

Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 27 October 2022 at 6.00 P.M.

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

Public access to meeting via: [Walsall Council Webcasting Portal](#)

MEMBERSHIP:

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

PORTFOLIO HOLDERS:

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

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Democratic Services, Council House, Lichfield Street, Walsall, WS1 1TW
Contact: Nikki Gough ☎ 01922 654767 E-mail: nikki.gough@walsall.gov.uk

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AGENDA

1.	Apologies To receive apologies for absence from Members of the Committee.	
2.	Substitutions To receive notice of any substitutions for a Member of the Committee for the duration of the meeting.	
3.	Declarations of interest and party whip To receive declarations of interest or the party whip from Members in respect of items on the agenda.	
4.	Local Government (Access to Information) Act 1985 (as amended) To agree that the public be excluded from the private session during consideration of the agenda items indicated for the reasons shown on the agenda (if applicable).	
5.	Minutes of the previous meeting To approve and sign the minutes of the meeting that took place on 29 September 2022.	
<u>Scrutiny</u>		
6.	Emergency Access To consider information on access to emergency care in Walsall.	<u>Enclosed</u>
7.	Corporate Financial Performance – P5 August Financial Monitoring Position for 2022/23 To consider quarter 2 financial monitoring.	<u>Enclosed</u>
<u>Overview</u>		
8.	Recommendation Tracker To review progress with recommendations from previous meetings.	<u>Enclosed</u>
9.	Areas of Focus To review the Committee Work Programme and the Forward Plans for Walsall Council and the Black Country Executive Committee.	<u>Enclosed</u>
10.	Date of next meeting To note that the date of the next meeting will be 29 November 2022.	

The Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012

Specified pecuniary interests

The pecuniary interests which are specified for the purposes of Chapter 7 of Part 1 of the Localism Act 2011 are the interests specified in the second column of the following:

Subject	Prescribed description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	<p>Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by a member in carrying out duties as a member, or towards the election expenses of a member.</p> <p>This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Regulations (Consolidation) Act 1992.</p>
Contracts	<p>Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority:</p> <p>(a) under which goods or services are to be provided or works are to be executed; and</p> <p>(b) which has not been fully discharged.</p>
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	<p>Any tenancy where (to a member's knowledge):</p> <p>(a) the landlord is the relevant authority;</p> <p>(b) the tenant is a body in which the relevant person has a beneficial interest.</p>
Securities	<p>Any beneficial interest in securities of a body where:</p> <p>(a) that body (to a member's knowledge) has a place of business or land in the area of the relevant authority; and</p> <p>(b) either:</p> <p>(i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or</p> <p>(ii) if the share capital of that body is more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.</p>

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

Access to information: Exempt information

Part 1

Descriptions of exempt information: England

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the authority proposes:
 - (a) to give any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.
8. Information being disclosed during a meeting of a Scrutiny and Performance Panel when considering flood risk management functions which:
 - (a) Constitutes a trades secret;
 - (b) Its disclosure would, or would be likely to, prejudice the commercial interests of any person (including the risk management authority);
 - (c) It was obtained by a risk management authority from any other person and its disclosure to the public by the risk management authority would constitute a breach of confidence actionable by that other person.

Social Care and Health Overview and Scrutiny Committee

Thursday 29th September 2022 at. 6.00 p.m.

Conference room 2, Walsall Council.

Committee Members Present

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

Portfolio Holder – Adult Social Care

Councillor K. Pedley

Walsall Council

K. Allward Executive Director

Black Country Integrated Care Board (ICB)

A. Rust Head of Commissioning for Walsall.

Walsall Healthcare Trust

Prof D. Loughton Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust

0/22 Apologies

Apologies were received from Councillor Rasab.

0/22 Substitutions

There were no substitutions for the duration of the meeting.

0/22 Declarations of Interest and Party Whip

There were no declaration of interest or party whip.

0/22 Local Government (Access to Information) Act 1985 (as amended)

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

0/22 Minutes of the previous meeting

The minutes of the meeting that took place on 14th July 2022 were discussed.

Resolved

The minutes of the meeting held on 14th July 2022 were agreed as a true and accurate record.

0/22 Access to GP Services

The Head of Commissioning presented the report and highlighted the salient points (annexed). The following points were highlighted:

- Demand for primary care appointments was at an all-time high.
- Tables in 3.1 of the report highlighted the level of primary care appointments currently available, indicating a higher level of appointments than pre-covid levels.
- Walsall was providing the highest level of GP appointments compared to other Black Country areas.

The way in which GP access was being improved was described, health inequalities were being carefully considered – to ensure that access to primary care was available for individuals in this group. It was noted that some patients were content with a digital appointment, and this should be a choice for the patient and should be related to their condition.

There then ensued a period of questioning by the Committee.

A member raised concern that GP practices were not offering face to face appointments and that patients were being advised to attend the urgent care treatment centre as an alternative. It was questioned what could be done to improve this situation. The CCG representative stated that GP practices were private businesses under contract to the NHS and consideration was given as to whether the contract was being met, it was noted that the way in which the contract was delivered could be determined by the GP practice and it was acknowledged that there was variation in the way GPs were delivering appointments. Data was analysed however it needed to be viewed with caution due to variation in the composition and operation of individual practices.

Further concern was expressed that patients were not able to book an appointment, and were not offered an appointment at a date and time in the future, further to this, members expressed frustration at telephone systems within GP practices. The CCG representative stressed the difficulty of the workforce challenge facing primary care, and described improvements planned for a Black Country wide programme to standardise GP practice telephone systems to ensure they could handle a high volume of calls. The Committee were informed of the access champion role, which had been modelled on the (vaccination) community champion role. This would assist people to understand how to access primary care.

Following comments made by a member in relation to experience of a service, a discussion ensued on improvements that were planned to the community nursing service due to lack of capacity in the system. Work was underway to

ensure adequate capacity in community nursing, this was a complex issue due to increased demand.

In response to a query, the Head of Commissioning confirmed that it was a requirement on GP practices to address health inequalities and ensure that access to services.

A Member asked who decided which type of appointment was offered to a patient. The Head of Commissioning stated that practices should offer a mix of appointments and patients should get a choice, however this needed to be monitored. It was noted that the CCG found anecdotal evidence from members useful in corroborating this. The Executive Director stressed that as a demand led service, there would always need for clinical triage to ensure those most in need received the appropriate care.

Officers clarified that the full specification of GP contracts was now required to be delivered, as elements of the contract were suspended during the covid lockdown. Further to this, a query was raised in relation to the reinstatement of health reviews. The Head of Commissioning stated that all patients requiring health reviews should now receive them.

The role of Hollybank house in rehabilitating stroke patients and the staff challenges that surrounded community services was described. Clarification was provided that the word 'appointment' referred to the full range of primary care appointments and not only face to face appointments.

The Head of Commissioning informed members that GP practices owned their data and as such they were responsible for the publication of this data. Further discussions were being held with the 'Local Medical Council' to agree the publication of some of this, however it was noted that due to the variations in the nature of GP practices it should be viewed with caution.

The Portfolio Holder questioned the impact the lack of access to primary care had on the local hospital services. The Head of Commissioning informed the Committee that experienced primary care clinicians triaged patients presenting at accident and emergency to ensure they received the most appropriate care and the number of patients attending the urgent care centre was monitored daily – at the moment this was not higher than pre-covid levels.

The Head of Commissioning acknowledged that different GP practices were handling demand in different ways, and that sometimes this needed improvement. Increased demand and workforce pressures were making this situation challenging.

In response to concern raised by a member, the Head of Commissioning stressed that GPs had to meet the requirements of the contracts they were commissioned to provide.

Resolved

1. That the report be noted by the Committee.
2. 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.
3. 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.

0/22 Update on the Urgent Treatment Centre

The Head of Commissioning introduced the report (annexed) and described the 'Urgent Treatment Centre' which was led by primary care clinicians as part of the emergency department. There were excellent relationships between primary care clinicians and the emergency department. The Committee was informed that a new emergency department would be opening in the near future, and consideration was given to the pathways to the urgent treatment centre. Once the new emergency department was open further treatments could be provided when the centre relocated and offered more space. It was acknowledged that the emergency department in Walsall performed well in challenging circumstances.

The Chief Executive of Walsall Healthcare Trust suggested it would be beneficial for the urgent treatment centre to be open 24 hours a day. It was noted that Accident and Emergency performance and ambulance turn around was very good at Walsall Manor Hospital. Consideration had been given to the most appropriate time to open the new emergency department and it was decided that this would be sometime after February 2023 to avoid the period when the department would be dealing with winter pressures. There were significant ambulance diversions coming to Walsall Hospital due to their good performance and this was causing concern due to increased pressure on the department.

A member expressed concern around the waiting times at the urgent treatment centre and questioned the average waiting time. The Head of Commissioning confirmed that 85% of individuals presenting at the urgent treatment centre were seen within 2 hours – this figure had been constant over the last four years. Challenge was provided by Members who had experienced much longer waiting times.

A member suggested that patient experience could be enhanced by improving the access to water within the urgent treatment centre. It was confirmed that this had been addressed within the plans for the new emergency department. Delays were being experienced in the delivery of medical equipment despite it being ordered in adequate time, and an announcement would be made in due course in relation to the opening time of the new emergency department.

The Committee expressed appreciation to NHS staff working under difficult circumstances.

Resolved

1. That the Committee receive a report on the emergency department, the urgent treatment centre with updated figures in April 2023 to include patient experience.
2. Committee Members visit the emergency department around 2 months after opening.

/22 Recommendation Tracker

Consideration was given to the recommendation tracker.

Resolved

The recommendation tracker was noted.

/22 Areas of Focus

Consideration was given to the items contained within the areas of focus and the items for scrutiny at the next meeting.

Resolved

The areas of focus were agreed by the Committee.

/22 Date of next meeting: 27 October 2022

Termination of Meeting

The meeting terminated at 8 p.m.

Chair:

Date:

27 October 2022

Emergency Access (Walsall Healthcare Trust)

Ward(s) All

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

Report:

This is an executive briefing for the Social Care & Health Committee of Walsall Council. Most of the graphs contained are Statistical Process Control (SPC) Graphs which identify statistically significant trends in data and change the colour of the data points to illustrate this.

Recommendations:

That the Committee receive the presentations provided at the meeting, ask questions and consider if there are any areas they wish to make recommendations on or follow up at future meetings

Rob Ankcorn - Director of Operations, Medicine & Long-Term Conditions,
Walsall Healthcare NHS Trust

Emergency Access Briefing for Walsall Council

Author: Rob Ankcorn - Director of Operations, Medicine & Long-Term Conditions, Walsall Healthcare NHS Trust

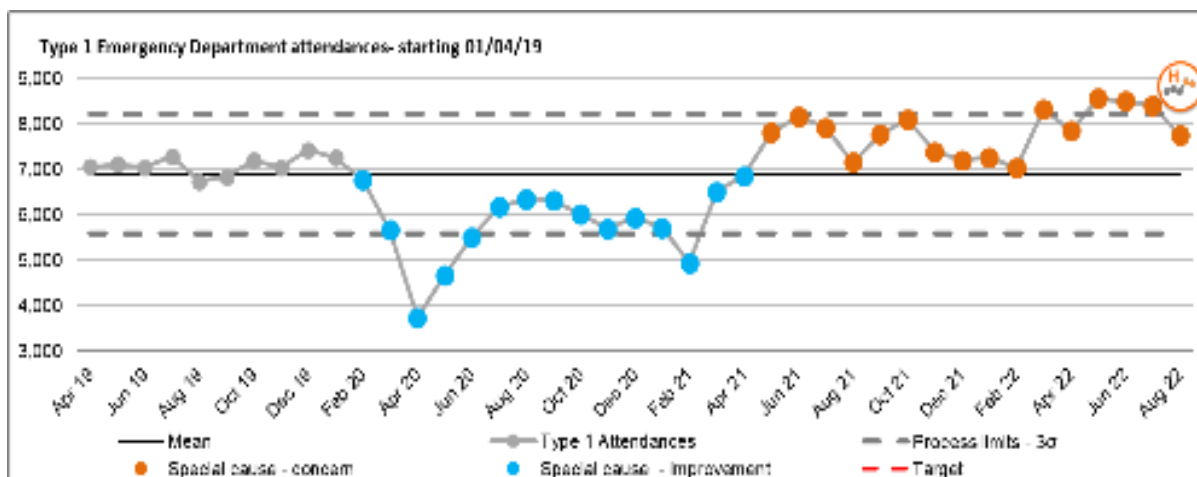
Date: 17th October 2022

1. Overview

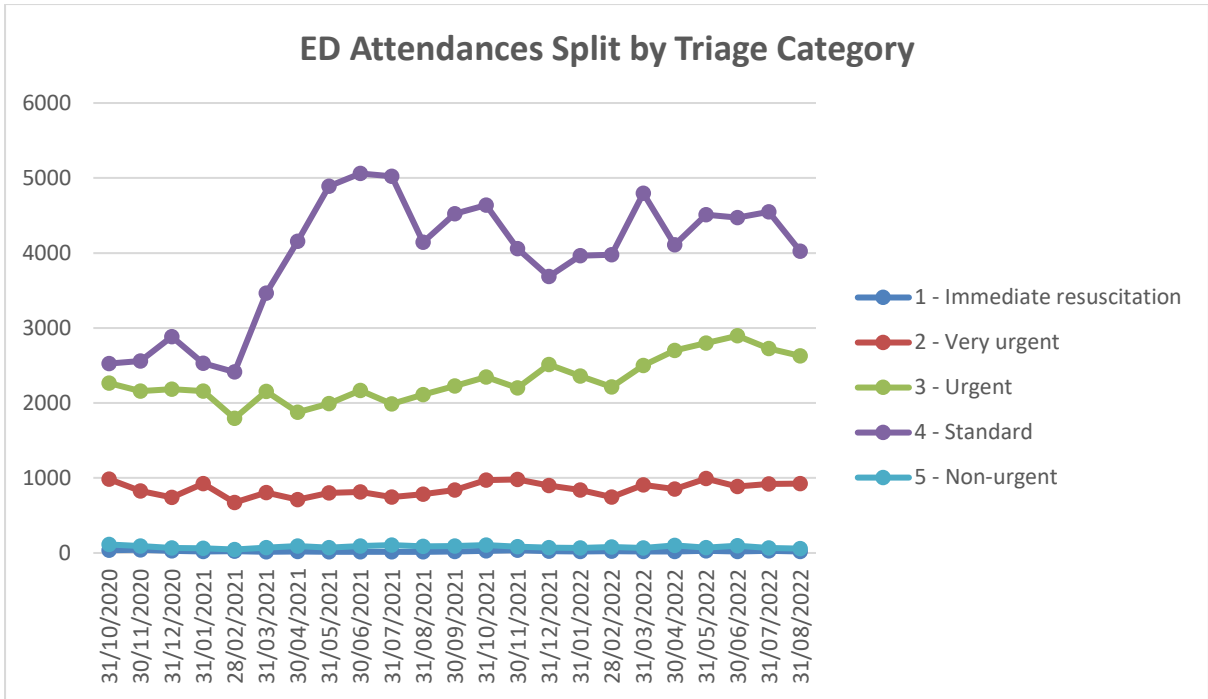
This is an executive briefing for the Social Care & Health Committee of Walsall Council. Most of the graphs contained are Statistical Process Control (SPC) Graphs which identify statistically significant trends in data and change the colour of the data points to illustrate this.

2. Emergency & Access at WHT Emergency Department

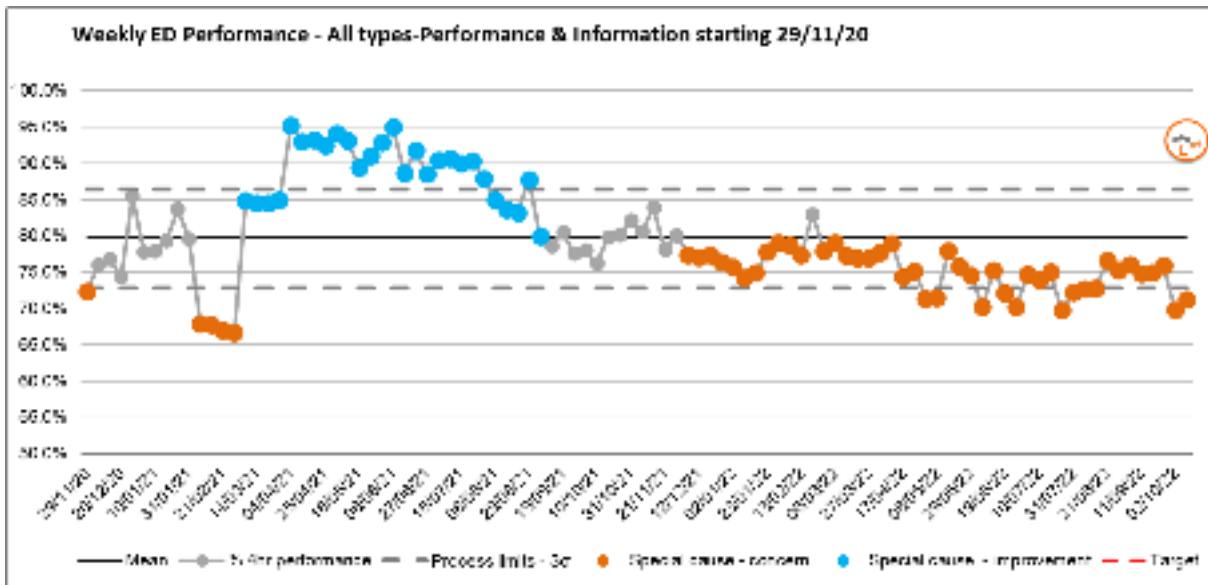
Attendances to the Emergency Department have been at an all time high from April 2021. The Trust has regularly been exceeding 8,000 attendances per month, up from a pre-Covid baseline of approximately 7,000 per month.



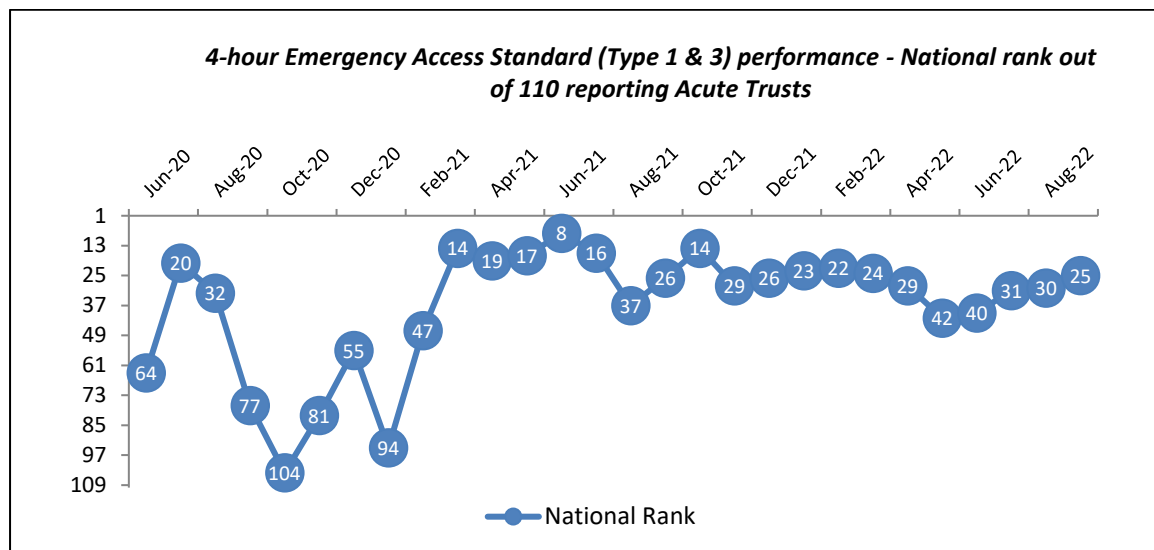
This increase in attendances has been largely driven by patients with lower acuity needs (Emergency Department Triage Category 4) although we have also seen an increase in patients with urgent needs (Triage Category 3).



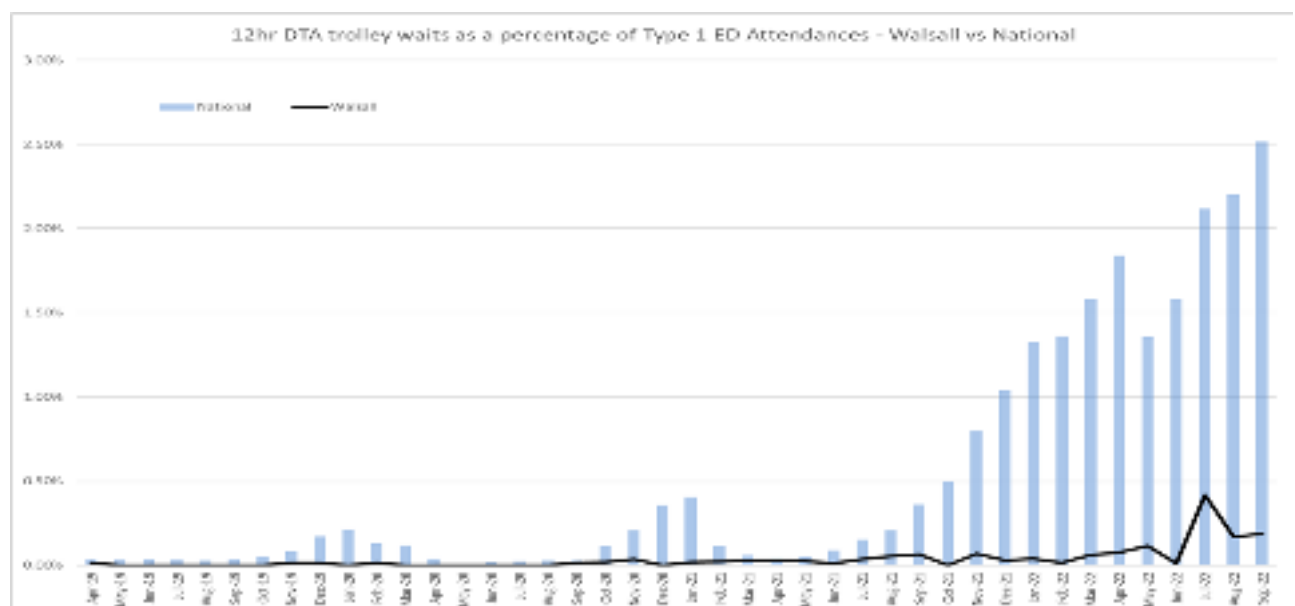
The sustained high pressure on the Emergency Department has increased waiting times. The proportion of patients that wait 4 hours in ED before admission or discharge has increased over the past two years to almost 30%.



This deterioration in WHT's emergency access times is mirrored nationally with the whole Country experiencing longer waits. Because of this, Walsall's relative Emergency Access Performance has been very strong. In the month of September, Walsall had the 25th best waiting times in the Country as measured by the 4 hour standard.



WHT has comparatively good patient flow for patients needing onward admission into the hospital when compared nationally. This means that relatively few patients wait an excessively long time in ED to be admitted to an inpatient bed after being referred for admission. The below graph shows that the percentage of patients that wait over 12 hours in ED at Walsall following a Decision to Admit (DTA) is significantly lower than the national average.



- Comparatively good flow of patients at Walsall Manor hospital is supported by:
- Multiple Same Day Emergency Care units; ambulatory emergency care (under acute medicine), frailty unit (under geriatric medicine), gynaecology assessment unit,

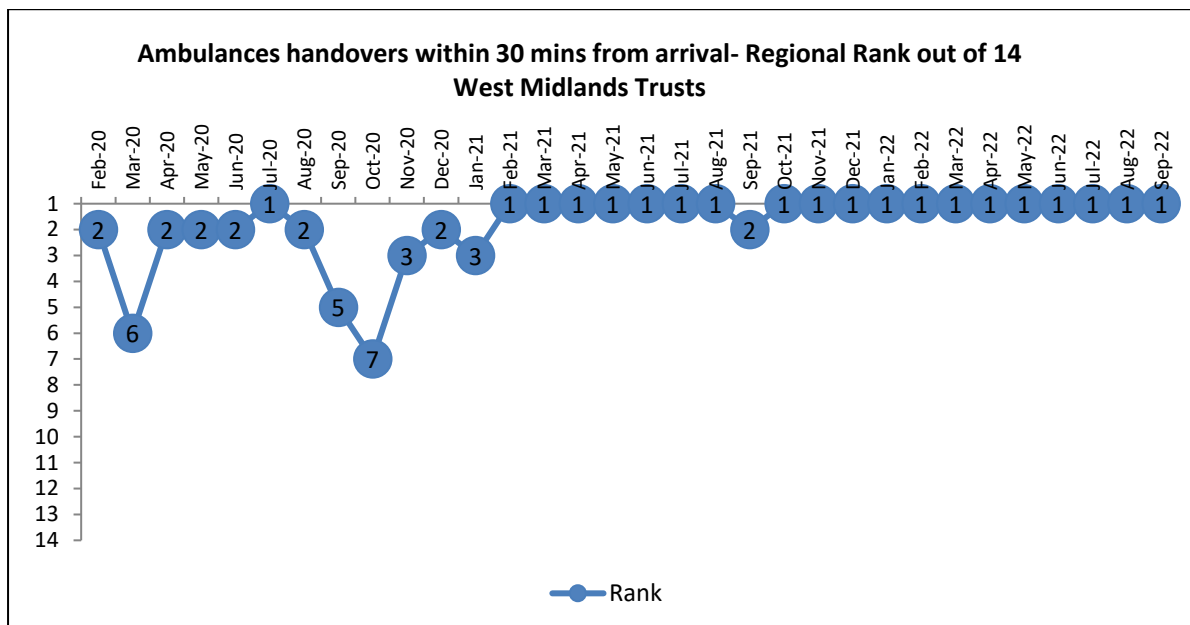
paediatric assessment unit and surgical ambulatory care unit (predominantly under general surgery and T&O) that all contribute to over 48% of non-elective admissions at the trust having zero-day length of stay .

- Highly functional discharge lounge, open 07:00-22:00 (see Emergency Care Improvement Support Team video podcast: [ECIST Bitesize Podcast Series - Walsall Manor Hospital Discharge Lounge - YouTube](#))
- Comparatively low medically stable for discharge inpatients as a result of the Walsall Together partnership
- Proactive pull of overnight admitted inpatients from acute medical unit by both AEC and FES first thing each morning

3. Ambulance Waiting Times

Ambulance handovers represent the very start of the hospital-based emergency pathway for the sickest of patients. Patients arriving by ambulance generally require an ED Cubicle to be handed over into in order to be 'released' by the ambulance crew. High cubicle occupancy in Emergency Departments increases the time it takes for ambulances to handover patients.

Whilst Walsall's ambulance handover performance has deteriorated as a result of high emergency care pressures, the Trust has been the best performing for timely ambulance handovers in the West Midlands every month for the past year.



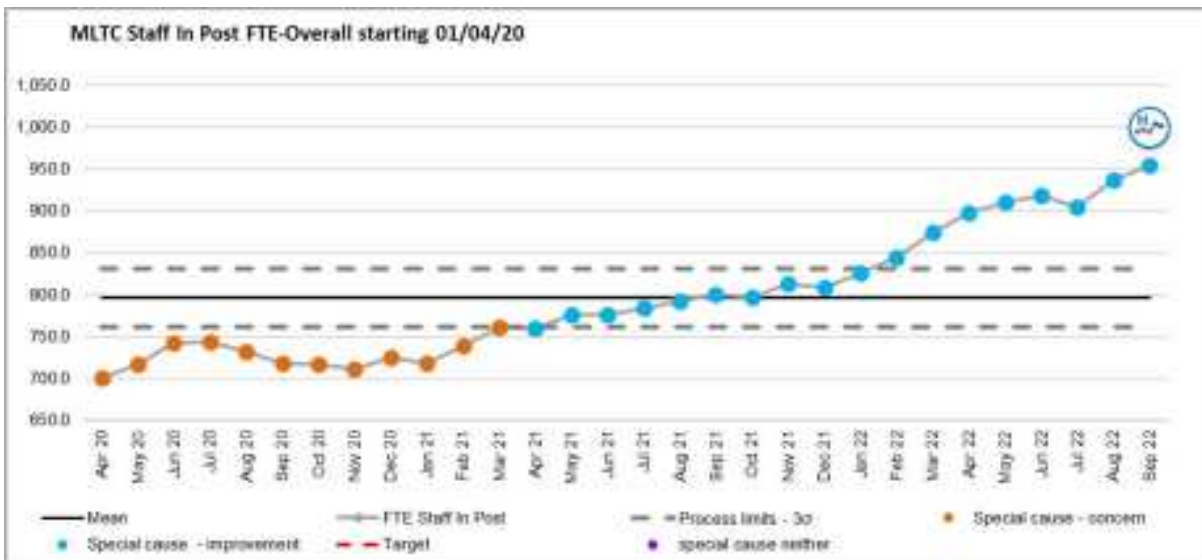
In September, 93% of patients were handed over within 30 minutes at WHT. This performance has been achieved whilst taking an increased number of 'Out of Area' ambulances from outside the borough. In August the Trust had 155 ambulances conveyed to Walsall Manor ED from neighbouring Trusts due to prolonged ambulance handover times at neighbouring Trusts.



4. Discharge of patients from WHT

The Trust’s March 2021 Care Quality Commission inspection highlighted weaknesses in the management of patients discharged from Walsall Manor Hospital on medical wards.

Since the warning was issued, the Division of Medicine (which has the vast majority of adult inpatient beds) has increased its staff numbers significantly:



The Trust has also introduced new measures to ensure consistently safe discharge of patients:

- The Discharge Lounge service has a ‘Hospital 2 Home’ project which runs from the Lounge in collaboration with Making Connections Walsall. Making Connections Walsall - tackles loneliness and social isolation and offers one-to-one support to help people engage in community activities and build social networks.

It is ideal for patients who live alone. Making Connections Walsall is supported by four community based provider hubs who offer a befriender service which can support safe discharge, and help to prevent readmissions to hospital. A food supply, which is donated by a charitable organisation called Blessed 2 Bless can be provided on discharge and the service can also offer assistance with any support required following discharge. They can make referrals to other agencies or support with day to day requirements such as shopping. A friendly voice and point of contact, The 'Hospital 2 Home ' also provides an information leaflet which several answers to question patients may have on discharge- **WHAT SHOULD I DO IF?**. When patients are discharged via the Discharge Lounge the project has also supplied personalised patient property bags and food parcel bags. Making Connections Walsall - tackles loneliness and social isolation and offers one-to-one support to help people engage in community activities and build social networks.

- The recent Care Quality Commission inspection (October 2022) provided initial feedback that the Discharge Lounge was impressive and operating effectively. The final written report is awaited.
- Discharge Lounge staff liaise directly with the Community Matrons to put resources in place that may support with preventing patient re-admissions. This provides a point of contact to the patient following discharge.
- Discharge Lounge have partnered with the Red Cross service, to support patients on discharge back to community settings
- The Trust has introduced Virtual Wards which offer tailored support at home to Respiratory Patients, Heart Failure Patients and patients with Covid-19.
- The Division of Medicine is recruiting a specialised "Discharge Matron" to further make improvements to the discharge process.

5. Urgent & Emergency Care Centre

The New Build Urgent & Emergency Care Centre will be opening in February 2023. The new centre includes

- an urgent treatment centre,
- emergency department including resuscitation and rapid assessment and treatment area, and children's ED,
- co-located paediatric assessment unit,
- acute medical unit, and
- provision for ambulatory emergency care services in a future phase.

It also includes re-configuration of the current emergency department footprint, to incorporate improved ambulatory emergency care and imaging services. Various specialist facilities are located throughout, such as an isolation room for infectious patients, bariatric provision and digital x-ray rooms.



A Plan of the Ground Floor



A plan of the 1st Floor.

27 OCTOBER 2022

**CORPORATE FINANCIAL PERFORMANCE – P5 AUGUST FINANCIAL MONITORING
POSITION FOR 2022/23**

Ward(s) All

Portfolio: Councillor Pedley – Adult Social Care
Councillor Flint – Public Health

1. Aim

To provide the budget monitoring position for Period 5 2022/23. The Chair requested that this item be considered by the Committee.

2. Recommendations

2.1 To note the revenue and capital forecast for the financial year end 2022/23 for the services under the remit of the committee

3. Report detail – know

3.1 The current net revenue forecast position as at Period 5 (August 2022), after the net use of reserves is an over spend of **£2.36m**.

This forecast revenue position of **£2.36m** is made up as follows:

- Adult Social Care – £2.36m, further split as
 - £0.61m – Business as Usual
 - £1.75m – Service Transformation Plan (after mitigating actions)
- Public Health – Within grant envelope with a forecasted £3.37m of reserves to be carried forward for utilisation in future financial years in line with grant conditions.

3.2 Reasons for the current position are shown in **Table 1** below:

Table 1- Explanation of over spend	£m
Business as Usual	
Decrease in client placements costs and associated client contributions. This is compared to the net budgeted levels of new clients/deaths, compared to actual activity as at the end of July 2022. Work is underway to determine the financial impact of future projections for the remainder of the financial year based on the above activity and prior year trends	(0.34)
Additional income from joint funding arrangements including Section 117 and Continuing Health Care	(1.24)
Additional bad debt provision to cover 50% of outstanding client debt. (Current outstanding debt is £7.46m as at end of July, this will increase the bad debt provision to £3.73m). This is dependent on the outcome of a review currently lead by Adult Social Care.	1.80
Additional cost of the interim management and staffing arrangements across the directorate; this is partially offset by COVID funding where appropriate	0.39
Subtotal BAU	0.61

Service Transformation Plan	
Delays in the delivery of savings related to the review of existing older people's care packages..	1.81
Delays in the delivery of savings to reduce new demand through the 'front door' including the provision of alternative support.	2.32
Shortfall in funding from the Learning Disability Joint Funding arrangements. On-going discussions with partners regarding the joint funding arrangements from 2020/21 remains in progress. Mitigations for the shortfall are currently being considered.	1.76
Delays in the delivery of savings relating to the All-Age Disability model and transitions	0.18
Use of COVID funding to meeting the ongoing impact of the pandemic on the demand for services and use of planned reserves have released underspends in service to mitigate the impact of the non-achievement of the STPs (Service Transformation Plan) detailed above	(4.36)
Subtotal STP	1.75
Overall Health and Social Care Total	2.36

3.3 The forecast revenue position by service is shown in **Table 2** below:

Table 2 – Forecast Revenue Outturn 2022/23				
Service	Net Annual Budget	Year End Forecast	Net Planned use of reserves	Variance after reserves
	£m	£m	£m	£m
Management Support & Other	0.45	0.65	(0.00)	0.20
Improved Better Care Fund	(11.52)	(11.52)	(0.00)	0.00
Complex Needs	0.28	0.28	0.00	0.00
Older People	8.95	9.46	(0.51)	0.00
Health & Social Care	1.95	2.02	0.00	0.07
Mental Health Services	1.31	1.35	0.00	0.04
Demand Management	47.53	53.83	(4.34)	1.96
Safeguarding	0.89	1.06	(0.14)	0.02
Resources	1.40	1.47	0.00	0.07
ASC Partnerships	0.76	0.70	0.00	(0.05)
Access, Assessment & Care Management	5.89	6.22	(0.36)	(0.03)
Strategy, Commissioning & Delivery Support	0.67	0.98	(0.36)	(0.05)
Intelligence & Delivery	1.31	1.43	0.00	0.12
Total Adult Social Care	59.87	67.93	(5.71)	2.36
Public Health	(0.00)	2.77	(2.77)	(0.00)
Total Public Health	(0.00)	2.77	(2.77)	(0.00)
Total Health and Social Care	59.87	70.71	(8.49)	2.36

3.4 Reserves

The total allocated reserves in 2022/23 are £12.95m, of which £8.49m has been used or committed to date.

Table 3 below details the current net use of reserves included within the forecast.

Table 3 - Summary of use of reserves and transfer to reserves				
Reserve Details	Allocated reserve	Use of reserve	Transfer to reserve	Balance of reserve
	£m	£m	£m	£m
Adult Social Care Reserves				
Doctors Assessments	0.15	(0.10)	0.00	0.05
COVID - General	1.40	(1.40)	0.00	0.00
Housing 21 (Affordability Model)	1.22	(0.51)	0.00	0.71
Improved Better Care Fund	0.85	(0.85)	0.00	0.00
Omricon Fund	0.36	(0.36)	0.00	0.00
Public Health Reserves				
Public Health Grant	5.45	(2.63)	0.88	3.70
Contain Outbreak Management Fund (COMF)	2.95	(2.95)	0.00	0.00
Better Mental Health – Specific Grant	0.07	(0.07)	0.00	0.00
Adult Weight Management- Specific Grant	0.14	(0.14)	0.00	0.00
Universal Drug and Crime Reduction - Specific Grant	0.36	(0.36)	0.00	0.00
Total Reserves	12.95	(9.37)	0.88	4.46

3.5 Risks

For the services under the remit of the committee, there are a number of risks totalling **£18.08m**, which have not been included within the above forecast. At this stage the risks are not certainties and as such are not included in the monitoring as an under or over spend. High risks of **£5.68m** are included in the corporate monitoring report to CMT. If the risks become certainties, they will need to be included in the forecast position as overspends unless alternative action can be identified to mitigate these costs. A summary of the risk assessment is shown in **Table 4** below.

Table 4 – Revenue Risks 2022/23				
Risk	Value (£m)	Ongoing (£m)	One Off (£m)	Actions to manage risk
High	5.68	0.00	5.68	Ongoing discussions with the ICB to resolve validation of Section 117 recharges and ASC STP proposals currently identified as Amber
Medium	2.76	0.00	2.76	
Low	9.64	0.00	9.64	
Total	18.08	0.00	18.08	

The main high risks (Red risks) that could negatively impact the current forecast position if they occur are shown in **Table 5** below.

Table 5- High risks		
Service	Reason/ explanation of risk	£m
Demand Management	Section 117 and CHC recharges to Walsall ICB	2.91
ASC STP Savings	Adult Social Care STP proposals currently identified as Amber*	2.77
Total High Risks		5.68

*The risk of £2.77m is associated with STP proposals that require further work or detailed delivery plans to prevent these savings moving to red. This includes the outcome of ongoing discussions with the ICB in relation to joint funding arrangements.

3.6 Service Transformation Plan 2022/23

Included within the budget for 2022/23 for services within the remit of this Committee are £13.62m of approved savings including £4.64m carried forward from 2021/22. Table 6 gives an early indication of the progress towards implementing these benefits:

Table 6 - Delivery of 2022/23 approved savings (including carry forward from 2021/22)						
Benefit Ref	Benefit	Total Savings	Delivered/ Validated (Blue/ Green)	Planned Saving (Amber)	Shortfall (Red)	Mitigating Actions
		£m	£m	£m	£m	£m
'Front Door' and client package reviews						
OP89	Reducing New Demand - Front Door	(2.32)	(0.00)	(0.00)	2.32	
OP90A	Review Older people client packages	(4.54)	(1.59)	(1.13)	1.81	
OP90B	Review LD and MH client packages	(1.25)	(1.03)	(0.22)	0.00	
OP91	Review of Day Provision	(0.36)	(0.16)	(0.20)	0.00	
'Front Door' and client package reviews Subtotal		(8.47)	(2.78)	(1.55)	4.13	
Better Care Finance System						
OP84	Staffing reconfiguration – Better care Finance System	(0.09)	(0.00)	(0.09)	0.00	
OP113	Implementation of the Better Care Finance System	(0.77)	(0.00)	(0.77)	0.00	
Better Care Finance System Subtotal		(0.86)	(0.00)	(0.86)	(0.00)	
Joint Funding Arrangements						
OP94A/95	Review for joint funding tool arrangements	(1.76)	(0.00)	(0.00)	1.76	
Joint Funding Arrangements Subtotal		(1.76)	(0.00)	(0.00)	1.76	
Other						
OP94	Review of funding stream to support Demand Management	(0.30)	(0.30)	(0.00)	0.00	
OP96	Benefit maximisation project	(0.18)	(0.00)	(0.00)	0.18	(0.18)
OP97	Review of Goscote operating model	(0.50)	(0.50)	(0.00)	0.00	
Various	All Age Disability Approach	(0.75)	(0.22)	(0.35)	0.18	
Various	Public Health	(0.80)	(0.00)	(0.00)	0.80	(0.80)
Other Subtotal		(2.53)	(1.02)	(0.35)	1.16	(0.98)
Total STP 2022/23		(13.62)	(3.80)	(2.77)	7.06	(0.98)

Each benefit is “BRAG” categorised as follows:

- Blue (delivered);
- Green (on track to be delivered with no issues at year end of 2022/23);
- Amber (not guaranteed at this stage but no major issues expected, some management action needed to ensure delivery) or,
- Red - (at high risk of not being achieved either in part or in full and therefore a robust delivery plan is required)

3.7 Capital Summary

The total capital programme related to this portfolio is £0.89m. The current forecast position is projected to be £0.89m. A summary is detailed in **Table 7** below:

Service	Annual Budget	Actual Year to Date	Forecast	Year End Variance	Proposed carry forward to 2023/24
	£m	£m	£m	£m	£m
Externally Funded					
ICES (Integrated Equipment Store)	0.89	0.36	0.88	0.00	0.00
GRAND TOTAL	0.89	0.36	0.88	0.00	0.00

4. Public Health (Core Grant)

The current net forecast position before the net use of/transfer to reserves is an over spend of **£2.08m**. This is split as follows:

- (£0.88m) – Underspend on core grant as a result of vacant posts across the service and uncommitted grant allocation from 2022/23
- £2.96m – One-off projects funded from Public Health reserves

The balance of Public Health of reserves carried forward from 2021/22 was £5.45m. This includes the impact of specific COVID grant funding totalling £1.40m. There is an expectation that the remaining £3.37m will be carried forward to be utilised in future financial years in line with grant conditions.

Included in the £2.96m use of reserves is £0.800m of mitigation for the approved 2022/23 saving. This is aligned to current service reviews and plans are being developed in order to meet the delivery on this saving 2023/24 onwards.

In addition to the above, there is a total of **£2.95m** relating to the COMF (Contain outbreak management) grant to support the Local Authority's response to COVID, this is forecast to be fully utilised in 2022/23 in line with grant conditions.

5. Financial information

5.1 The financial implications are as set out in the main body of this report. The council has a statutory responsibility to set a balanced budget and to ensure it has an adequate level of reserves. The council will take a medium term policy led approach to all decisions on resource allocation.

6. Reducing Inequalities

6.1 Services consider and respond to equality issues in setting budgets and delivering services. Irrespective of budgetary pressures, the Council must fulfil equal opportunities obligations

7. Decide

7.1 To approve the recommendations as set out in this report.

8. Respond

8.1 The Executive Director for Adult Social Care, with finance in support will be working with Directors and Heads of service to review the forecast, to continue to implement mitigating actions for any forecast overspends and to consider these financial implications in line with the council's budget setting process. With regards to the expenditure funded by the Public Health grant an annual assurance statement is completed and signed off by Director of Public Health and S151 officer as required by Department of Health and Social Care.

9. Review

9.1 Regular monitoring reports are presented to Cabinet to inform them of the impact of Covid-19 and the financial forecast for 2022/23, including an update on risks and impact on the budget for 2023/24 and beyond.

Background papers: Various financial working papers

Contact Officers:

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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		To be scheduled for 6 April 2022	
29 Sept 2022	Access to GP Services	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			
29 Sept 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.			To be scheduled for 6 April 2022	

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

29 Sept 2022	Update on Urgent Treatment Centre	Committee Members visit the emergency department around 2 months after opening.				
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Social Care and Health Overview and Scrutiny Committee: Work programme 2022/23¹

Main agenda items	15/09/22	27/10/22	29/11/22	19/01/22	20/02/22	06/04/22
Theme: Primary Care Access						
Access to GP Services						Update on telephone system
Dentistry Service Provision						
Update on the Walsall Walk-in-Centre						Update on emergency dept
Theme: Emergency and Hospital Care						
Access to A&E						
Report from the CQC on Manor Hospital						
Review of Maternity Services						
Discharge of patients						
Theme: Waiting times						
Ambulance waiting times						
A&E waiting times						
Elective care (inc. Surgery)						
Theme: Children and Young Adult						
Teen pregnancy						
Childhood obesity						
Revisit: Primary Care Access						
Adult Social Care						
CQC Inspection Readiness						
Adult Social Care Reform						
Winter preparedness (Social Care and Health)		X ²				
Budget Scrutiny						
Quarter 2 Financial Monitoring						
Budget Setting 2023/23						

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

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



FORWARD PLAN OF KEY DECISIONS

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

5 September 2022

FORWARD PLAN

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

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

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

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

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

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

**FORWARD PLAN OF KEY DECISIONS
OCTOBER 2022 TO JANUARY 2023 (05.09.22)**

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
110/22 (6.6.22)	<p>Draft Revenue Budget and Draft Capital Programme 2023/24 to 2026/27:</p> <p>To provide an updated medium term financial outlook, draft revenue budget and capital programme for 2023/24 to 2026/27, including savings proposals, and to set out the process and timescales for setting a legally balanced budget for 2023/24.</p>	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Public Internal Services	Cllr Bird	19 October 2022
111/22 (6.6.22)	<p>Corporate Financial Performance 2022/23:</p> <p>To report the financial position based on 5 months to August 2022, including the impact of Covid-19.</p>	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Public Internal Services	Cllr Bird	19 October 2022
127/22 (8.8.22)	<p>Council Plan 2022/25:</p> <p>To note the Quarter 1 2022/23 (outturn) performance against the Markers of Success in the Council Plan 2022/25</p>	Cabinet Non-key decision	Elizabeth Connolly (Elizabeth.Connolly@walsall.gov.uk) Policy & Strategy Unit (policyandstrategy@walsall.gov.uk)	Internal Services	Cllr Bird	19 October 2022

108/22 (6.6.22)	Town Deal: To report for consideration business cases for the Town Deal.	Cabinet Key Decision	Philippa Venables Philippa.Venables@walsall.gov.uk	Internal Services, Town Deal Board members	Cllr Andrew	19 October 2022
114/22 (4.7.22)	West Midlands Enhanced Partnership Scheme for Buses (Variation): To approve a revised scheme to improve bus travel in the West Midlands.	Cabinet Key Decision	Matt Crowton Matt.Crowton@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022
107/22 (6.6.22)	Procurement of Corporate Landlord Strategic Partner: 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 Nick.Ford@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022
116/22 (4.7.22)	Young person homelessness accommodation and support contract awards: To approve the contract awards for: 1) Dispersed temporary accommodation and intensive housing management 2) Supported lodgings, and Night Stop and Day Stop facility	Cabinet Key Decision	Rashida Hussain Rashida.Hussain@walsall.gov.uk	Internal services, service users, external stakeholders	Cllr Ali Cllr Wilson	19 October 2022
128/22 (5.9.22)	Climate Change Action Plan: To provide an update on the Climate Change Action Plan and agree a new target.	Cabinet Key Decision	Dave Brown Dave.Brown@walsall.gov.uk Page 31 of 40	Internal Services	Cllr Flint	19 October 2022

113/22 (20.6.22)	<p>Adult Social Care – Extension of contractual arrangements:</p> <p>To approve:</p> <p>1) the extension of the interim contracts for Residential and Nursing Care Services for Older People, Complex Care and Mental Health Services from 1.4.23 to 31.3.24 with an option for a further 12 months should this be necessary.</p> <p>2) the extension of the current contractual arrangements for Community Based Services from 1.4.23 to 31.3.24 with an option for a further 12 months should this be necessary.</p>	Cabinet Key Decision	Grace Charles Grace.Charles@walsall.gov.uk	Internal Services	Cllr Pedley	19 October 2022
129/22 (5.9.22)	<p>Update on Resilient Communities Safer Streets Programme</p> <p>To report back on Safer Streets activity and will recommend any adjustments/additions to the programme.</p>	Cabinet Non-key Decision	Paul Gordon Paul.Gordon@walsall.gov.uk	Internal Services?	Cllr Perry	19 October 2022
109/22 (6.6.22)	<p>Schools Mainstream Local Funding Formula 2023/24:</p> <p>To approve a full consultation with all schools for the Mainstream Local Funding Formula, to be used for the allocation of mainstream funding to schools in Walsall</p>	Cabinet Key Decision	Schools Forum ESFA – Schools revenue funding operation guide Richard Walley Richard.Walley@walsall.gov.uk	Schools Forum Cabinet	Cllr M. Statham	19 October 2022

130/22 (6.9.22)	<p>Sexual Health and 0-19 Contracts</p> <p>To approve the extension of the integrated sexual health service, contract delivered by Walsall Healthcare NHS Trust from 01 April 2023 to 31 March 2024; and</p> <p>To delegate authority to the Executive Director of Adult Social Care, Public Health and Hub in consultation with the Portfolio Holder for Health and Wellbeing 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 to 31 March 2024.</p>	Cabinet Key Decision	Tony Meadows Interim Director of Commissioning	Internal Services	Cllr Flint	19 October 2022
131/22 (6.9.22)	<p>Community Based Services (Adult and Children's) and Complex Needs (Children's)</p> <p>To approve the extension of the two current framework agreements.</p>	Cabinet Key decision	David DeMay David.Demay@walsall.gov.uk	Internal Services	Joint report Cllr Pedley and Cllr Wilson.	19 October 2022
121/22 (8.8.22)	<p>Corporate Financial Performance 2022/23:</p> <p>To report the financial position based on 7 months to October 2022, including the impact of Covid-19.</p>	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Internal Services	Cllr Bird	14 December 2022
122/22 (8.8.22)	<p>Autumn Budget and Spending Review, and feedback from Overview and Scrutiny Committees on draft revenue and capital budget proposals, 2023/24 to 2026/27:</p>	Cabinet Non-key decision	Vicky Buckley Vicky.Buckley@walsall.gov.uk	Public Internal Services	Cllr Bird	14 December 2022

	To provide an update on the impact of the Autumn Budget and Spending Review on the medium term financial outlook, and to consider feedback from Overview and Scrutiny Committees on the draft revenue and capital budget.					
123/22 (8.8.22)	<p>Treasury Management Mid Year Position Statement 2022/23:</p> <p>The council is required through regulations issued under the Local Government Act 2003 to produce a mid-year position statement reviewing treasury management activities and prudential and treasury indicator performance.</p>	<p>Cabinet</p> <p>Non-key decision</p>	<p>Vicky Buckley</p> <p>Vicky.Buckley@walsall.gov.uk</p>	Internal Services	Cllr Bird	14 December 2022
124/22 (8.8.22)	<p>Schools Mainstream Local Funding Formula 2023/24:</p> <p>That Cabinet approves the Mainstream Local Funding Formula, to be used for the allocation of mainstream funding to schools in Walsall</p>	<p>Cabinet</p> <p>Key Decision</p>	<p>Walsall Schools Forum report December 2022 – Proposed Schools Local Funding Formula 2023/24</p> <p>ESFA – Schools revenue funding operation guide</p> <p>Richard Walley</p> <p>Richard.Walley@walsall.gov.uk</p>	<p>Schools Forum</p> <p>Cabinet</p>	Cllr M. Statham	14 December 2022
125/22 (8.8.22)	<p>Housing First contract award:</p> <p>To approve the contract award enabling the continuation of flexible support to former rough sleepers housed through the Housing First initiative</p>	<p>Cabinet</p> <p>Key decision</p>	<p>Neil Hollyhead</p> <p>Neil.Hollyhead@walsall.gov.uk</p> <p>Page 34 of 40</p>	Internal services, service users, external stakeholders	Cllr Ali	14 December 2022

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Next = 132/22

**FORWARD PLAN OF KEY DECISIONS
OCTOBER 2022 TO JANUARY 2023 – ADDITIONAL ITEMS (20.09.22)**

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
132/22 (20.09.22)	Black Country Plan Regulation 19: To approve consultation on Publication (Regulation 19) version of the Black Country Plan, and to delegate authority to submit the Publication Black Country Plan and any recommended minor modifications to the Secretary of State.	Council Key Decision	Neville Ball Neville.Ball@walsall.gov.uk Patrick Jervis Patrick.Jervis@walsall.gov.uk	Internal Services	Cllr Bird	19 October 2022
108/22 (6.6.22)	Town Deal: To report for consideration business cases for the Town Deal. <i>This will be a private session report containing commercially sensitive information.</i>	Cabinet Key Decision	Philippa Venables Philippa.Venables@walsall.gov.uk	Internal Services, Town Deal Board members	Cllr Andrew	19 October 2022
126/22 (8.8.22)	Strategic acquisition of a freehold heritage building in Walsall Town Centre: To seek approval to the freehold acquisition of a heritage property in Walsall Town Centre to support the preservation of the property.	Cabinet Key Decision	Nick Ford Nick.ford@walsall.gov.uk Bryte Legister – Bryte.Legister@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022

	<i>This will be a private session report containing commercially sensitive information.</i>					
133/22 (20.09.22)	<p>Waste Management Strategy – Waste Transfer Station (WTS) and Household Waste Recycling Centres (HWRC):</p> <p>To seek approval for the pre-tender budget and amendment of the Capital Programme, to provide a new waste transfer station (WTS) and household waste recycling centre (HWRC).</p> <p><i>This will be a private session report containing commercially sensitive information.</i></p>	Cabinet Key Decision	Stephen Johnson Stephen.Johnson@walsall.gov.uk	Internal Services	Cllr Andrew	19 October 2022

**Black Country Executive Joint Committee
Forward Plan of Key Decisions Published up to January 2023**

<u>Date created</u>	<u>Key Decision</u>	<u>Contact Officer</u>	<u>Main Consultee</u>	<u>Date of meeting</u>
09/05/2022	<p>Future working arrangements of the Black Country Executive Joint Committee</p> <p>Consider the future working arrangements in light of the receipt of Government correspondence dated 31 March 2022: Integrating Local Enterprise Partnerships into local democratic institutions.</p>	<p>Sarah Middleton Sarah.Middleton@blackcountryconsortium.co.uk</p>	<p>Dudley MBC Sandwell MBC Walsall MBC City of Wolverhampton Council</p>	19/10/2022
Black Country Enterprise Zone (EZ)				
06/06/2022	<p>Governance Principles: Enterprise Zones</p> <p>Approval of the amended Supplemental Deed of <i>Governance Principles: Enterprise Zones</i>, relating to the Black Country Executive Joint Committee Collaboration Agreement.</p>	<p>Simon Neilson Simon.neilson@walsall.gov.uk</p>	<p>Walsall Council</p>	19/10/2022
Land and Property Investment Fund (LPIF)				
25/08/2022	<p>Swan Lane West Bromwich</p> <p>Approval for the Accountable Body for the Land and Property Investment Fund (Walsall Council) to proceed to enter into a Grant Agreement with Green Square Accord Ltd for £3.2m, to deliver the Land and Property Investment Fund (LPIF), funded elements of the Swan Lane West Bromwich project</p>	<p>Tony McGovern Tony.McGovern@sandwell.gov.uk</p>	<p>Sandwell Council</p>	19/10/2022

**Black Country Executive Joint Committee
Forward Plan of Key Decisions Published up to January 2023**

<u>Date created</u>	<u>Key Decision</u>	<u>Contact Officer</u>	<u>Main Consultee</u>	<u>Date of meeting</u>
	with delivery to commence in the 2022/23 financial year.			
Local Growth Fund (LGF)				
25/08/2022	<p>Mill Lane Bridge GRIP 3 Study & Aldridge Line Aqueduct GRIP 3 Study</p> <p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Walsall Council, to deliver the Local Growth Fund (LGF) funded elements of the Mill Lane Bridge GRIP 3 Study & Aldridge Line Aqueduct GRIP 3 Study project.</p> <p>Note that change request relates to a change in match funding.</p>	<p>Simon Neilson Simon.neilson@walsall.gov.uk</p>	Walsall Council	19/10/2022
Local Growth Fund (LGF) Programme changes				
06/04/2021	<p>Dudley Advanced Construction Centre</p> <p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with Dudley College, to deliver the Local Growth Fund (LGF) funded elements of the Dudley Advanced Construction Centre project with delivery to continue in the 2022/23 financial year.</p>	<p>Helen Martin Helen.Martin@dudley.gov.uk</p>	Dudley Council	01/02/2023

**Black Country Executive Joint Committee
Forward Plan of Key Decisions Published up to January 2023**

<u>Date created</u>	<u>Key Decision</u>	<u>Contact Officer</u>	<u>Main Consultee</u>	<u>Date of meeting</u>
	Note that change request relates to a change in outputs.			
06/09/2021	<p>Elite Centre for Manufacturing Skills</p> <p>Approval for the Accountable Body for the Growth Deal (Walsall Council) to proceed to amending the Grant Agreement with the University of Wolverhampton, to deliver the Local Growth Fund (LGF) funded elements of the Elite Centre for Manufacturing Skills (ECMS) project with delivery to continue in the 2022/23 financial year.</p> <p>Note that change request relates to a change in outputs.</p>	Richard Lawrence Richard.Lawrence@wolverhampton.gov.uk	Wolverhampton City Council	01/02/2023