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 the 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 deliver 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 apresentation [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 28days 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 to Council to know fully what the demand in the future would be.

Resolved

1. **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.**
2. **That the Committees 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 appendixes.

Members sort clarification from the Lead Accountant for Adult Social Care and Public Heath 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 concerned 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 saving 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: