Social Care and Health Overview and Scrutiny Committee

Thursday 15 December 2022 at. 6.00 p.m.

Conference room 2, Walsall Council.

Committee Members Present

Councillor K. Hussain (Chair)
Councillor V. Waters (Vice-Chair)
Councillor R.K. Mehmi
Councillor K. Sears
Councillor W. Rasab
Councillor L. Rattigan

Portfolio Holder – Adult Social Care
Councillor K. Pedley

Portfolio Holder – Health and Wellbeing
Councillor G. Flint

Officers

Walsall Council

K. Allward	Executive Director for Adult Social Care
J. Thompson	Democratic Services Officer

Walsall Healthcare Trust and Wolverhampton Hospital Trust

Professor D. Loughton	Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust

Black Country Integrated Care Board (ICB)

G. Griffiths - Dale	Walsall Managing Director
Dr. Anand Rischie	Chair of the Integrated Care Board Commissioning Committee

28/22 Apologies

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

29/22 Substitutions

There were no substitutions for the duration of the meeting.

30/22 Declarations of Interest and Party Whip

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

31/22 Local Government (Access to Information) Act 1985 (as amended)

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

32/22 Minutes

A copy of the Minutes of the meeting held on the 27 October 2022 was submitted [annexed].

Resolved:

That the minutes of the meeting held on the 27 October 2022, a copy previously been circulated, be approved and signed by the Chair as a true and accurate record.

33/22 Waiting Times for Elective Care

The Chair invited the Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust, Prof. Loughton to present a presentation to the Committee on waiting times for elective care.

Prof. Loughton informed the Committee that the Walsall Health Care Trust was on track to meet the target of 78 weeks to treatment from a referral by March 2023. However, planned industrial action could have an impact on meeting the target. Furthermore, the waiting time for referrals to treatment was 104 weeks which required improvement. In addition, Walsall Health Care Trust was in the top quartile for 62-day GP cancer referrals, however, overall cancer referrals had increased.

Prof. Loughton also informed the Committee that Walsall was performing well in its delivery of day surgery, but there were some challenges due to insufficient theatre staff and anaesthetists. More wards and theatres were now planned to be built at Cannock Chase Hospital and this was advantageous because it did not have an A&E department meaning that the focus could remain on day surgery patients. In addition, two theatres had been refurbished at Walsall Manor Hospital and plans were in place to refurbish four more in the future. Moreover, Walsall Manor Hospital now had a surgical robot and would benefit from the research opportunities that it would bring.

Concluding Prof. Loughton conveyed to the Committee that while some of the waiting times for elective care were improving the length of the waiting times required improvement.

The Chair thanked Prof. Loughton for his presentation to the Committee and invited Members to ask questions.

A discussion took place around the surgical robot that had been installed at Walsall Manor Hospital. Mr Prof. Loughton offered to share video footage of the robot with the Committee Members in the future.

In response to a question from a Member, Prof. Loughton informed the Committee that Cannock Chase Hospital was also used by NHS Trusts in Staffordshire, but Walsall had good transport links to the hospital.

A discussion took place between Members and Prof. Loughton around the work the Trust was undertaking to tackle waiting times. In this discussion Prof Loughton informed the Committee that the Trust was employing more staff on a permanent basis to reduce the cost of using agency staff and to deliver better services. For example, three new haematology consultants had been recruited through the Trust's training programme and that these new consultants would help to reduce waiting times. In addition, the continued push for increasing the number of permanent staff would reduce the demand for overtime. Overtime was not a financially viable long term option to the Trust due to changes in pension contributions for employees overtime pay.

Prof. Loughton also informed the Committee that the Trust was recruiting more staff from overseas to help deal with increased pressure. This included over three thousand nurses and seven hundred doctors for the West Midlands and that only 4% of these hires were lost on average. There was a feeling amongst patients that to be seen more quickly they would need to seek treatment in the private sector, however, there were issues with this as private capacity had also been reduced in recent years. Nevertheless, some Trust such as in Wolverhampton, were transferring some capacity to private hospitals.

Finally, Prof. Loughton informed the Committee that he accepted waiting times needed to improve. The waiting list was organised based on the clinical needs of patients and while additional staff would help to alleviate some pressure, it would not eliminate the significant pressure on waiting times.

The Chair thanked Prof. Loughton for answering the Committees questions and expressed the Committees thanks to the staff of the Trust.

Resolved

- That the Committee note the presentation and the description of the challenges faced by the service.
- That the Committee be shown a video of the new surgical robot installed at the Walsall Manor Hospital at a future meeting.

34/22 Maternity Services Update

The Chair invited the Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust, Prof. Loughton to introduce the update report on maternity services.

Prof. Loughton explained to the Committee that the Maternity Service had been inspected in 2019 and was rated ‘good’, it was reinspected in 2020 and 2021 and was found to ‘require improvement’. However, maternity was under pressure across the country and to help with staffing issues in maternity services, thirty new midwifes had been recruited from other parts of the NHS and there was a team of recruiters in South Africa to interview potential new midwifes. Furthermore, £5 million was being invested in the maternity department at Walsall Manor Hospital, this would be used to create a dedicated entrance and for improving security.

The Walsall Health Care Trust wished to engage with the Committee on its plan to engage with the public on a planned closure of the separate midwifery led unit and to situate it next to the consultant led unit based in the Manor Hospital. Prof. Loughton conveyed to the Committee that he believed that the closure of the separate midwifery led unit and subsequent movement of the unit to the Manor Hospital should deliver improvements in the service. It would allow people to give birth in the midwifery led unit that could not done before due to risk as the consultant unit would be next door to it allowing rapid transfer of patients when needed.

A discussion then took place around the training of overseas clinical staff including midwifes. Prof. Loughton informed the Committee that overseas staff were assessed on their level of competency, and this determined how long any additional training would take before being allowed to practice. This meant that staff recruited from overseas would be trained to the same standard as someone who was trained domestically.

In response to a Members question on transfer of patient information between various midwifery units Prof. Loughton explained to the Committee that the transfer of patient records was better but improvements still needed to be made.

Resolved

That the Committee noted and endorsed the plan for patient and public involvement in the proposed closure of the midwifery led unit and its subsequent move to Walsall Manor Hospital.

35/22 Urgent Item – Primary Care Access (GP contract renewal)

The Chair reported that he wanted to include an urgent item on the agenda following a letter that he had sent to the Integrated Care Board (ICB) regarding the renewal of contracts by the ICB for certain GP practices. The Chair asked Managing Director for Walsall at the ICB, Mr G. Griffiths-Dale, to explain the review process for the renewal of these contracts. The item was urgent because of upcoming renewals for GP practices that had been subject to criticisms by Councillors and residents, some of which had been voices at previous meetings of the Committee.

Mr G. Griffiths–Dale responded that he would provide a written response to the Chairs letter in due course. He also explained that there were two different types of contracts that the ICB used, these were General Medical Service contracts, which were permanent, and others were Alternative Provider Medical Services contracts, which were temporary. Mr G. Griffiths–Dale informed the Committee that he had instructed the Primary Care Team to consult with Councillors regarding reviews of GP practices located in their wards and with the Committee on renewals. One of the ways this would be facilitated is through the creation of a schedule which would list which GP practices were up for contract renewal and when.

Mr G. Griffiths-Dale also informed the Committee that he had been in contact with Modality who ran the Harden/Blakenall GP Family Practice as to whether the site of the practice should be closed. Mr G. Griffiths–Dale requested that the Committee allow representatives from Modality to speak to the Committee at a future meeting before they began a planned public consultation. The Portfolio Holder for Health and Wellbeing asked for clarification on the pre-consultation by Modality for the Harden/Blakenall GP Family Practice. Mr G. Griffiths-Dale clarified for the Committee that the ICB had asked Modality to carry out a public consultation ranging from opening a new practice on the site to closing the practice. The ICB had requested that before the consultation began the Committee be asked for its input to make sure that the public consultation gathered all the necessary information before being carried out. When the consultation began, because the proposals were major changes the Committee would be able to add their input into the consultation also.

A Member asked what had been done in preparation for winter pressures to make sure patients could access GP appointments. Mr G. Griffiths–Dale responded that the ICB had implemented extended access, meaning that around an extra 60 minutes of appoints per 1,000 patients had been commissioned, which worked out to around 30,000 additional appointments. The ICB had also taken action to double the paediatric capacity and extended access at the urgent care centre to help address the rise in Strep A cases amongst children. Furthermore, the information on the winter preparation and the take up of this extra provision could be provided to the Committee in the new year.

A discussion took place around supply issues of antibiotics for Strep A cases. Dr. Anand Rischie, from the ICB informed the Committee that a 'shortage protocol' for antibiotics had been implemented. He explained that the shortage was due to increased demand due to a reduction in the threshold in their use for suspected Strep A. One of the solutions to this was that second- and third-line antibiotics were being given initially to treat patients.

The Portfolio Holder for Adult Social Care thanked the Chair for his letter and suggested that in the future the Council and partners should look at a new model for GP services within the Borough. In response, Mr G. Griffiths-Dale advised the Committee that the ICB was happy to continue with current model of commissioning and any potential changes would have to consider multiple options and should build on existing partnership work.

In response to a set of questions on the review of GP practice contracts, Mr G. Griffiths-Dale explained to the Committee that while it was possible for the ICB to offer shorter contracts to GP practices, there was the possibility that they would not accept them. Furthermore, that primary care models of directly run GP practices was being looked at but it was important to recognise that relationship had been built with many GP practices and that they could not be replaced quickly. Additionally, each GP practice should be looked at by the service it was providing and Primary Care Committee at the ICB would look at the feedback of patients when considering the renewal of contracts on a case-by-case basis. Finally, that any move to a model in which GP practices were directly controlled, the ICB would need to consider how long current contracts were renewed for.

Resolved

That an item on GP practice contract renewals be added to the agenda of the next meeting.

36/22 Recommendation Tracker

The Democratic Services Officer informed the Committee that email communications had been sent to both the Walsall Healthcare NHS Trust regarding a visit to the Urgent Care Centre and West Midlands Ambulance Service regarding a visit to their call handling centre.

Resolved

That the Recommendation Tracker be noted.

37/22 Areas of Focus

The Democratic Services Officer informed the Committee of the two planned items for the next meeting of the Committee. In addition, that in consultation with the Chair the item of GP contract renewal would be added as an item for the next meeting of the Committee.

38/22 Date of next meeting

The next meeting of the Committee was scheduled to take place on the 19 January 2023.

The meeting terminated at 19:51p.m.

Signed:

Date: