

Social Care and Health Overview & Scrutiny Committee

Meeting to be held on: Thursday 6 April 2023 at 6.00 P.M.

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

Public access to meeting via: www.WalsallCouncilWebcasts.com

MEMBERSHIP:

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

PORTFOLIO HOLDERS:

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

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Democratic Services, Council House, Lichfield Street, Walsall, WS1 1TW

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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 6 April 2023.	<u>Enclosed</u>
<u>Scrutiny</u>		
6.	Access to GP Services – Update on telephone systems To receive an update on the telephone systems in GP practices.	<u>To follow</u>
7.	Dental Services Briefing (NHS England) To receive a report on current the state of dental services, types of services and the recovery and restoration activities of commissioners. It summarises the impact of the pandemic and outlines future investment.	<u>Enclosed</u>
8.	Update on the Walsall Walk-in-Centre and Emergency Department To receive an update on the Walsall Walk-in-Centre and Emergency Department.	<u>To follow</u>
<u>Overview</u>		
9.	Recommendation Tracker To review progress with recommendations from previous meetings.	<u>Enclosed</u>
10.	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>
11.	Date of next meeting The date of the next meeting will be agreed at Annual Council.	

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 21 February 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 R. Worrall
Councillor R. Martin
Councillor R.K. Mehmi
Councillor P. Smith

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
S. Gunther	Director for Public Health
E. Higdon	Senior Public Health Development Manager
J. Thompson	Democratic Services Officer

Black Country Integrated Care Board (ICB)

G. Griffiths - Dale	Walsall Managing Director
Dr. N. Sahota	Representative from Modality

Walsall Healthcare Trust and Wolverhampton Hospital Trust

Professor D. Loughton	Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust
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51/22 Apologies

Apologies were received from Councillors: G. Clarke, W. Rasab and L Rattigan.

52/22 Substitutions

There were no substitutions for this meeting.

53/22 Declarations of Interest and Party Whip

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

54/22 Local Government (Access to Information) Act 1985 (as amended)

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

55/22 Minutes

A copy of the Minutes of the meeting held on the 19 January 2023 was submitted [annexed].

Resolved:

That the minutes of the meeting held on the 19 January 2023, a copy previously been circulated, be approved and signed by the Chair as a true and accurate record.

56/22 Primary Care Access

The Chair invited the Walsall Managing Director from the Black Country Integrated Care Board (ICB) to introduce the report to the Committee. The Walsall Managing Director introduced Dr. N. Sahota from Modality who worked at the Harden/Blakenall GP Practice. Dr Sahota went through a presentation for the Committee [see annexed].

At the end of the presentation Members asked a series of questions on plans for the Harden/Blakenall GP Practice and access to GP practices across the Borough. The responses to these questions included:

- The planned reopening of the closed Blakenall site was scheduled for the second week of March, however, this was subject to the NHS IT system being installed and being ready to use;
- Access to GPs was a national issue and not just an issue in Blakenall;
- Modality were planning to implement a new telephone system which would be linked to an online booking system to allow patients to book an appointment;
- This new system would hopefully improve access to patients as it had been implemented at two other practices which had shown improvements since using it;
- This new telephone system would allow patients the option to a call back instead of having to wait in a queue to speak to a receptionist, this method was called a queue buster;
- There was still an issue with the 8am rush for appointments each morning;

- The reason for the difficulty in patients getting an appointment was partly due to the problems in recruiting clinical staff;
- Modality did offer appointments to patients who attended the practice in person in the mornings, however, the demand for appointments outstripped the supply and thus appointments could not be offered at practices at all times;
- The Walsall Managing Director was not aware of any plans to contract out the NHS 111 service however, a briefing on the service could be provided to the Committee;
- The Harden/Blakenall GP Practice was aiming to become a teaching practice and this would help with the recruitment and retention of staff;
- It was important that patients informed the practice of the issues they were experiencing and to raise complaints where necessary;
- Staff have customer care training and staff are encouraged to report staff who do not follow customer care properly;
- There was currently not enough capacity to offer later appointment dates and staff were burnt out trying to meet current demand in the system;
- Receptionist were provided with basic first aid training;
- A certain number of appointments were blocked off for same day appointments however the demand for appointments still outstripped supply;
- The new triage system should enable receptionists to able to make appointments based on the need and vulnerability of patients;
- It was accepted that there was a lot of variation in the system and that this caused problems for patients.

Resolved

That the Committee note the presentation provided by Modality.

57/22 Teen Pregnancy

The Senior Public Health Development Manager presented a presentation provided to the Committee [see annexed].

At the end of the presentation Members asked a series of questions on the topic, the responses from officers included:

- The Council and partners were carrying out work to help children and young people who were not in school, those who had experienced domestic violence or other trauma or were experiencing mental health issues;

- The focus needed to be on making sure that young people had ambitions, thereby contributing towards reducing teen pregnancy;
- The Teen and Toddler Programme was still being run by the Walsall Healthcare Trust with input from partners such as schools and the Council and ran in the school holidays. The Teens and Toddler Programme supported pupils identified as vulnerable to teen pregnancy and was offered to girls and boys in schools with high levels of teen pregnancy and also to individual young people known to the Teenage Pregnancy Service;
- Young People under the care of social services received support around education, raising aspirations and mental health. The aim of increasing their aspiration and confidence was to help them to resist the pressure to feel that parenthood was their only option. In addition, a multi-agency approach was needed to help Walsall reduce its teenage pregnancy rate;
- The demographic data showed that teen pregnancy rates were higher in children with a European background;
- All schools taught sex education under the national curriculum, but an additional focus was needed on priority areas of the Borough;
- It was recognised that, having a child put pressure on even stable relationships;
- The Council was not the only organisation who funded work around teen pregnancy. A whole system approach was needed to support vulnerable young people;
- There were second time teen pregnancies figures within the Borough and these figures could be supplied to the Committee.

Both the Portfolio Holder for Health and Wellbeing and the Chair of the Committee thanked the public health team for their work on teen pregnancy.

Resolved

- 1. That the Committee recognise that teenage pregnancy reduction could not be tackled by one organisation alone and to support the strong partnership of key organisations who were needed to implement a successful integrated strategy.**
- 2. That the Committee note the report on Teen Pregnancy.**

Note: Councillor Worrall left the meeting after this item.

58/22 Childhood Obesity

The Director for Public Health went through a presentation with the Committee [see annexed].

Note: Councillor Martin left the meeting during the presentation.

A Member asked whether there was a correlation between deprived areas and the amount of obesity. The Director for Public Health responded that there was a correlation between deprived areas and the levels of obesity, and this was consistent with figures from across the Country.

In response to a question from a Member on schemes the Council were running to help encourage children to exercise the Director for Public Health responded that the Council was running a number of schemes including the Beat the Streets Programme.

In response to a Members question the Portfolio Holder for Health and Wellbeing stated that he was supportive of allotment scheme. The schemes helped children to understand where food came from and encouraged them to eat healthier foods. The Council would be seeking to expand the scheme seen in Rushall to other parts of the Borough in the future.

In response to a question on how planning policy could be used to help control the amount of fast-food businesses in the Borough the Director for Public Health informed the Committee that in the development of the Walsall Plan there would be an opportunity to include wellbeing as a key consideration within planning policy.

Responding to questions on food and physical education in schools, the Director for Public Health informed the Committee that the Council ran programmes with schools, such as Food for Life, to help teach children about healthy eating and further work was being planned to help target this support. Additionally, physical education was ringfenced in junior schools.

