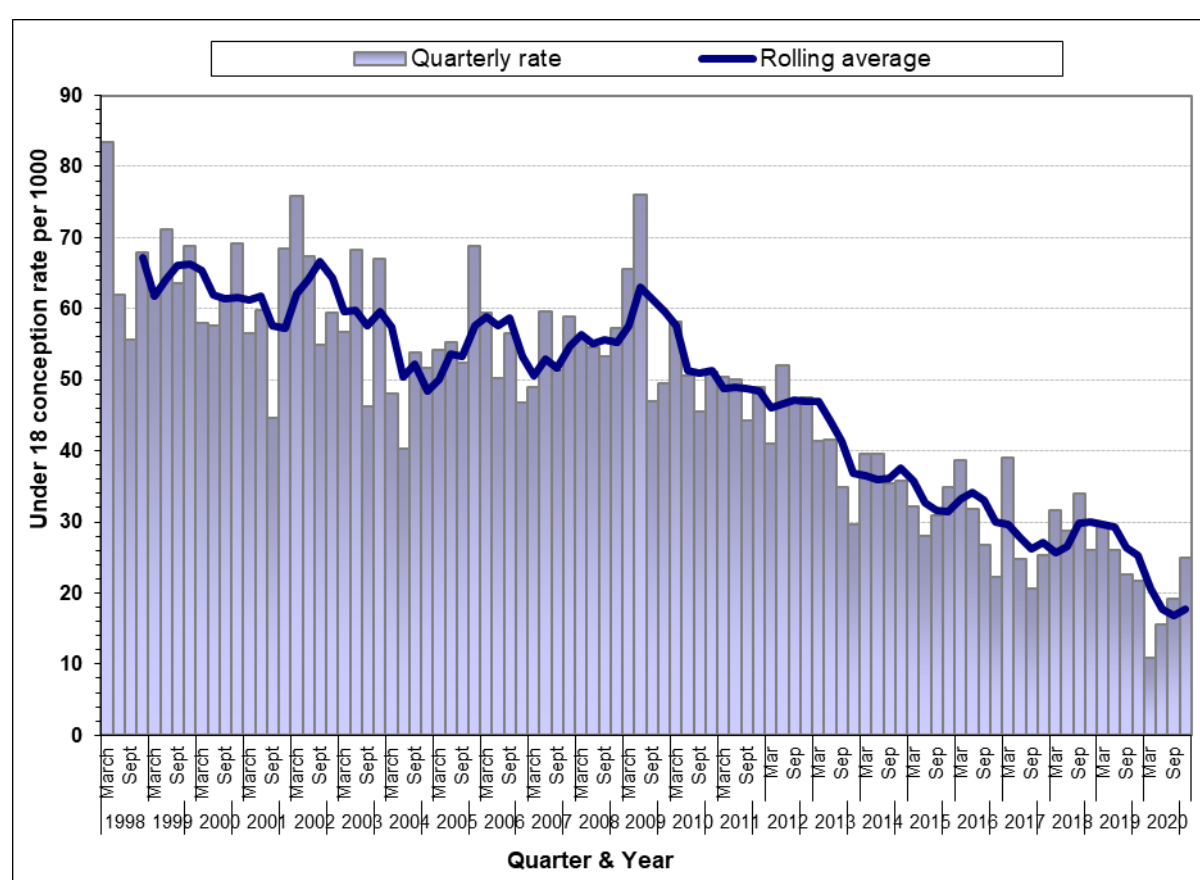
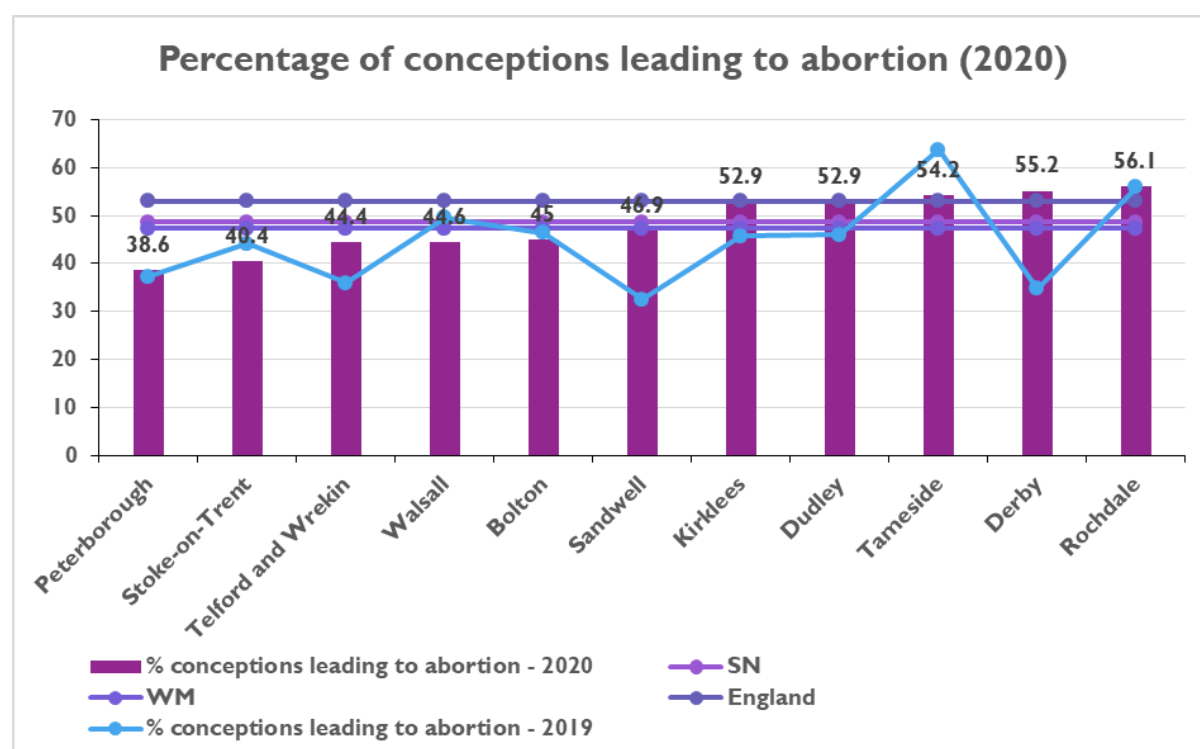


Table 3 - Teenage pregnancy (4-quarter rolling) rate per 1,000 (1998-2021) Source: Office for National Statistics, Quarterly conceptions to women aged under 18, 1998 – Q1 2021, Website: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/quarterlyconceptionstowomenagedunder18englandandwales> (Accessed on 16.6.22), 2022.

### **Abortion rates**

In 2020 Walsall's under 18s abortion rate was 44.6 per 1000. This shows a 37.3% decrease from 2019. Walsall has an abortion rate lower than England average at 53% and higher than West Midlands at 47.4%.



**Percentage of under-18 conceptions leading to abortion 2019 [Source: Conceptions in England and Wales, 2019 (Col. K), Website: 2020 Edition of the dataset:**

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/conceptionandfertilityrates/datasets/conceptionstatisticsenglandandwalesreferencetables> (Accessed on 14.4.22)

**We are aware that the legacy of COVID will impact on conception and abortion rates, we need to consider people not mixing, limited access to sexual health and abortion services and impact of none delivery of targeted interventions across health and local authority services.**

### **Forward planning to continue a downward trend**

The aspiration - Walsall will follow best evidence and practice to further reduce conception rates. In two previous high-rate schools we have seen significant reductions. Both schools had young people's health drop-ins, a comprehensive PSHE curriculum and identify those most vulnerable for targeted interventions "Teens and Toddlers" youth development programme – validated at standard 3 through rigorous evaluation -of 833 completing the programme the conception rate was 1.3%

***"I was struggling in School as I was misbehaving; Teens and Toddlers helped me a lot, because I've become more assertive, learnt many new***

*things, got a qualification. I am confident and happy, doing well at school and home; I've learnt how to control my emotions" (Skye Grace Academy)*  
*Fantastic initiative that improves self-esteem and aspirations of young people and the children they mentor, improves attendance at school and life chances (Wendi Blews Mirus Academy)*  
*"The drop in led by the CASH/WISH team was vital in considerably reducing our teen pregnancies as part of our strategy with stakeholders including Walsall NHS Teen Pregnancy Team led by Carol Williams. The drop - in helped students develop in confidence in seeking support and asking questions that help support the work we do in our Building Healthy Relationships Programme. The support offered primarily by Sam was received well from students and she was an invaluable help to our pastoral team where we could refer students and seek advice" Phil Miles Grace Academy*

### **Why Teenage Pregnancy continues to be a Public Health Priority and a key objective of the department of health's framework for sexual health improvement?**

There is a strong economic argument for investing in measures to reduce teenage pregnancy as it places significant burdens on public services. The cost to the NHS alone is estimated to be £63m a year, every £1 spent on prevention initiatives saves £4 to the public purse.

Evidence clearly shows that having children at a young age can damage young women's health and well-being and severely limit their education and career prospects.

The children of teenage mothers are;

- less likely to reach developmental milestones
- more likely to experience a range of negative outcomes in later life
- up to three times more likely to become teenage parents themselves.

The poorer outcomes associated with being a teenage parent also mean the effects of deprivation and social exclusion are passed from one generation to the next.

The challenge for Walsall is to provide young people with the means to avoid early pregnancy, but also to tackle the underlying circumstances that motivate young people to want to or lead them passively to become pregnant or young parents. We also need to consider how best to engage foreign nationals who settle in Walsall as this has and will impact on conception rates

### **Individual risk factors associated with young women experiencing pregnancy before 18**

- Free school meals eligibility: a poverty indicator
- Persistent school absence by year 9 (aged 14) or reduced timetables
- Slower than expected academic progress between ages 11-14

- Experience of sexual abuse and exploitation
- Looked after children and care leavers.
- Lesbian or bisexual experience: young lesbian or bisexual women are at increased risk of unplanned pregnancy
- Alcohol: associated with under 18 conception and STIs, independent of deprivation, 1 in 12 young women under 20 accessing drug and alcohol services are either pregnant or a teenage mother.
- Experience of a previous pregnancy: 12% of births to under 20s are to young women who are already mothers; 10% abortions to under 19s are to young women who have had one or more previous abortions.
- Adverse Childhood Experiences (ACEs) analysis, young people who have experienced a number of these factors will be at significantly greater risk.

***“Lucy my support worker communicated well she made things clear; she helped me go through weaning my daughter and think about finances, I felt relieved and less stressed” (Mya Teenage parent)***

***“The teenage pregnancy Impact Adviser contacted the SEND Team to get me a EHCP she worked with the training provider to allow me to continue my education she chased up the EHCP, contacted the Education Psychologist and SEND Team regularly to get it through quickly”, She also talked to me about free childcare. (Safiyah Teenage Mom)***

Teenage mothers who return to education, employment, or training (EET) saves benefit agencies £4,500 per year.

### **Individual risk factors associated with young men experiencing fatherhood**

Young fathers are more likely than older fathers to: have been

- Not in Education, employment, training (NEET)
- subjected to violent forms of punishment at home
- twice as likely to have been sexually abused,
- have pre-existing serious anxiety, depression and conduct disorder,
- have poor health and nutrition,
- drink, smoke, and misuse substances 1:6 young men accessing drug and alcohol services are young fathers.

***I am very pleased with the support from Parveen, I became aware of the Impact Programme when an adviser from the Teenage Pregnancy Team visited my girlfriend. I was told about the SIA course they could fund, Parveen arranged for me to do the training and get my certificate. Parveen sends me regular emails informing me of***

***vacancies and support to complete job applications. She also restructured and upgraded my CV (Sean Young Father)***

## **Walsall Teenage Pregnancy Strategy**

The Teenage Pregnancy Strategy is driven by the Health & Well Being Board and Walsall Safeguarding partnership; The Strategy is interdependent with other local strategies, including the Early Help, Neglect and the Sexual Health Strategies, the Corporate Health and Well Being Plan and the Department of Health framework for sexual health improvement. It is also interdependent with the public health outcomes framework.

Knowledge of needs in Walsall has been gained through analysis of national /local data, local needs assessments as well as consultations with Children/ young people and parents.

### **Walsall under 20s pregnancy referrals data by postcodes**

From the 2020-21 under 20s Walsall NHS referral data, highest rate wards are Blakenall, Bloxwich, Bentley and Leamore. Schoolgirl pregnancies have reduced year on year from 46 in 2010/11 to 14 pregnancies in 2020/21. We know that young people becoming pregnant in the last decade are more vulnerable than in the past.

<b>High TP rate areas by post</b>	<b>Referrals Rec'd 2016</b>	<b>Referrals Rec'd 2017</b>	<b>Referrals Rec'd 2018</b>	<b>Referrals Rec'd 2019</b>	<b>Referrals Rec'd 2020</b>	<b>Referrals Rec'd 2021</b>
WS3	76	60	65	52	38	46
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WV12	28	15	5	11	9	9
WS8	24	7	14	7	11	7
WV13	24	19	20	7	6	9
WS10	23	15	20	10	11	9

[Postcodes of highest teenage pregnancy referral rates in Walsall 2016-2021 \(Walsall TP data base\)](#)

Work to prevent teenage pregnancies needs to focus on target groups and hotspot areas but also on our universal offer (including schools/colleges/training providers) reflecting the nature of need within Walsall and learning from national research/evidence. Through the Walsall Early Help/ Troubled Families approach, Walsall partners will need to work together to early identify vulnerable young people to enable early preventative intervention.

### **Shared responsibility is key - it links across a range of other issues**

A shared purpose and common understanding of the underlying causes/issues related to teenage pregnancy is paramount if we are going to further reduce the under 18s conception rate. Teenage Pregnancy prevention cannot be tackled by one organisation; a strong partnership of key stakeholders is vital along with acknowledgement of the contribution of teenage pregnancy support and prevention work to the wider outcomes for children and young people.



This includes

- working with schools to improve the quality of RSE
- working with the Integrated Care Board (ICB) to ensure we have a robust abortion pathway to access termination services including counselling and prevention of 2<sup>nd</sup> subsequent pregnancies.

### **Our focus and Priorities**

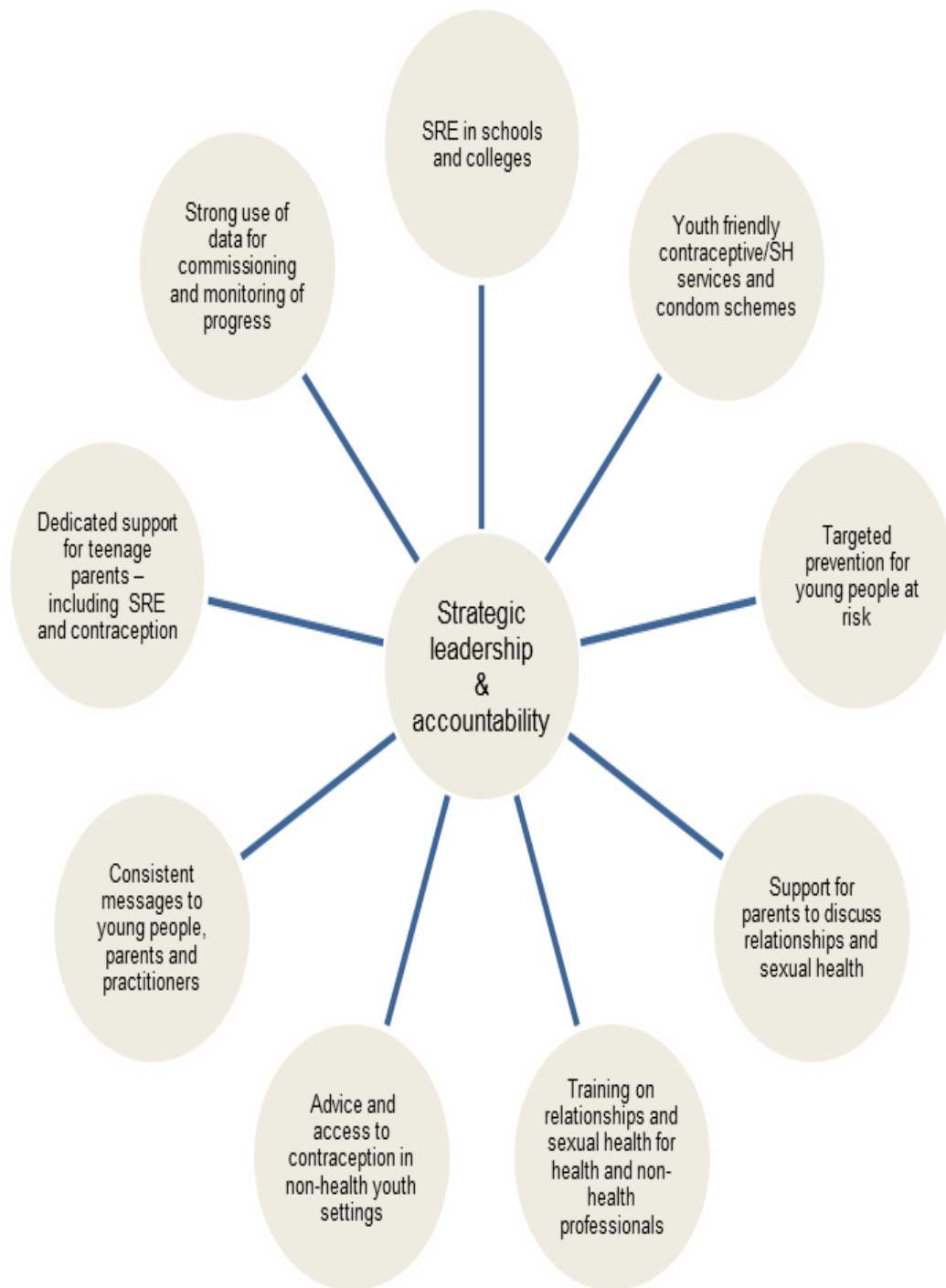
- Supporting and promoting effective delivery of RSE in schools and colleges, including support for parents and carers. Advice and easy access to sexual health and abortion services including counselling **(universal)**
- Work across agencies to Identify and intervene early those at most risk including hotspot wards/schools/ **(targeted)**
- Early intervention and coordinated support for young parents - including prevention of 2<sup>nd</sup> subsequent pregnancies **(targeted)**
- Work in partnership to ensure teenage pregnancy prevention and support is integrated into locally decided action plans/strategy's (including Walsall Together/Community Safety Partnership teams/WHG/ One Walsall /Women's Aid/General practice **(strategic)**

### **Evidence based practice – Ten Key Factors for a successful strategy**

Evidence and research from across the country has highlighted ten key factors in addressing teenage pregnancy. All Walsall interventions and resources are aligned to the Teenage Pregnancy Prevention Framework (May 2020) and the Framework for supporting teenage mothers and young fathers.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/836597/Teenage\\_Pregnancy\\_Prevention\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/836597/Teenage_Pregnancy_Prevention_Framework.pdf)

[\*Framework for Supporting Teenage Mothers and Young Fathers\*](#)



**Source: Public Health England May 20**

## Priority One: Universal

Key Factors	Actions	Who responsible	Achievements/success measures	Timescale	performance monitoring/data collection
Relationship and sex education in schools and colleges (primary & secondary)	RSE updates to Schools, offering guidance, support, and training	School Nurses TP Team	Uptake/number of schools accessing training and guidance. Schools signed up to EasySRE website	Yearly	SN TP
	Condom/contraception advice/ available in school	School Nurses SH team Named school Staff members	Up take in schools  SH team offer condom distribution training. Invite to schools offered 6 monthly  School staff accessing condoms/chlamydia screening resources		SN TP SH
	RSE support offer to 5 hotspot schools	TP team School Nurses SH team	Number of RSE workshops delivered in schools/pupil referral schools		SN SH TP
	EasySRE regular updates quarterly to all schools	TP Team	Number of Schools signing up post intervention	quarterly	TP SH

	Develop resources to continually improve Easy SRE website and workshop delivery based on best practice	School Nurses TP Team SH PSHE Leads	Collate data re meetings and additions to EasySRE website to ensure resources produced  Report to strategy group/commissioner provider meetings  Produce questionnaire to gain feedback re EasySRE website	On-going	SN SH TP Schools
Support for parents to discuss relationships and sexual health	Chat health promotion (bus campaign)	TP Team School Nurses, Schools/colleges Parenting team Early help and frontline workers  School Nurses	Number of parents accessing parenting programmes containing Talk the Talk          Incorporated into the Looked After Child Review health assessments (RHA) – discussed during assessment with Child and Care giver – Links to EasySRE	On going       Quarterly – six- week KPI	Parenting Lead TP      Children in Care Dashboard completed

		Children in Care /TLC Nurses	website promoted to Care giver and Allocated Social workers		Quarterly Report – Shared via SG board committee meeting
	All schools encouraged to link Talk the Talk to Intranet site	SNs Children in Care nurses TP	Increase in Chat health usage related to sexual health advice	Quarterly	SN TP
	link to action campaign – awareness raised amongst <b>all</b> WHG staff, Early Help staff and others who go into people's homes -	TP Team  SN	Promote with Schools, number of schools with links to site monitored		TP SH
Advice and access to contraception in health and non-health settings	Condom/chlamydia training for SN staff Access to condoms  Referral to WiSH via Chat Health	Leanne Cook /Connie Jennings/ Julie Jones/YJS	Training offer across partnership, Agencies accessing condoms via WISH	6 monthly	TP SH
	Messages embedded in new service	SN SH	SN Staff mandatory attendance at training  Number of Young people accessing condoms Number of venues promoting and distributing  Number of referrals to WiSH via	On-going	SN SH TP

			Chat Health and other agencies		
	Staff attend condom training		Numbers of YP given support around contraception and SRE	Quarterly	
Work with the young person programme 16-25years	Sexual Health Services promoted, and access monitored	IMPACT	Staff signpost as needs identified, designated TP Impact Adviser deployed to TP Team		IMPACT
Impact service assess YP health and wellbeing needs every 12 weeks	Robust abortion pathways to access termination services including counselling and prevention of 2 <sup>nd</sup> subsequent pregnancies publicised	Sexual Health School Nurses and clinics School health service, Family Support	Increase seen in young people accessing services Bus campaigns Young people's rights to healthcare widely publicised Accessing abortion Posters sent to all GP Surgeries EHC stickers sent to all Pharmacies in Free scheme Young person's Health experience checklist for healthcare workers/receptionists Abortion pathway for under 18s, named contact within BPAS abortion provider for support CHAT Health/text OK	On -going Yearly	Mystery shopper TP
Youth friendly/contraceptive sexual health services and condom scheme including access to	Gain assurance that You're Welcome standards are adhered to	TP Team BPAS/ICB/GPs	Abortion Pathway in place, data re contraception take-up post abortion Data re 2 <sup>nd</sup> subsequent pregnancies  Mystery shopper reporting		TP ICB

abortion services promoted	<p>GPs awareness raised via Young people's rights to accessing health services</p> <p>Council for kids' group to help design media campaign</p>	PH Strategy group	Identify basic standards for Walsall, publicise across partnership Mystery shopper reporting		PH TP
Services adhere to You're Welcome standards	pharmacy updates bi yearly and yearly campaign run in pharmacies	<p>ICB TP</p> <p>Looked after children's Nurse Walsall children's services TP</p>	<p>Youth rights information / young people's healthcare checklist and chat health information disseminated across health care and other settings Including GPs</p> <p>Design opportunities council for kids Questionnaire/feedback from young people re services</p>	Yearly	TP LAC Nurse PSHE Leads
Youth friendly information accessible across health and social care services	SNs offering SRE information into transition sessions – how to access support	TP, PH, ICB	Pharmacy Training attendance and publicity displayed		TP
Young people's voices in designing information/services	Condom/chlamydia training for staff in schools, WHG and other Housing teams, Early	SNs	Monitor numbers reached	On-going	SN

	Help, Vol Sector, Social Care, As part of training, awareness raising links between TP and aspiration (individual risk factors)				
		Sarah Oakley PHSE leads Connie Jennings Julie Jones SN	Numbers attending training by sector	On-going	
Training on relationships and sexual health for non-health professionals		PH	Council members, Schools, Health services, Children's services, voluntary sector		
Refreshed strategy publicised and launched widely					



## Priority Two: Targeted

Key Factors	Actions	Who Responsible	RAG	Success Measures/ By When	Timescale	
Identification of young people at risk of TP via assessments undertaken across the partnership including identifying foreign nationals not attending compulsory education	Ongoing monitoring of rates in schools/wards Identifying young people at risk via working in Partnership with schools, children services and Voluntary sector	TP Team  Strategy Group, Education welfare		Timely targeting of schools where YP are at risk Timely targeting of schools in which rates increase Promote offer with schools, Walsall council education lead and portfolio holder for schools and education.	As required	TP
Targeted prevention for young people at risk (evidenced based youth development programmes)	Referrals to Teens and Toddlers /Thrive youth development programme.	TP Team Early Help and Social Care teams, Education Welfare, Schools		Number of Young People able to access youth development programmes Reports/evaluation of programmes Number completing Conception rate amongst those completing the programme	On-going	8 per year
Sexual Health referral for those most at risk	Number of referrals received by WiSH	WiSH		Number accessing WiSH		

	Identify and retain staff to deliver 6-8 youth development programmes per year (Teens and Toddlers/Thrive)	Partners WHT EYS, Early Help, School Health, LAC team, Schools, HIP team		Number of partnership agencies supporting delivery Number of programmes delivered	On-going	
	Social marketing campaign targeting those most vulnerable (young people's voices) 2 produced per year	TP lead via T& T, TLC and LAC, YJS		Young people's council LAC website as platform to share resource. Monthly virtual newsletter Chathealth	On-going	
	Bid to reinstate Drop-ins in 5 hotspot schools.	PH		Drop ins reinstated	March 2023	
	New schools identified as need emerges	TPT		TP data of schoolgirl pregnancies monitored	On-going	
Awareness raising re link to TP and aspiration including risk factors identified during assessments		strategy group		Heads Forum attended and knowledge shared		
Dedicated support for teenage parents- including SRE and contraception to prevent subsequent pregnancies	Teenage pregnancy team 1 to 1 dedicated support to all school age parents/parents to be, Two named midwives identified to support Post-delivery contraception pathway YP supported to access	TP Midwifery  SH  HIPS		Coordinated support, improved outcomes – Pilot and evaluate designated midwife post for school age parents to be feedback from young people, number supported Decrease in 2 <sup>nd</sup> subsequent pregnancies	March  Quarterly  Quarterly	

	<p>Access to contraception on maternity wards</p> <p>Support 17 years + Mellow bumps HIPS</p> <p>Identify how 16-19s teen mothers and vulnerable YP will be supported</p>	TP HIPs		<p>Number accessing contraception on maternity wards</p> <p>Number under 20s supported to access mellow bumps</p> <p>Designated HIPs workers to support vulnerable parents/parents to be, pathway in place</p>	<p>Quarterly</p> <p>February 2023</p>	
	Disseminate refreshed reintegration guidance to Schools for school age parents	Education support team TP Team		Guidance updated	Yearly	
	Impact worker deployed to TPT supporting young parents Inc. fathers to access EET	Jane Kaur Gill		<p>Number of Moms and partners engaged in EET</p> <p>Training offered across Walsall</p> <p>Drop-ins at venues where vulnerable young people access</p> <p>Young parents in work or training</p> <p>Awareness of Care to Learn free childcare (numbers accessing)</p> <p>Funding risk post July 2023</p>	Quarterly	
	Support for young fathers	HIPs		Fathers' workers in HIPs		

### Priority Three: Strategic

Key Factors	Actions	Who Responsible	RAG	What delivery plans support this work / Comments	Timescale	
Strategic leadership and accountability	Cllr engagement - attendance at Scrutiny Committees and HWB. Pledges identified	Public Health Strategic Leads		Awareness raised across the Council.		
	Relationships and Sex Education briefing for Councillors	TP Team		Disseminate knowledge exchange briefing to councillors	Yearly	Numbers briefed
	Awareness raising for elected members (champion) yearly			Councillor champion identified		
	TP strategy refresh and wide meeting attendance	CW				
	Other strategic groups taking ownership e.g., Neglect/ EH Strategic group/Children's Strategic partnership/ Family Hubs	TP Strategy Group				
Strong use of data for commissioning and monitoring progress – score card /dashboard	Partnership agencies to agree sharing of data. ONS data Referral data (Walsall) Abortion data (Walsall)	Public Health Strategy Group Helena Kucharczyk and WBC		Sharing data across agencies to inform what's working, gaps of the Walsall picture		

	Sexual health data (Walsall) Refine TP data set and reporting and use to identify vulnerable groups	Info team dashboard Strategy Group  PHIT team				
	Review strategy quarterly for horizon scanning – to be reviewed at TP Strategy group and Children's partnership group			agenda item on strategy group	Quarterly	

## Supporting Strategies

Walsall TP strategy 2022-2026

Relationships, sex, and health education statutory guidance.

<https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

LGA, PHE, RSE Hub & Sex Education Forum. 2018

<https://www.sexeducationforum.org.uk/resources/advice-guidance/briefing-local-councillors-supporting-rse>

Sex Education Forum PHSE Association Rise Above for schools <https://pshe-association.org.uk/>

SRE for the 21st century (Brook, Sex Education Forum and PSHE Association)

<https://www.sexeducationforum.org.uk/resources/advice-guidance/sre-21st-century-supplementary-advice>

A public health approach to promoting young people's resilience (AYPH)

<https://pdf4pro.com/amp/fullscreen/a-public-health-approach-to-promoting-young-people-s-5c6722.html>

The Schools and Students Health Education Unit

<https://www.schoolsurveys.co.uk/research.htm>

Walsall Easy SRE website up-take [www.easysre.net](http://www.easysre.net)

Framework for sexual health improvement

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW\\_ACCESSIBLE.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf)

Walsall Health and well-being plan

<https://go.walsall.gov.uk/Portals/0/Uploads/PublicHealth/60112%20Walsall%20Our%20Health%20and%20Wellbeing%20Strategy%202017-2020.pdf>

Walsall Early Help Strategy

<http://www.mywalsall.org/mywalsall/upload/file/Walsall%20Early%20Help%20Strategy.pdf>

[Mothers in recurrent care proceedings: New evidence for England and Wales - Nuffield Family Justice Observatory \(nuffieldfjo.org.uk\)](https://www.nuffieldfamilyjusticeobservatory.org.uk/research/mothers-in-recurrent-care-proceedings-new-evidence-for-england-and-wales)

[Sex Education Forum website](https://www.sexeducationforum.org.uk/) latest research evidence about the impact of RSE on young people's health and well-being

### **Governance Arrangement for the Teenage Pregnancy Partnership**

This strategy will be governed and overseen by the Teenage Pregnancy Partnership Strategy Group. The Strategy Group will monitor progress performance and review the action plan associated with the Strategy TP Partnership Group. It has representation from key partners including:

Public Health  
Teenage Pregnancy Service  
School Health  
BPAS  
WiSH  
LAC  
Youth Justice  
Impact

# Social Care and Health Overview and Scrutiny Committee - February 2023 Teenage Pregnancy



Walsall Council

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**IMPROVE**  
outcomes and  
customer experience



**IMPROVE**  
employee satisfaction  
and engagement



**IMPROVE**  
service efficiency  
and performance

Subheading



# Purpose and Recommendations

Aim of paper is to outline Walsall's current position around teenage pregnancy and describe the actions and progress made by the multiagency teenage pregnancy prevention strategy group in the actions set in place to reduce teenage pregnancy in Walsall.

Recommendation that the Overview and Scrutiny Committee

- Recognises that teenage pregnancy reduction cannot be tackled by one organisation alone and to support the strong partnership of key organisations who are needed to implement a successful integrated strategy.
- Provides a collective voice to shape and support linking the Teenage Pregnancy Reduction agenda with other issues concerning children, young people, families, health and education particularly in vulnerable groups.

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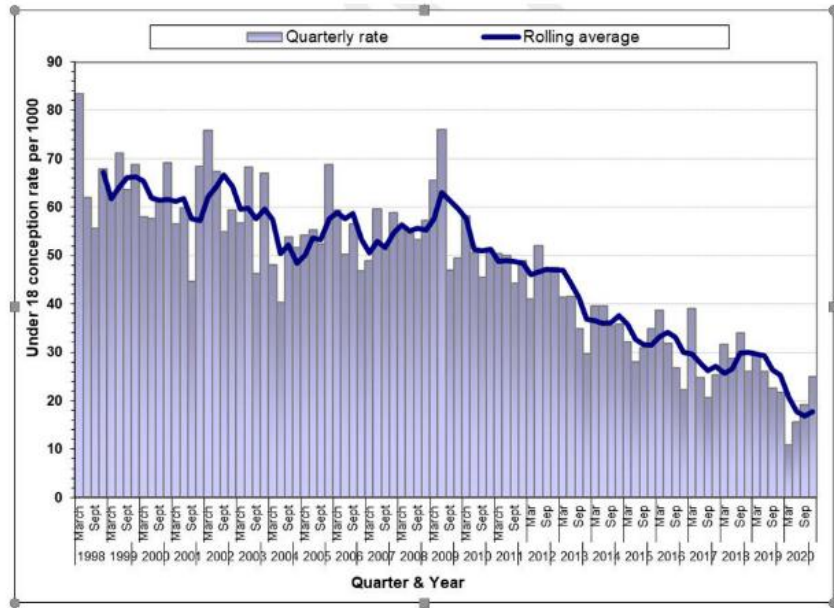
# Implications of teenage parenthood

- At age 30, teenage mothers are 22% more likely to be living in poverty and are much less likely to be employed or living with a partner.
- 20% more likely to have no qualifications at age 30 than mothers giving birth aged 24 or over.
- 30% higher risk of mental illness two years after giving birth which affects their ability to form a secure attachment with their baby.
- 60% higher infant mortality rate.
- Teenage mothers are three times more likely to smoke throughout their pregnancy, and 50%, less likely to breastfeed
- Children have a 63% increased risk of being born into poverty and are more likely to have accidents and behavioural problems.
- Men who were young fathers are twice as likely to be unemployed at 30.

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## Progress to date



- Walsall has made good progress in reducing teenage pregnancy. The conception rate amongst the under 18s has reduced significantly. The rate in 1998 was 67.2 per 1,000, whereas the latest data for quarter three 2021 shows a rolling rate of 20.3 per 1000 girls. Walsall's total decrease from 1998 is 73.7% which supersedes the England decrease of 71.1 and the West Midlands 70.2.

# More to do through refreshed strategy actions

Indicator	W Midlands	Walsall	Wolverhampton	Sandwell	Dudley
U 18 conception rate	15.1	17.7	20.2	16.3	15.3
Teen mothers	0.8%	1.2%	0.9%	0.8%	0.8%
Number teen mothers		30	25	30	25

# Teenage Pregnancy Reduction Strategy

The strategy is led by a multiagency task and finish group who review previous actions to reduce teenage pregnancy, support teen parents and build on emerging evidence of effectiveness. It is in process of being refreshed.

## Focus

work with vulnerable groups and in hotspot areas and learning from national evidence.

## Key Activities

- Teens and Toddlers
- Employment and Training
- Sexual Health support in school
- Information resources for schools

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# Priorities

- Gain strategic partnership support for the refreshed strategy 2023 – 2027.
- Ensure commitment to maintain employment and training support for young parents and vulnerable teens when IMPACT funding ceases.
- Work with our economic development teams to improve young people's prospects
- Challenge private businesses, and key employers provide a wider range of placements and work experience options for young people
- Support parents of children at year 6 and year 7 transition in conversations around relationships
- Audit the Relationship and Sexual Health advice and teaching offered in schools Increase access to sexual health services and advice.
- Continue to monitor populations and geographical areas where higher numbers of teen parents are seen
- Continue to offer intensive support to hotspot schools and populations

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# Thank you

Esther Higdon Senior Programme Development Manager  
Children and Young People

David Walker Senior Programme Development Manager  
Integrated Sexual Health



**DATE: 21 February, 2023**

**Procurement of Adult Sexual Assault Referral Centre (SARC) services  
across the West Midlands**

**Ward(s)** All

**Portfolios:** Cllr G. Flint – Health and Well Being  
Cllr. K. Pedley – Adult Social Care

**Report:**

The West Midlands Sexual Assault Referral Centre (SARC) services offer support and healthcare to all survivors of sexual assault and/or abuse at any hour of the day or night. It is available to people seven days a week. Forensic and clinical care, as well as access to psychological therapy sessions is provided, in addition to advice and training to local partners such as healthcare providers, social care teams and universities.

**Current services**

The current SARC service is commissioned through two separate contracts we call 'Lots' which come to an end in March 2024:

- Lot 1 - Staffordshire and West Midlands
- Lot 2 - Warwickshire and West Mercia

**The procurement process**

In partnership with our SARC co-commissioners, we will soon begin a re-procurement process which will be issued to the market in April 2023 and concluded by 31 March 2024, to ensure we continue to offer the best care to our survivors. Feedback has been requested from providers on whether the current arrangement of lots or another model such as a single contract across the region is favoured.

Whichever model is decided upon, we want to ensure you that:

- A SARC location will be maintained in each of the 4 Police Force areas
- 24/7 hours of operation will remain unchanged.



## **Your feedback**

As part of this procurement process, we welcome your feedback and comment on your experiences of the existing care and service, or on the planned procurement process. Please see **Appendix A** for further information on SARC.


## **Recommendations:**

### **That:**

- **The Committee provide feedback on the procurement of Adult Sexual Assault Referral Centre (SARC) services which will be relayed to NHS England as part of its consultation.**
- **That the Committee note the report.**

## **Contact Officer:**

Jack Thompson – Democratic Services Officer

 01922 654196

[jack.thompson@walsall.gov.uk](mailto:jack.thompson@walsall.gov.uk)

## West Midlands Adult Sexual Assault Referral Centre Services

NHS England (Midlands) jointly commission Sexual Assault Referral Centres (SARCs) in the West Midlands region which cover:

- 6 [Integrated Care Systems](#) (ICSs)
- 14 top tier local authorities
- 4 police force areas.

**Adult services** are currently commissioned under two separate standalone contracts. Services are provided at named SARC locations across the region:

- Adult SARC contract for West Midlands and Staffordshire police force areas
  - Hodge Hill SARC
  - Grange Park SARC
- Adult SARC contract for West Mercia and Warwickshire police force areas
  - The Glade and Telford spoke
  - The Blue Sky SARC

**Services for Children and Young People** (up to and including 17 years of age) are delivered through a separate contract. This operates as a Hub and Spoke model

- acute forensic cases are seen at the *Hub* in Walsall
- non-recent cases are seen at in reach *Spoke* clinics at the
  - Grange Park SARC,
  - The Glade SARC,
  - The Blue Sky SARC
  - standalone site Oasis Suite at Birmingham Children Hospital

## Commissioning and contracts

SARC services are co-commissioned with the four West Midlands Office of Police and Crime Commissioners (OPCCs) and Police Forces, with NHS England taking a lead role on the development of procurement strategy and contract management. The roles and responsibilities of the commissioning authorities are outlined in a SARC Partnership Agreement.

All SARCs are contracted using the NHS Standard Long Form Contract, General Conditions and Service Conditions.

Commissioners hold quarterly contract meetings for each contract which review Sexual Assault Referral Centre Indicators of Performance (SARCIPs), quality reports and schedule 6 reporting requirements. Additional meetings are called by exception as and when required.

## What do SARCs offer?

The SARC service commissioned is an integrated clinical and forensic medical model, which provides the following benefits:

- seamless service from point of referral, through to exam, after care and follow up;

- during the medical examination, examiners complete a holistic assessment including the emotional health and wellbeing of service users, suicide risk assessment, CSE, FGM, Domestic Violence etc.
- full clinical and quality oversight and regulatory activity registration is the sole responsibility of one organisation e.g CQC and FSR which ensures governance is robust.

The majority of SARCs also have police video interview suites which enable survivors to undertake Achieving Best Evidence (ABE) interviews with the police at the SARC rather than attending a police station.

SARCs in West Midlands collaborate with the specialist sexual violence sector to commission 6-10 sessions of fast track sexual violence counselling for service users accessing their service.

The 6-10 sessions offers:

- stabilisation focused on minimising the stress of the event,
- providing emotional support
- improving coping strategies in the here and now.
- assessment, planning, and developing coping strategies
- focuses on the immediate situation including factors such as safety and immediate needs.

It is designed to be compliant with pre-trial guidance, to stabilise the survivor and where appropriate support their family members or significant others.

SARCs work closely with the Sexual Violence leads within the police force areas and safeguarding teams. They provide regular updates and training to a range of stakeholders across the region. There are various sexual violence forums across each area with SARCs and commissioners feed into.

# Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2022/23

Committee Meeting Date	Agenda Item	Action/Recommendation	Officer responsible	Status	Target Completion Date	Notes
14 July 2022	Introduction to the Health and Care system on Walsall	A briefing note on GP services provision be provided by the Managing Director of NHS Walsall and circulated to members.	Geraint Griffiths-Dale and Jack Thompson/Nikki Gough	Complete	14 July 2022	This was supplied to members via email shortly after the meeting on the 14 July 2022.
	Areas of Focus	A work programme for the municipal year be produced containing agreed areas of focus, for agreement by the Committee.	Jack Thompson/Nikki Gough	Complete	15 September 2022	Agreed on 29.9.22
29 Sept 2022	Access to GP services	That the Committee receive a further report detailing the implementation of the improved telephony system and the impact on patient experience in access GP appointments, in 6 months.	Geraint Griffiths-Dale	In Progress	To be scheduled for 6 April 2022	
		The Committee request a breakdown of the number of face-to-face appointments and digital appointments (as a percentage of all appointments) for each practice in Walsall.	Geraint Griffiths-Dale and Jack Thompson/Nikki Gough  Request to be made to LMC	In Progress	To be scheduled for 6 April 2022	
	Update on Urgent Treatment Centre	That the Committee receive a report on the emergency department, the urgent treatment centre with updated figures in April 2023 to include patient experience.		In Progress	To be scheduled for 6 April 2022	

# Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2022/23

		Committee Members visit the emergency department around 2 months after opening.		In Progress	30 January 2022	A visit by Members of the Committee has been booked for the 26 January 2023 at 11:00am.
27 Oct 2022	Emergency Access	That Council Officers organise a visit for members of the Committee to the West Midlands Ambulance Service call centre.	Jack Thompson/ Nikki Gough and Vivek Khashu	In Progress	30 January 2022	Email sent to West Midlands Ambulance Services and have received an initial response.
15 Dec 2022	Waiting Times for Elective Care	That the Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust share video footage of the new surgical robot installed at the Walsall Manor Hospital at a future meeting.	Jack Thompson	In Progress		
	Urgent Item – Primary Care Access (GP contract renewal)	That a response to the letter sent by the Chair in regard to GP contract renewal be added as an item for the next meeting of the Committee.	Jack Thompson	Complete	11 January 2023	This item was added to the agenda published on the 11 January 2023
19 January 2023	Primary Care Access	That the Committee invite Modality to its next meeting to discuss the future plans for the Harden/Blakenall GP Practice.	Jack Thompson	Complete	13 February 2023	
		That the Committee receive an update from the Integrated Care Board on the Primary Care Transformation Strategy at a future meeting.	Jack Thompson	In Progress		

# Social Care and Health Overview and Scrutiny Committee – Recommendation Tracker 2022/23

		That the minutes of the Committee meeting held on the 19 January 2023 be sent to the Integrated Care Boards Primary Care Committee so that the views of Councillors could be considered when deciding to renew GP practice contracts.	Jack Thompson	In Progress		To be sent once approved at the meeting on the 21 February 2023.
		That the number of none renewed GP Practice contracts be shared with the Committee.	Jack Thompson and Geraint Griffiths-Dale	In Progress		
	Corporate Financial Performance 2022/23	That the Committee be presented with a report detailing the Councils efforts to recover the debt owed by the ICB and debt owed for services provided by the Council for care.	Jack Thompson	In Progress		
		That the Committee concerns regarding the Social Care and Health budgetary overspend and the debt still owed by the ICB be expressed to the Cabinet. That the Cabinet be asked to priorities the recovery of the £4 million owed by the ICB.	Jack Thompson	In Progress		A report will be provided to a future meeting of the Cabinet.
	Draft Revenue Budget and Draft Capital Programme 2023/24 – 2026/27	That the Committees feedback on the proposed budget be presented to the Cabinet as part of the budget papers.	Jack Thompson	Complete	8 February 2023	The feedback was presented to the Cabinet on the 8 February 2023 as part of the budget consultation papers.

## Social Care and Health Overview and Scrutiny Committee: Work programme 2022/23<sup>1</sup>

Main agenda items	15/09/22	27/10/22	15/12/22	19/01/23	21/02/23	06/04/23
<b>Theme: Primary Care Access</b>						
Access to GP Services				Review of scheduled GP commissions	Modality to present consultation	Update on telephone system
Dentistry Service Provision						
Update on the Walsall Walk-in-Centre						Update on emergency dept
<b>Theme: Emergency and Hospital Care</b>						
Access to A&E						
Report from the CQC on Manor Hospital						
Review of Maternity Services						
Discharge of patients						
<b>Theme: Waiting times</b>						
Ambulance waiting times						
A&E waiting times						
Elective care (inc. Surgery)						
<b>Theme: Children and Young Adult</b>						
Teen pregnancy						
Childhood obesity						
<b>Revisit: Primary Care Access</b>						
<b>Adult Social Care</b>						
CQC Inspection Readiness						
Adult Social Care Reform						
<b>Winter preparedness (Social Care and Health)</b>		X <sup>2</sup>				
<b>Budget Scrutiny</b>						
Quarter 2 Financial Monitoring						
Budget Setting 2022/23						

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

<sup>2</sup> Please note that 'Winter Preparedness (Social Care and Health)' will be covered by above items AT the meeting.







**Walsall Council**

## **FORWARD PLAN OF KEY DECISIONS**

**Council House,  
Lichfield Street,  
Walsall, WS1 1TW**  
[www.walsall.gov.uk](http://www.walsall.gov.uk)

**6 February 2023**

## 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](mailto:craig.goodall@walsall.gov.uk) and can also be accessed from the Council’s website at [www.walsall.gov.uk](http://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](mailto: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  
MARCH 2023 TO JUNE 2023 (06.02.23)**

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
141/22 (10.10.22)	<b>Corporate Financial Performance 2022/23:</b>  To report the financial position based on 9 months to December 2022, including the impact of Covid-19.	Cabinet  Non-key decision	Vicky Buckley  <a href="mailto:Vicky.Buckley@walsall.gov.uk">Vicky.Buckley@walsall.gov.uk</a>	Corporate Management Team and Internal Services	Cllr Bird	8 February 2023
142/22 (10.10.22)	<b>Corporate Budget Plan 2023/24 – 2026/27, incorporating the Capital Strategy and the Treasury Management and investment Strategy 2023/24:</b>  To recommend the final budget and council tax for approval by Council.	Cabinet  Council  Key decision	Vicky Buckley  <a href="mailto:Vicky.Buckley@walsall.gov.uk">Vicky.Buckley@walsall.gov.uk</a>	Council tax payers, business rate payers, voluntary and community organisations  Internal Services	Cllr Bird	8 February 2023  Council 23 February 2023
150/22 (7.11.22)	<b>Payments Project Contract Award:</b>  To award a contract to Capita/Pay360 Ltd (soon to be Access Group Ltd) for the provision of Pay 360 Licences and Capita/Pay360 Ltd services.	Cabinet  Key Decision	Janice Freeman-Phillips  <a href="mailto:Janice.Freeman-Phillips@walsall.gov.uk">Janice.Freeman-Phillips@walsall.gov.uk</a>	Internal Services	Cllr Bird	8 February 2023

7/23 (9.1.23)	<b>TUPE transfer of Black Country Local Enterprise Partnership Economic Intelligence Team:</b>  To consider the transfer of the Black Country LEP Economic Intelligence Team to Walsall Council.	Cabinet  Key Decision	Stephen Gunther  <a href="mailto:Stephen.Gunther@walsall.gov.uk">Stephen.Gunther@walsall.gov.uk</a>	Internal Services	Cllr Bird	8 February 2023
107/22 (6.6.22)	<b>Procurement of Corporate Landlord Strategic Partner:</b>  To seek approval to the appointment of a strategic partner to support the programme of capital schemes related to the council's property portfolio.	Cabinet  Key Decision	Nick Ford  <a href="mailto:Nick.Ford@walsall.gov.uk">Nick.Ford@walsall.gov.uk</a>	Internal Services	Cllr Andrew	8 February 2023
1/23 (9.1.23)	<b>Derelict Sites Intervention:</b>  That various key derelict sites be appraised and prioritised for intervention and that authority be delegated to pursue Compulsory Purchase Orders where appropriate.  <i>This will be a private report containing exempt information.</i>	Cabinet  Key Decision	Philippa Venables  <a href="mailto:Philippa.Venables@walsall.gov.uk">Philippa.Venables@walsall.gov.uk</a>	Internal Services	Cllr Andrew	8 February 2023
9/23 (6.2.23)	<b>Changes to the council's bus lane provision:</b>  To agree the council's approach to responding to a request to grant access to bus lanes for private hire vehicles.	Cabinet  Non-key Decision	Dave Brown  <a href="mailto:Dave.Brown@Walsall.gov.uk">Dave.Brown@Walsall.gov.uk</a>  Background paper: Council meeting minutes 07 January 23	Internal services  Transport for West Midlands  Enhanced Partnership reference group	Cllr Andrew	8 February 2023

8/23 (9.1.22)	<b>We Are Walsall 2040:</b> To consider the draft We are Walsall 2040 strategy and consultation framework.	Cabinet  Key Decision	Karen Griffiths <a href="mailto:Karen.Griffiths@walsall.gov.uk">Karen.Griffiths@walsall.gov.uk</a>	Internal Services	Cllr Perry	8 February 2023
151/22 (7.11.22)	<b>Introduction of Council Tax Premium on unoccupied but furnished properties:</b> Levy the premium on properties that are unoccupied and unfurnished for more than 12 months. Effective from 1 April 24	Cabinet Council Key Decision	Mark Fearn <a href="mailto:Mark.Fearn@walsall.gov.uk">Mark.Fearn@walsall.gov.uk</a>	Part of budget consultation	Cllr Ali	8 February 2023  Council 23 February 2023
156/22 (7.11.22)	<b>Healthy Lifestyles Contract and Smoking Cessation Contract Extensions:</b> To delegate authority to the Director of Public Health and the Portfolio Holder for Health and Wellbeing. This will allow them to extend contracts on behalf of the Council and to subsequently authorise the variations to the contractual arrangements for the services should this be required at any time during the term, in line with Public Contract Regulations and the Council's Contract Rules.	Cabinet  Key Decision	Joe Holding <a href="mailto:Joe.Holding@walsall.gov.uk">Joe.Holding@walsall.gov.uk</a>	Internal Services	Cllr Flint	8 February 2023
2/23 (9.1.23)	<b>Adult Social Care Market Sustainability Plan:</b> 1. To consider the outputs of Phase 2 Fair Cost of Care Exercise in Walsall and note the potential implications for	Cabinet  Key Decision	Tony Meadows <a href="mailto:Tony.Meadows@walsall.gov.uk">Tony.Meadows@walsall.gov.uk</a>	Adult Social Care service providers  Internal Services	Cllr Pedley	8 February 2023

	<p>Adult Social Care fee rate setting and budgets.</p> <p>2. To note the content of the final Market Sustainability Plan briefing paper.</p> <p>3. To seek delegated authority for the Portfolio holder, Adult Social Care and the Executive Director, Adult Social Care to approve the final Market Sustainability Plan submission to Department for Health and Social Care.</p>			Local Integrated Care Board		
3/23 (9.1.23)	<p><b>Determination of the Scheme for coordinated admissions, and the Admission Arrangements for Community and Voluntary Controlled Primary Schools for the 2022/23 academic year</b></p>	Cabinet  Key Decision	Alex Groom  <a href="mailto:Alex.Groom@walsall.gov.uk">Alex.Groom@walsall.gov.uk</a>	Internal Services	Cllr Statham	8 February 2023
152/22 (7.11.22)	<p><b>Renewal of the Council's Oracle Cloud Licenses:</b></p> <p>To renew the Council's Oracle cloud Licenses required for the operation of the Council's One Source system for HR, Payroll, Finance and Procurement from May 2023</p>	Cabinet  Key Decision	Ian Tuft  <a href="mailto:Ian.Tuft@walsall.gov.uk">Ian.Tuft@walsall.gov.uk</a>	Internal Services	Cllr Bird Cllr Ferguson	22 March 2023
162/22 (5.12.22)	<p><b>Approval of the Black Country Joint Committee Collaboration Agreement:</b></p> <p>Delegate authority to the Executive Director for Resources and</p>	Cabinet  Key Decision	Kelly Valente  <a href="mailto:Kelly.Valente@walsall.gov.uk">Kelly.Valente@walsall.gov.uk</a>	Internal services	Cllr Bird	22 March 2023

	Transformation to enter into legal agreements with WMCA relating to the Black Country Local Enterprise Partnership Legacy funds.					
10/23 (6.2.23)	<b>LGA Corporate Peer Challenge – Action Plan:</b>  To approve the Action Plan produced in response to the report by the Local Government Association following the January 2023 Corporate Peer Challenge.	Cabinet  Non-key decision	Karen Griffiths <a href="mailto:Karen.Griffiths@walsall.gov.uk">Karen.Griffiths@walsall.gov.uk</a>  Elizabeth Connolly <a href="mailto:Elizabeth.Connolly@walsall.gov.uk">Elizabeth.Connolly@walsall.gov.uk</a>	Internal Services	Cllr Bird	22 March 2023
145/22 (7.11.22)	<b>Town Centre Theatre Project:</b>  To agree next steps for the Town Deal Theatre project, setting out funding implications and options.  <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet  Key Decision	Philippa Venables <a href="mailto:Philippa.Venables@walsall.gov.uk">Philippa.Venables@walsall.gov.uk</a>	Internal services	Cllr Andrew	22 March 2023
4/23 (9.1.23)	<b>West Midlands Local Transport Plan Settlement and Transport Capital Programme 2023/24:</b>  To approve West Midlands Local Transport Plan Settlement and Transport Capital Programme 2023/24.	Cabinet  Key Decision	Matt Crowton <a href="mailto:Matt.Crowton@walsall.gov.uk">Matt.Crowton@walsall.gov.uk</a>	Internal Services	Cllr Andrew	22 March 2023
5/23 (9.1.23)	<b>Sandwell Local Plan – Issues and Options Consultation:</b>  To approve Walsall's response to the Sandwell Local Plan consultation.	Cabinet  Key Decision	Neville Ball <a href="mailto:neville.ball@walsall.gov.uk">neville.ball@walsall.gov.uk</a>	Internal Services	Cllr Andrew	22 March 2023

153/22 (7.11.22)	<b>Walsall's Homelessness and Rough Sleeping Strategy 2022 to 2027:</b>  To approve Walsall's Homelessness and Rough Sleeping Strategy, 2022 to 2027.	Cabinet  Key Decision	Neil Hollyhead  <a href="mailto:Neil.HollyHead@walsall.gov.uk">Neil.HollyHead@walsall.gov.uk</a>	Internal services, service users, external stakeholders	Cllr Ali	22 March 2023
11/23 (6.2.23)	<b>Walsall Civic Centre and Council House improvement works</b>  To approve Council House improvement works including heating and ventilation replacement; fire alarm replacement; Civic Centre window replacement; Civic Centre ground floor refurbishment.	Cabinet Key Decision	Ian Lister  <a href="mailto:Ian.Lister@walsall.gov.uk">Ian.Lister@walsall.gov.uk</a>	Internal Services	Cllr Ferguson	22 March 2023
6/23 (9.1.23)	<b>Borough Playing Pitch Strategy:</b>  To adopt and publish the Walsall Playing pitches strategy and the Black Country strategic framework	Cabinet  Key Decision	Liz Stuffins  <a href="mailto:Liz.Stuffins@walsall.gov.uk">Liz.Stuffins@walsall.gov.uk</a>	Internal Services	Cllr Flint	22 March 2023
12/23 (6.2.23)	<b>Street Scene Strategy:</b>  To approve the councils 5-year plan for residential streets	Cabinet  Key decision	Kathryn Moreton  <a href="mailto:Kathryn.Moreton@Walsall.gov.uk">Kathryn.Moreton@Walsall.gov.uk</a>	Internal services	Cllr Murphy	22 March 2023
13/23 (6.2.23)	<b>Trading Standards Letting Agents Enforcement Policy</b>  To approve Walsall Council's Trading Standards policy on the enforcement and determination of financial penalties in circumstances where persons engaged in letting agency work and property management business fail to comply with legislative requirements.	Cabinet  Key decision	David Elrington  <a href="mailto:David.Elrington@walsall.gov.uk">David.Elrington@walsall.gov.uk</a>  <a href="#">Page 72 of 75</a>	Internal Services	Cllr Perry	22 March 2023



129/22 (5.9.22)	<b>Update on Resilient Communities Safer Streets Programme:</b>  To report back on Safer Streets activity and recommend any adjustments/additions to the programme.	Cabinet  Non-key Decision	Paul Gordon  <a href="mailto:Paul.Gordon@walsall.gov.uk">Paul.Gordon@walsall.gov.uk</a>	Internal Services	Cllr Perry	22 March 2023
140/22 (10.10.22)	<b>High Needs Funding Formula:</b>  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 2023/24 financial year	Cabinet  Key Decision	Richard Walley  <a href="mailto:Richard.Walley@walsall.gov.uk">Richard.Walley@walsall.gov.uk</a>	Internal Services, Schools Forum	Cllr M. Statham	22 March 2023
154/22 (7.11.22)	<b>Early Years Funding Formula:</b>  That Cabinet approves the Early Years Formula, as agreed by Schools Forum, to be used for the allocation of funding to early years providers in Walsall	Cabinet  Key Decision	Richard Walley  <a href="mailto:Richard.Walley@walsall.gov.uk">Richard.Walley@walsall.gov.uk</a>	Schools Forum  Internal Services	Cllr M. Statham	22 March 2023
14/23 (6.2.23)	<b>Growth Funding for Schools:</b>  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  <a href="mailto:Alex.Groom@walsall.gov.uk">Alex.Groom@walsall.gov.uk</a>	Internal services, Schools Forum	Cllr Statham	22 March 2023
155/22 (7.11.22)	<b>Council Plan: Review of Achievements 2021/22:</b>  To note the Review of Achievements for 2021/22, highlighting successes and	Cabinet  Non-key decision	Meresh Kumari  <a href="mailto:Meresh.Kumari@walsall.gov.uk">Meresh.Kumari@walsall.gov.uk</a>  Page 73 of 75	Internal Services	Cllr Bird	19 April 2023

	progress towards achieving our Council priorities.		Elizabeth Connolly <a href="mailto:Elizabeth.Connolly@walsall.gov.uk">Elizabeth.Connolly@walsall.gov.uk</a>			
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**Black Country Executive Joint Committee**  
**Forward Plan of Key Decisions Published up to June 2023**

<b>Date Created</b>	<b>Key Decision</b>	<b>Contact Officer</b>	<b>Main consultee</b>	<b>Date of meeting</b>
	<b>Black Country Executive Joint Committee Governance</b>			
05/12/2022	<b>Approval of the Black Country Executive Joint Committee Collaboration Agreement</b>  Approval of future arrangements for the Black Country Executive Joint Committee, and approval of the revised Black Country Executive Joint Committee Collaboration Agreement setting out how legacy funds, including Enterprise Zones, will be dealt with.	Simon Neilson <a href="mailto:Simon.neilson@walsall.gov.uk">Simon.neilson@walsall.gov.uk</a>	Walsall Council	19/04/2023