The Executive Director for Adult Social Care added that from a survey of Council employees the majority of the employees found that their work life balance was better now that they had the option to work from home and this improved their eating habits and that they had more time to exercise. The Chief Executive of Walsall Healthcare Trust and Wolverhampton Hospital Trust added that as employers the Council and the Walsall Manor Hospital NHS Hospital Trust should be supporting employees with online exercise classes.

Resolved

- 1. That the Committee recognise that childhood obesity reduction cannot be tackled by one organisation alone and that a strong partnership of key organisations is needed to implement a successful integrated wider system solution including within and outside the Borough.**
- 2. That the Committee note the report on Childhood Obesity.**

59/22 Procurement of Adult Sexual Assault Referral Centre (SARC) services across the West Midlands – Consultation

The Democratic Services Officer introduced the report and explained to the Committee that this consultation had been sent by NHS England and they had invited Members to make a comment on the procurement process. In addition, the Committee was informed that feedback and comments could be given to the Democratic Services Officer to be passed onto the NHS by the end of March 2023.

There were no questions on this item.

Resolved

- 1. That the Committee note the report.**

60/22 Recommendation Tracker

The Democratic Services Officer informed the Committee that as the minutes of the previous meeting had been approved by the Committee, they would be sent to the Integrated Care Board as requested at the last meeting. In addition, The Cabinet would be presented with a report on the 22 March 2023 based on the recommendation made by the Committee at its meeting on the 19 January 2023, in relation to the concerns raised by the Committee on the levels of debt owed by the ICB.

Resolved

That the Recommendation Tracker be noted.

61/22 Areas of Focus

The Democratic Service Officer informed the Committee of the four planned items for the next meeting of the Committee. The four items scheduled for the next meeting were as follows:

- Access to GP Services – Update on telephone system
- Dentistry Service Provision
- Update on the Walsall Walk-in-Centre and Emergency Department
- Care Quality Commission Inspection Readiness

Resolved

That the Areas of Focus be noted.

62/22 Date of next meeting

The next meeting of the Committee was scheduled to take place on the 8 April 2023.

The meeting terminated at 20:22p.m.

Signed:

Date:

6 April, 2023

Dental Services Briefing (NHS England)

Ward(s): All

Portfolios: Health and Wellbeing

1. Aim

To brief the committee and issues relating to dental services in Walsall.

2. Recommendations

To note the report and identify any further information required.

3. Report detail – know

The report sets out the current state of dental services, types of services and the recovery and restoration activities of commissioners. It summarises the impact of the pandemic and outlines future investment.

4. *Financial information*

N/A.

5. *Reducing Inequalities*

The pandemic has brought health inequalities into focus and investment and restorations schemes have focussed on improving access for vulnerable and disadvantaged groups. Through the Local Dental network relationships with local authority and third sector colleagues being developed. Commissioning responsibility is being devolved to ICBs from 1.4.23 and this offers greater opportunities to focus on inequalities at a more local level, given the “at scale” focus of NHSE.

6. Decide

N/A

7. Respond

Any recommendations from the Committee will be shared with ICS colleagues for review and response.

8. Review

Access to dental services is a local and national priority and is under regular review. There are 2 mandatory review periods: in October and after financial year end. Access and activity levels are reported by the BSA and based on contractors' submissions. All dental activity is recorded and submitted to the Business Services Authority which houses national dental data. Reports are available at different frequencies and may deal with patient numbers and or activity delivered, and the type of activity delivered. The dental team regularly monitors and reviews additional information from complaints, NHS111, clinical networks and other stakeholders. There have been some contractual changes however it is too soon to assess the impact. Further changes are anticipated which will enable commissioners to remove activity from underperforming contracts without the providers consent, though there will be specific circumstances and timescales to be met and this amendment has not yet received parliamentary approval.

Commissioners propose updating the Committee on dental matters; and respectfully suggest that this would be most helpful in April 24, when recovery is advanced, and the contract amendments have had time to take effect. In addition, commissioning responsibility passes to ICBs on 1.4 23 and this should be borne in mind.

Background papers

None

Author

Tracy Harvey

Senior Commissioning Manager: Pharmacy, Dental and Optometry for The Black Country and Birmingham and Solihull.

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Dental Briefing to Walsall HOSC April 2023

NHS England has been approached for an update on the position of dental services. This briefing is written as background reading and introduction to the current situation. At the April Committee a brief presentation will be given with high level information; the background briefing is intended to aid and promote discussion.

This briefing has been developed between NHS England Commissioning Team managers and Consultants in Dental Public Health. NHSE has provided specific information as requested on children's access, domiciliary services and the issue of identification of oral cancers.

From 1st April 2023 Integrated Care Boards will take over responsibility for the commissioning of dental, optometric and community pharmacy services. For practical purposes commissioning activity will be provided via The Office of The West Midlands on behalf of ICBs and the current NHSE team will TUPE over into the host ICB.

Introduction

It is important to clarify that NHS dental care, including that available on the high street (primary care), through Community Dental Services or through Trusts is delivered by providers who hold contracts with the NHS. All other dental services are of a private nature and outside the scope of control of dental commissioners. The requirement for NHS contracts in primary and community dental care has been in place since 2006. In 2006 when PCTs took on commissioning responsibility existing providers were "grand-parented" onto the, then new, contract. All contracts for new practices issued since that point have been awarded following a formal procurement process conducted in line with the Public Contract Regulations to ensure a fair competition, value for money selection of the most suitable providers. Contracts cannot be awarded on demand. Local short-term arrangements can be put in place on a non-recurrent basis subject to affordability. Contract currency is measured in UDA: units of dental activity and or UOA: units of orthodontic activity and each contractor is required to deliver a specific amount of activity for an annual contract value.

The myth of registration.

Despite consistent use of the term "registration" there is no such system with a dental practice. People with open courses of treatment are practice patients during the duration of their treatment, however once complete; apart from repairs and replacements the practice has no ongoing responsibility. People often associate themselves with dental practices, but this does not convey any rights to access. Many dental practices may refer to having a patient list or taking on new patients, however this does not represent registered status in the same way as for GP practices. Patients are free to attend any dentist who will accept them. Commissioners have no mechanism to allocate patients to practices; there is a mechanism for this in GP practices.

Dental access statistics are based on numbers of patients in touch with practices within a 24-month period (for adults) or 12 months for children. Before COVID patients would often make repeat attendances at a "usual or regular dentist". This would be the list of patients

who would be recalled regularly for check-ups, whether necessary or not. During the pandemic contractual responsibilities were amended and in order to benefit from payment protection practices were required to prioritise urgent care; vulnerable patients (including children) and those whose dental health makes it likely they would benefit from an opportunistic check-up. Amendments are being made to the current contract to ensure that Recall Interval Guidance is followed which will improve access as unnecessary appointment levels will reduce.

Current Situation/ Post Pandemic Dental Services

The pandemic had a devastating impact on dental access and 2 million appointments were lost. This is because practices being directed to close for a period. Commissioners organised a series of urgent Dental Care Centres across the Midlands during the pandemic to ensure access was available to urgent dental care. Once practices reopened they had much lower throughput as significant infection control measures had to be implemented as did very strict social distancing standards, specific numbers of air changes per hour and improved ventilation processes, fallow time in surgeries a period of time for which the surgery must be left empty following any aerosol-generating procedure (AGP). An AGP is one that involves the use of high-speed drills or instrument and would include fillings or root canal treatment) and use of enhanced levels of personal protective equipment (the impact being the time it takes to don and doff between patients plus space requirements). In addition, practice staff caught covid on occasion resulting in lower levels of staff being available.

The effects have been similar in community and secondary care due to restricted capacity.

Practices were required to meet a set of conditions that included a commitment to prioritise urgent care for both their regular patients and those referred via NHS111 and to prioritise additional capacity for vulnerable patients.

For a large part of 2020 many practices were offering only about 20% of the usual number of face to face appointments and relying instead on providing remote triage of assessment, advice, and antibiotics (where indicated). The situation improved in early 2021 and since then practices have been required to deliver increasing levels of activity, from June 2022 full contractual levels have been restored.

Aside from the effects of reduced dental access, it is possible that the pandemic will have other long-term effects on oral and general health due to the impact on nutritional intake – for example, increased consumption of foods with a longer shelf life (often higher in salt or sugar), coupled with possible increased intake of high-calorie snacks, takeaway foods and alcohol. Increases in sugar intake and alcohol intake could have a detrimental effect on an individual's oral health. Again, those impacted to the greatest extent by this are likely to be the vulnerable and most deprived cohorts of the population, thus further exacerbating existing health inequalities. Finally, it is important to note that some of the most vulnerable in the population, whose oral health may have been affected by the pandemic as described above, are also those individuals who are at greater risk of contracting COVID-19 and of experiencing worse outcomes due to risk factors linked to other long term health conditions.

National guidance and directions were issued and revised throughout the pandemic period in response to the changing situation and since summer 2022 restrictions have been lifted.

The current situation is that 1.3m appointment have been made up and the gap stands at a little over 700, 000 lost appointments (February 2023 data).

There have been and will continue to be several recovery and restoration activities commissioned to support a return to pre pandemic levels of activity and access.

Walsall

Walsall has 38 dental contracts (in 26 practices) of varying sizes which offer a range of routine dental services. Secondary care is provided by Walsall Health care NHS Trust, with Community Dental Services for special care adults and children being delivered by Birmingham Community Health Care Trust (BCHC) (from a number of clinics across the Walsall area). Patients may have to travel to the Dental Hospital in Birmingham for more specialist services such as complex Restorative dentistry, Oral Medicine or to the Children's Hospital should a child have complex medical issues.

Orthodontic challenges

During 2022 2 orthodontic providers handed back their orthodontic contracts, one of which was the main provider locally. This has led to a need to procure a new practice in Walsall to replace the lost capacity. A public and patient exercise has been planned and will be launched once the local elections have completed. Commissioners will be tendering for a provider via a formal procurement process. As an interim measure and on an annual basis commissioners (who technically hold the former practices waiting lists) have and will source providers to ensure that children who had expected to commence treatment in a specific year will be able to commence treatment though at an alternative practice. Commissioners are working through the waiting lists in the order of the lists as supplied by the former providers.

A map of the location of local dental surgeries is given in Appendix 1. To note; In some cases there will be practices in close proximity and the numbers on the map reflect this where the scale does not permit them being displayed individually. The two maps have shading showing travel times by public transport or car.

Prior to the pandemic the Black Country generally had some of the highest access rates across the region. There were however some local areas where issues had been identified.

A strategic review of access is planned, however there are generally other priority areas across the region where access is significantly worse. Commissioners now have access to a mapping tool to identify local areas which may have specific issues (in a similar way to the work conducted in 2019) which may assist in a more targeted approach to tackle these areas.

Before the pandemic, in general around 50% of the population were routinely in touch with NHS high street dental services; the numbers of people attending private services is not known; but is not 50% of the population.

Many people with chaotic lifestyles or who are vulnerable may not engage with routine care and may instead use out of hours dental services. Individuals are free to approach practices to seek dental care and further information on NHS dental practices is available on the NHS website:

<https://www.nhs.uk/service-search/find-a-Dentist> although information provided by local dentists may not always be fully up to date.

Dental Charges

Dentistry is one of the few NHS services where you have to [pay a contribution towards the cost of your care](#). The current charges are:

- **Emergency dental treatment – £23.80** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £23.80** This covers an examination, diagnosis (including [X-rays](#)), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of [fluoride](#) varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £65.20** This covers everything listed in Band 1 above, plus any further treatment such as fillings, [root canal work](#) or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £282.80** This covers everything listed in Bands 1 and 2 above, plus crowns, [dentures](#), bridges and other laboratory work.

Any treatment that your dentist believes is clinically necessary to achieve and maintain good oral health should be available on the NHS.

More information here: <https://www.nhs.uk/using-the-nhs/nhs-services/dentists/understanding-nhs-dental-charges/>

All NHS dental practices have access to posters and leaflets that should be prominently displayed.

[How much will I pay for NHS dental treatment? - NHS \(www.nhs.uk\)](#)

The proportion of adult patients who are exempt from NHS charges is just under a third but varies between practices.

Current Access

The graphs below show the average pattern of delivery of activity over the course of the pandemic and how this has increased regionally, together with more local information for the Black Country which pre COVID generally had the best access regionally.

Each system started at a different level of access expressed as % of 2020 population

Shropshire, T & W	55.67%
Staffordshire, SOT	55.86%
Black Country*	57.45%

Birmingham & Solihull*	52.54%
Hereford & Worcester	51.73%
Coventry & Warwick	56.36%

* 2020 boundaries

Current (Feb 2023) expressed as % of 2022 population

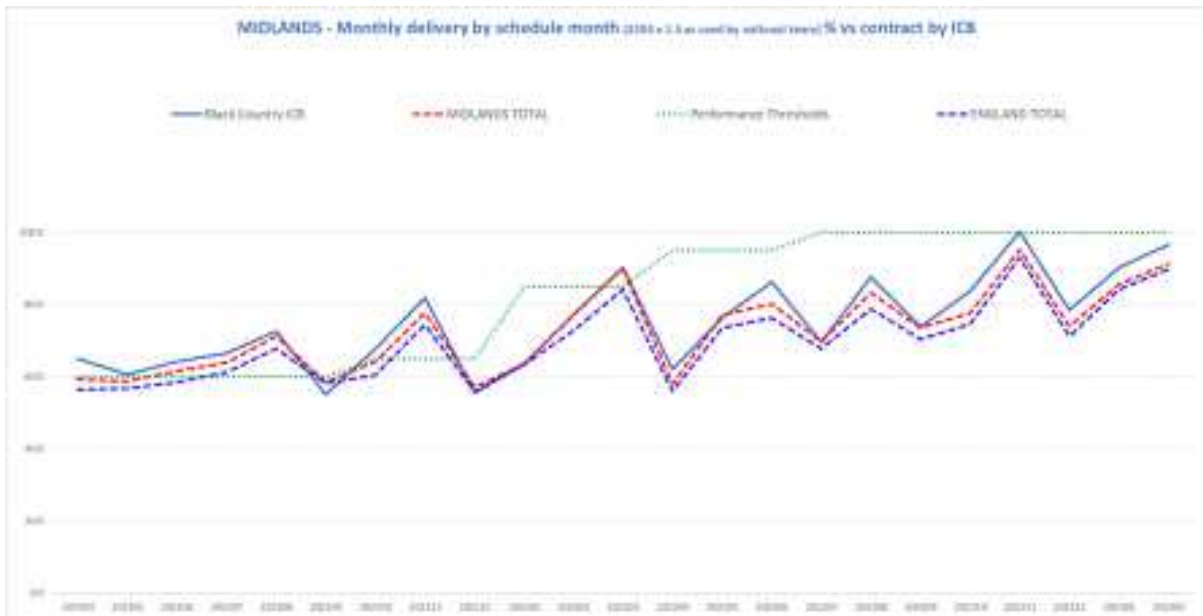
Shropshire, T & W	47.45%
Staffordshire, SOT	47.21%
Black Country**	49.01%
Birmingham & Solihull**	45.02%
Hereford & Worcester	41.53%
Coventry & Warwick	50.75%

** 2022 new boundaries

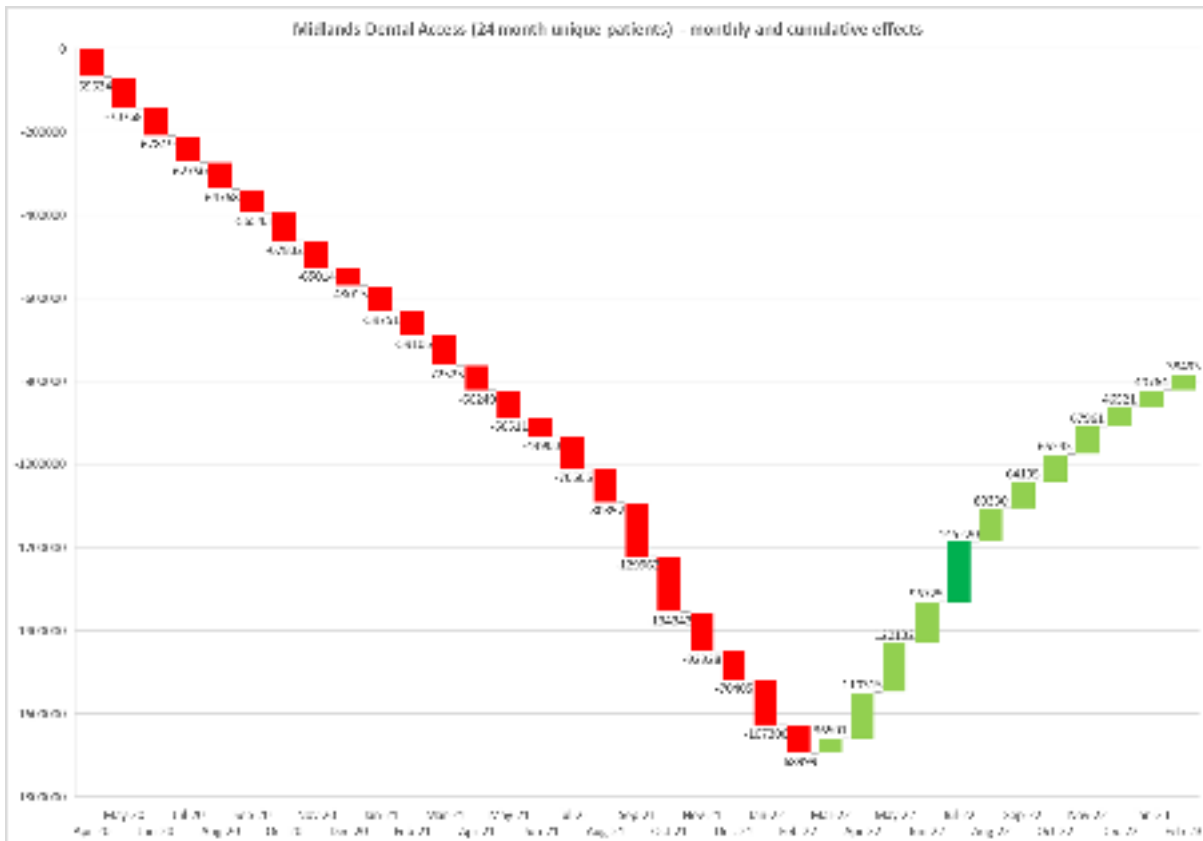
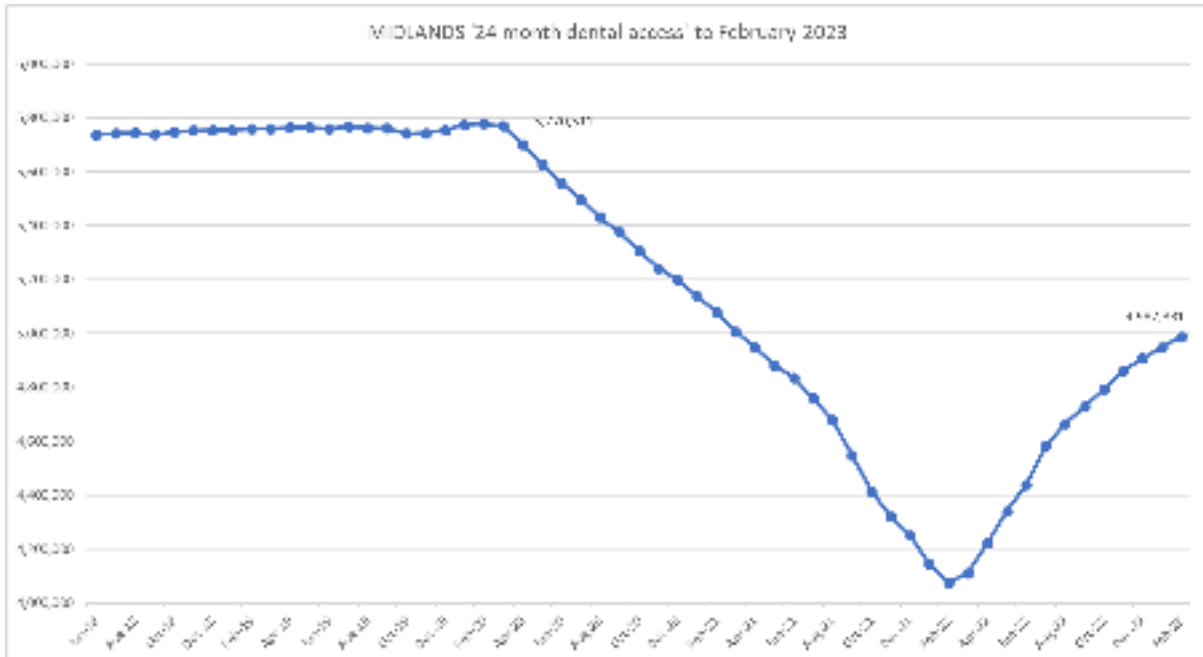
We can see recovery to the above levels, however BSol and The Black Country data is complicated as boundary changes removed West Birmingham practices and aligned them with BSol ICB.

It is estimated that across the region there has been nearly the equivalent of a year's worth of appointments lost in primary care dentistry since the start of the pandemic.

Black Country Delivery; the graph below shows ongoing recovery.



[Access – 24-month unique patient counts](#) Note: from July 2022 approx. 68,000 lost by boundary changes (ICB). Cumulative net loss = 783,180



Restoration of Services

As explained previously, in line with national guidance issued following the COVID-19 pandemic, dental practices in the Midlands are beginning to provide routine care more in line with pre-pandemic practises.

The capacity and number of appointments available may vary depending on the type of practice and the number and configuration of surgeries and waiting rooms. Also, many practices are advising that they are unable to recruit dentists, which impacts on delivery of services. It appears that some dentists have privatised completely or have changed the balance of NSH and private commitment, some may have left dentistry altogether.

Specialist Orthodontic practices have now successfully recovered to normal levels of service allowing them to see new patients, other than in Walsall as previously described, the main provider and 1 smaller provider have elected to end their NHS orthodontic commitment.

Dental teams and commissioning teams across the country are working hard to restore services and deal with the inevitable backlog of patients that has built up over the last 2 years. There is significant potential for the reduction in access to services to have disproportionately affected certain population groups and therefore to have further widened existing inequalities. Those with poorer oral health and/or additional vulnerabilities are likely to have suffered more from being unable to access dental care than those with a well-maintained dentition. Furthermore, there is ongoing concern about a reluctance amongst some people to present for care either because they do not want to be a burden on the health service or because they fear getting coronavirus. Again, this delay in seeking care is likely to have affected some of the more vulnerable population cohorts more than the general population thus further exacerbating the health inequalities.

Reduced access to dental care over the course of the pandemic will have resulted in compromised outcomes for some patients. Due to the duration of the lockdown and the length of time during which routine face to face activity ceased, a number of patients who ordinarily would have had a clinical intervention, will have instead received antibiotics, possibly repeated courses. Some who were part way through treatment will undoubtedly have suffered and may have lost teeth they would not have done otherwise - temporary fillings placed pre-lockdown, for example, and only intended as temporary measures, may have come out and some of those affected teeth will subsequently have deteriorated further as the required treatment was simply not available.

Recovery Initiatives

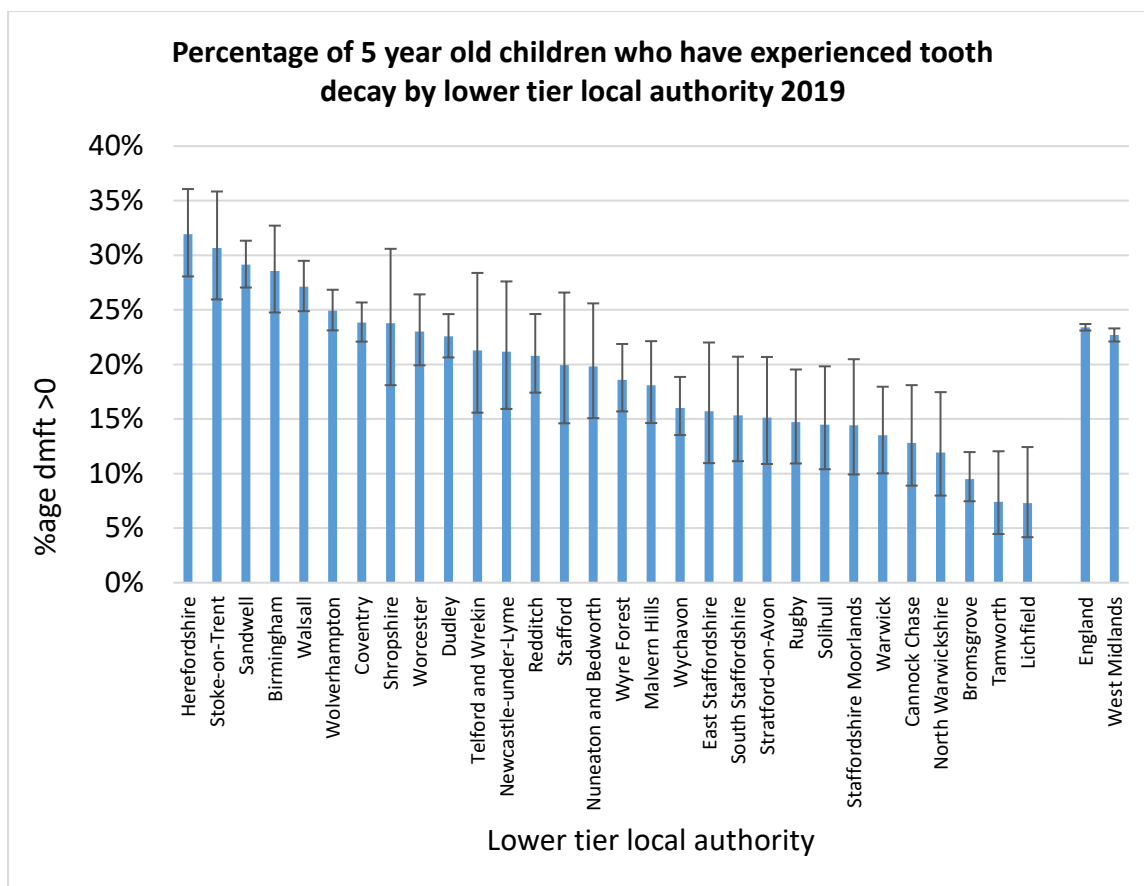
A large investment has been made to facilitate initiatives designed to increase access in both primary, community and secondary dental care. It should be noted that participation in a recovery scheme is voluntary and some areas have lower levels of providers taking part. Even though funded the ability to participate will rely on staff capacity, interest and willingness. Given recruitment and retention challenges in some areas we may struggle to recruit providers. Some of the schemes that have been supported are:

- Weekend Access – For Walsall 4 practices were contracted to provide 300 additional sessions to end March 2023

- Overperformance – Practices deliver normal levels of activity (often those with smaller NHS contracts) are being offered funding to overperform by 10% (as capped by dental regulations).
- Additional Orthodontic Case Starts – an offer was been made to practices with capacity for additional activity to tackle waiting lists – the team are currently reviewing applications.
- CDS Support Practices – the team has recruited a number of practices (ambition of 2 per local authority area) to work collaboratively to provide additional capacity to assist in routine review and managing patients who are in the care of the CDS.
- Dedicated In Hours Urgent Care Sessions – additional capacity for NHS 111 to refer urgent patients without a regular dental practice into an appointment.
- Additional non recurrent and recurrent investment to support oral health improvement initiatives such as supervised toothbrushing in early years settings, training of health and social care staff and work with care home providers to improve oral health in residents.

Oral health and inequalities

Oral health is an important public health issue, with significant inequalities still evident. Deprived and vulnerable individuals are more at risk, both of and from, oral disease. The findings of the 2017/2018 survey of adults attending general dental practices in England showed that poorer oral health disproportionately affected those at the older end of the age spectrum and those from more deprived areas.¹ Whilst there has been an overall improvement in oral health in recent decades, further work is needed to improve oral health and reduce inequalities. The 2019 national oral health survey of 5 year old children showed wide variation in both the prevalence and severity of dental decay among young children (Figure 1).² The 2022 survey results have very recently been released, and they show that 24.8% of all 5 year old children in Walsall have experienced tooth decay. The West Midlands benefits from water fluoridation across a large part of the geography; this means that children in those areas are significantly less likely to experience tooth decay compared to their peers elsewhere in the region or country. The whole of the population in Walsall benefits from water fluoridation. It is worthy of note that dental decay remains the most common reason nationally for hospital admissions in children aged 5-9 years.³



We are aware that some vulnerable groups are finding it harder than usual to access services. We are continuing to review pathways and treatment arrangements for these patients to ensure that they can continue to access urgent care in and out of hours. Primarily this is through NHS 111. Arrangements have been put in place for additional dedicated urgent care sessions locally to help facilitate access for those who may not have a regular dentist. This is provided by 1 practice in Walsall. In addition, the CDS has been ensuring access for vulnerable patients through their network of local clinics.

Additional dental capacity has also been commissioned to provide the full range of NHS dental services to homeless and migrant/refugee and other vulnerable groups specifically. This a pilot scheme aimed at testing ways of working to assess what works best for patients and dental practices. Commissioners are commencing an evaluation and the scheme ends at the end of June 2023; however, the learning will help us to devise an improved offer. There are currently 2 practices in Walsall offering this scheme.

Some patients who have previously accessed care privately may now be seeking NHS care due to financial problems related to the pandemic or due to the additional PPE charges that were apparently being levied by some private dental practices. This is putting additional pressure on services at a time when capacity has been constrained. These patients are eligible for NHS care; however, they may find it difficult to find an NHS practice willing to take them on and are likely to be able to access care instead through ringing NHS 111.

It should be noted that many dental practices operate a mixed private/NHS model of care and although NHS contract payments have been maintained by NHSE the private element of their business may have been adversely affected by the pandemic.

Children's Access

It became apparent early in the pandemic that children's access had been particularly badly affected. This was due both to dental practices focussing less on routine care and on parents being reluctant to bring children to medical/dental appointments – the pattern was consistent across other services too.

The CCG mergers had meant that reporting has changed over the last year however we have attempted to present comparative local detail as well as later merged data and included the March 2020 figures for pre-Covid reference.

The Walsall data for 12 month child access is as follows (from [Microsoft Power BI](#))

Walsall Metropolitan Borough Council

Data to	Note	Number	% (Walsall)	% (England)
March 2020	Pre-Covid pandemic	36,794	53.3%	58.3%
March 2021	Pandemic low point	13,349	19.2%	23.1%
June 2022	Latest published data	28,549	41.2%	46.9%

The picture is similar to other areas and regional / national – there was a decline to a low point in March 2021 with degree of recovery by June – the numbers of children being seen remain lower than pre COVID. Walsall however has one of the higher than average levels of access.

Prior to the pandemic the local commissioning team had been working on encouraging parents to take children to the dentist early.



The main aim of this Starting Well scheme was to increase access to NHS Dentistry in the NHS West Midlands geography in the very young (0-2 age group). There were four objectives:

1. To identify 'influencer' groups and individuals who can play a part in encouraging and facilitating parents / carers of children aged 0-2 to visit an NHS dentist.

2. To equip influencers with resources and information to influence parents / carers of children aged 0-2 to visit an NHS dentist.
3. To equip and encourage dental teams to see more 0-2-year olds
4. To ensure sufficient capacity for practices to take on additional young patients for check ups

Apart from media campaigns, joint local working with health visiting teams and training and resources for practices there was funding made available to ensure capacity to take on additional children for check-ups before the age of 2.

As capacity remains somewhat restricted and whilst children's appointments should be prioritised it may not be possible at present for very young children to be seen in the way that was originally being promoted. However the commissioning team have been developing a new scheme to encourage child friendly practices locally to provide support to local Community Dental Services to work in a shared care model to free up capacity for specially trained staff to focus on tackling backlogs of patients requiring complex treatment. We will be seeking practices locally in 23/24 and additional training will be provided as there is no current practice in Walsall offering this service. The scheme has recently been approved to widen its access and will in future accommodate looked after children, children with an urgent need and children with high needs and children of migrants and refugees.

Oral Health Improvement

Work is also in hand to strengthen local prevention initiatives and the dental team have been working closely with colleagues in the Local Authority to further develop oral health promotion to provide a more resilient service across the new ICS area. BCHC have received extra investment from NHS England to develop Oral Health Improvement services across the Black Country. There will be development of a number of services targeted at those with greatest oral health needs including oral health training for the wider professional workforce, supervised toothbrushing in early years and school settings, targeted provision of toothbrushes and toothpaste by health and social care professionals, support for mouthcare in care homes and support for mouthcare in hospital settings. These services will complement existing Oral Health Improvement activity.

Out of Hours Provision

Out of hours services provide only urgent dental care only at weekends and bank holidays. There is no weekday evening service. Emergency care is provided via hospital services.

Definition of "Urgent Dental Care"

Urgent and emergency oral and dental conditions are those likely to cause deterioration in oral or general health and where timely intervention for relief of oral pain and infection is important to prevent worsening of ill health and reduce complications (SDCEP, 2013). Urgent dental care problems have been defined previously into three categories (SDCEP, 2007). The table below shows current national information about the 3 elements of dental need and best practice timelines for patients to receive self-help or face to face care.

Triage Category	Time Scale
Routine Dental Problems	Provide self-help advice. Provide access to an appropriate service within 7 days if required. Advise patient to call back if their condition deteriorates
Urgent Dental Conditions	Provide self-help advice and treat patient within 24 hours. Advise patient to call back if their condition deteriorates**
Dental Emergencies	Contact with a clinician within 60 minutes and subsequent treatment within a timescale that is appropriate to the severity of the condition

**As a result of the pandemic commissioners have amended the service specification to include a more relaxed approach to urgent need than the former very strict eligibility criteria. This is in response to aiding the recovery and restoration of services by ensuring all available capacity is utilised.

People should check their practice's answer machine; information should be also be displayed inside the practice and on the windows. Most people contact NHS 111 who will provide triage and onward referral if an urgent need is established. There is an online option that will often be quicker and easier than phoning – particularly when NHS 111 is dealing with large numbers of calls. If using the phone, it is important to listen to all the messages and choose the appropriate option for dental pain.

Please be aware that patients with dental pain should not contact their GP or turn up at A&E as this could delay treatment as they will be redirected instead to a dental service.

People can attend any service in the Midlands area and for Walsall the nearest sites will be at Dudley, Wolverhampton or Birmingham depending on the patient's address. At times of peak demand may have to travel further for treatment depending on capacity across the system. **Please note at the time of writing commissioners are tendering for new providers and some locations may change; however, we have added in an additional site.

Domiciliary Care (For patients unable to leave their own home or care home)

Dental care to care home residents or patients unable to travel for dental care to a practice will be provided by a specially commissioned general dental practitioner, or a more specialist dentist from the Community Dental Services. Some limited, though compromised dental care can be provided in the care home, or a patient's own home setting such as a basic check-up or simple extraction, but patients are often asked to travel into a dental surgery as this is the safest place to provide more complex dental treatment. If a care home resident requires a dental appointment, they or their relative or carer can contact the local domiciliary provider via NHS 111. NHS 111 holds a current list of domiciliary providers. If patients have special care needs or are medically compromised, they will generally be referred on to the Community Dental Services.

Prior to COVID work was underway to look at new ways of collaborative working with primary care networks to strengthen support to care homes in accessing dental services or improving the oral health of their residents and those in their own homes. This remains a

priority area and some pilots have already been undertaken in other areas across the Midlands with the aim of extending successful schemes to cover other areas. A number of providers have unfortunately handed back their domiciliary contracts and commissioners have established a small panel of providers who have offered to share experience and pros and cons of providing this service. This learning will assist in a more robust offer to providers and an enhanced experience for patients. Our Special Care Managed Clinical Network also hosts a Domiciliary Special Interest Group and commissioners have met with the chair of this network to pick up the pre- covid workstream. We are currently seeking providers views and will be developing an enhanced service offer. This is a work in progress and currently there is not a domiciliary provider based in Walsall though dentists are able to travel from other towns/areas to provide this service. Walsall is one of 2 priority areas where provision is required.

Dentures

If a person breaks their denture then they will need to contact their local dental practice. If they do not have a regular dentist, they should contact NHS 111. Broken dentures can sometimes be fixed without a patient needing to see a dentist for an appointment – the dentist will assess the denture and if possible, send to the dental laboratory for the denture to be repaired. Some instances of broken dentures and all lost dentures will require new dentures to be made. This takes on average 5 appointments over a number of weeks with at least a week between appointments.

Secondary and Community Care

Infection control measures in place to protect patients and staff also mean that there is reduced capacity in clinics and hospitals for certain procedures particularly those requiring a general anaesthetic or sedation. As a result, the wider NHS system is prioritising theatre capacity and treating the most urgent cases – for instance those with cancer. This means that some specialist services will only be available at a more limited number of centres. There may also be additional requirements for prospective patients around swabbing or isolating at home prior to treatment. This is to ensure the safety of patients undergoing surgery and those already in the hospital.

There were problems initially in getting access to regular lists for children requiring dental treatment under general anaesthesia (as is the case across the country) but the situation in Walsall suffered less than in some other areas as the local CDS managed to retain regular theatre lists and were even able to repatriate local children waiting for surgery in Birmingham. Despite this only those children with the most urgent needs will be prioritised as services have to compete for theatre space with other patients who may have more urgent needs. Although there has been a good degree of recovery in Walsall over recent months the picture may deteriorate again in the coming weeks due to the as yet unknown impact of the latest increase in COVID infections.

There continues to be a backlog of care and treatment given that most provision is for urgent care and / or completion of care begun before/during COVID. The most recent data

available on 18 week waits for Oral Surgery is the position in January 2023. Walsall were at that time reporting 3 patients waiting over 78 weeks, 39 over 65 weeks and 161 over 52 weeks, with 667 waiting over 18 weeks and GEH 455 patients waiting over 52 weeks and 1,912 waiting over 18 weeks. The position for over 52 weeks has been deteriorating over the last few months over recent months. The trust is not currently reporting any patients waiting over 104 weeks and the overall proportion of patients for Walsall that are waiting over a year is currently 5%. These backlogs for patients waiting over a year are not unexpected due to the complete cessation of routine care during COVID and the limited capacity subsequently which has meant prioritisation of more recent urgent cases over those less urgent who have been waiting longer. Referrals into secondary care are recovering with Walsall seeing similar or higher levels of referrals than prior to COVID.

See Appendix 3 for Oral Surgery RTT data and secondary dental care activity.

See Appendix 4 for referral trends.

In order to address these concerns the Local Dental Network took the opportunity to publicise Mouth Cancer Awareness month and to distribute a set of key messages to dental practices to help them raise awareness, identify patients with symptoms, and ensure they are aware of how to refer patients quickly to the appropriate services. This is as a proactive local follow up to a dental bulletin issued by the Chief Dental Officer in May 2021

<https://bit.ly/3vK70Ez>

The dental team have been working with local groups of clinicians through the Managed Clinical Networks to explain to local dentists how patients are being prioritised by services and what can be done to manage them in the interim whilst they are waiting for treatment. The aim is to keep patients safe and ensure they are being regularly monitored and that the practice knows how to escalate if the situation changes and needs become more urgent.

Collaborative working with local Dentists

There have been regular meetings with the local dental committee and the dental team was grateful for the co-operation received from the profession in mobilising urgent dental care centres and seeking solutions to help manage the covid related restrictions in services. This has included joint working between the local Community Dental Service and practices. The LDC locally have been very proactive and continued to update their members regularly to share information as guidance is updated.

There is a Local Dental Network in place covering the Black Country ICS and this is chaired by Affy Ilyas, who is a local dental contractor in Wolverhampton. There are also a number of Managed Clinical Networks (groups of local clinicians) who still meet virtually to plan care and agree guidance to help practices to manage their patients and develop pathways. The Urgent Care Network met weekly during the height of the pandemic to help to plan and deliver ongoing access to urgent care.

Every year the dental team engages with practices to gain assurance about practice opening over holiday periods so as to ensure services will be in place for patients

The Dental Commissioning team have been working with colleagues in the Communications team to draft a series of stakeholder briefings to update key partners and the public on the situation with respect to dental services. These have been distributed to local authorities, Directors of Public Health and ICS colleagues.

Examples of tweets that have been shared on Twitter are given in Appendix 5.

Nationally all the latest guidance for dental practices can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/dental-practice/>

Latest IPC guidance for dental practices can be found here: [COVID-19: infection prevention and control dental appendix - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-infection-prevention-and-control-dental-appendix)

Opportunities for Innovation including Digital

There have been some positive impacts from the pandemic including the way in which local services and clinicians have worked together collaboratively to maintain and recover services.

The other opportunity has been the widespread acceptance of innovative ways of providing care remotely by using digital methodologies such as video consultations. This has been widely used by Secondary and Community services, and also by Orthodontic practices, to provide support and advice to patients already in treatment.

We are exploring options to increase the use of advice and guidance through the electronic Dental Referral Management system (REGO), including the facility to upload photographs with referrals.

Appendix 1

Fig 1 – Location of dental practices or clinics including orthodontic and community sites. Walsall is within the [bright blue line](#). Practices closely located may not show as individual practices.



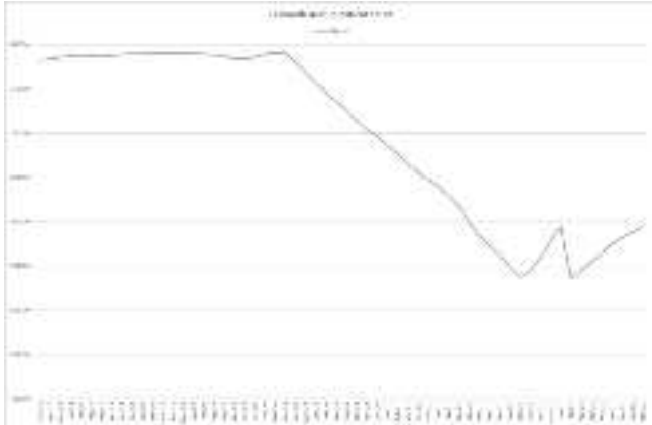
Deprivation map.



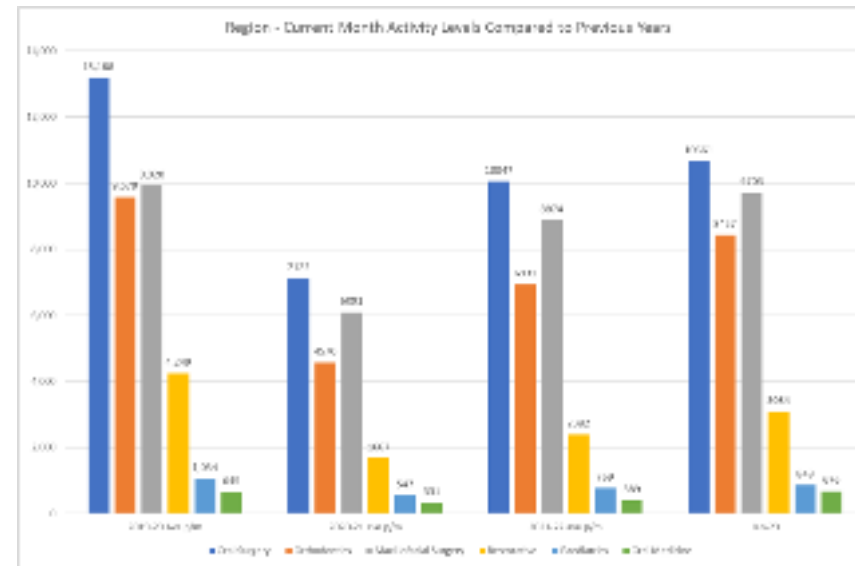
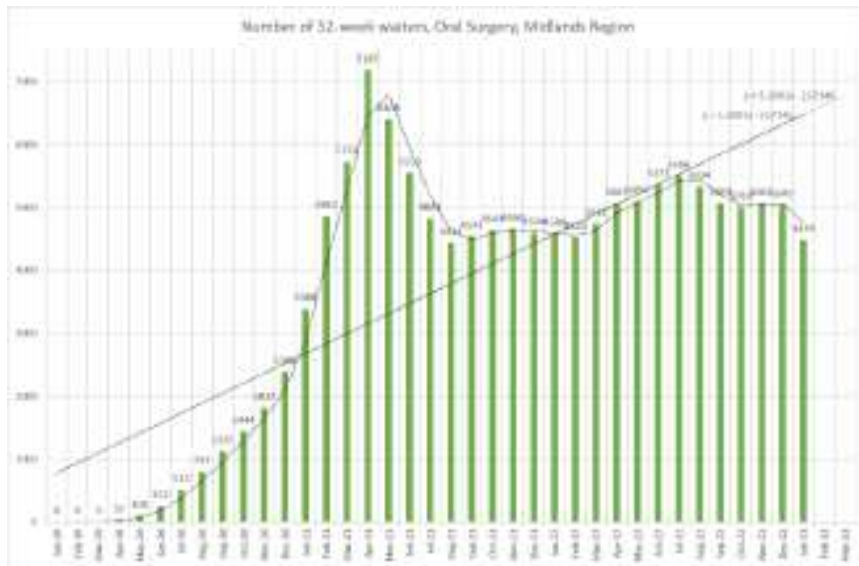
Black Country deprivation levels. The darker the colour the more deprived the area.

Appendix 2

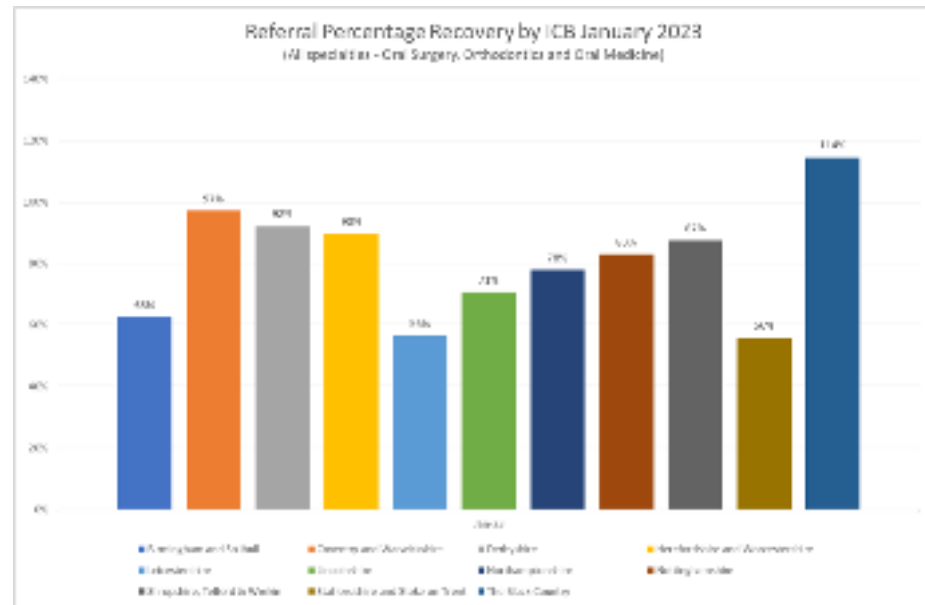
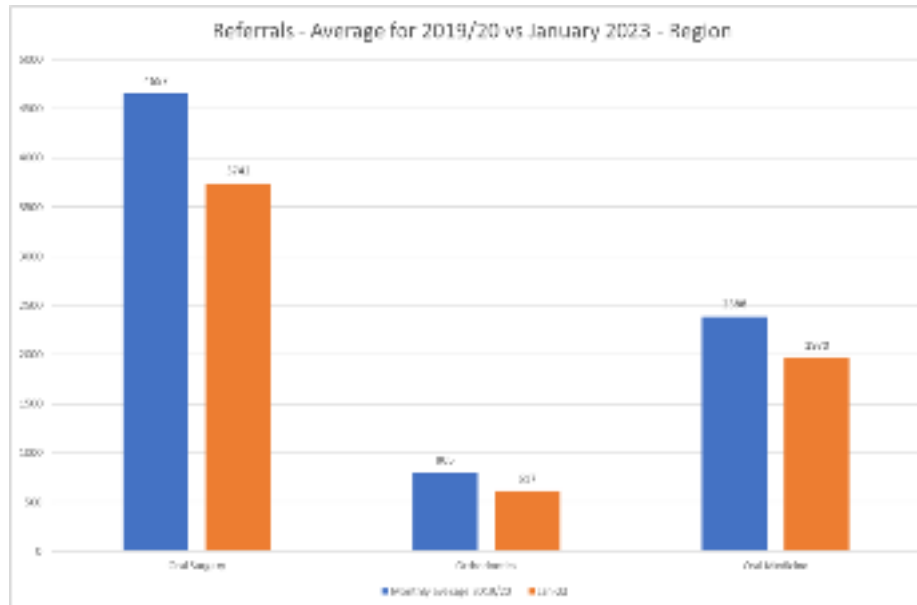
Black Country 24 month unique patients



Appendix 3 – Oral Surgery Referral to Treatment (52 Week Waiters) and Activity Level Trends in Secondary Care



Appendix 4 - Dental Referral Trends



Appendix 5 – Examples of tweets shared by the NHS England Communication Team



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

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

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

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

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

		That the minutes of the Committee meeting held on the 19 January 2023 be sent to the Integrated Care Boards Primary Care Committee so that the views of Councillors could be considered when deciding to renew GP practice contracts.	Jack Thompson	Complete	6 February 2023	To be sent once approved at the meeting on the 21 February 2023.
		That the number of none renewed GP Practice contracts be shared with the Committee.	Jack Thompson and Geraint Griffiths-Dale	In Progress		
	Corporate Financial Performance 2022/23	That the Committee be presented with a report detailing the Councils efforts to recover the debt owed by the ICB and debt owed for services provided by the Council for care.	Jack Thompson	In Progress		
		That the Committee concerns regarding the Social Care and Health budgetary overspend and the debt still owed by the ICB be expressed to the Cabinet. That the Cabinet be asked to priorities the recovery of the £4 million owed by the ICB.	Jack Thompson	Complete	Presented to Cabinet on the 22 March 2023	A report will be provided to a future meeting of the Cabinet.
	Draft Revenue Budget and Draft Capital Programme 2023/24 – 2026/27	That the Committees feedback on the proposed budget be presented to the Cabinet as part of the budget papers.	Jack Thompson	Complete	8 February 2023	The feedback was presented to the Cabinet on the 8 February 2023 as part of the budget consultation papers.
21 February 2023	Primary Care Access	That a briefing on the NHS 111 Service be sent to Committee Members.	Jack Thompson	In Progress		

Social Care and Health Overview and Scrutiny Committee: Work programme 2022/23¹

Main agenda items	15/09/22	27/10/22	15/12/22	19/01/23	21/02/23	06/04/23
Theme: Primary Care Access						
Access to GP Services				Review of scheduled GP commissions	Modality to present consultation	Update on telephone system
Dentistry Service Provision						
Update on the Walsall Walk-in-Centre						Update on emergency dept
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 2022/23						

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

6 March 2023

FORWARD PLAN

The forward plan sets out decisions that are termed as “key decisions” at least 28 calendar days before they are due to be taken by the Executive (Cabinet). Also included on the plan are other decisions to be taken by the Cabinet (“non-key decisions”). Preparation of the forward plan helps the Council to programme its work. The purpose of the forward plan is to give plenty of notice and an opportunity for consultation on the issues to be discussed. The plan is updated each month with the period of the plan being rolled forward by one month and republished. Copies of the plan can be obtained from Democratic Services, Walsall MBC, Council House, Walsall, WS1 1TW craig.goodall@walsall.gov.uk 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
APRIL 2023 TO JULY 2023 (06.03.23)**

1	2	3	4	5	6	7
Reference No./ Date first entered in Plan	Decision to be considered (to provide adequate details for those both in and outside the Council)	Decision maker	Background papers (if any) and Contact Officer	Main consultees	Contact Member (All Members can be written to at Civic Centre, Walsall)	Date item to be considered
152/22 (7.11.22)	<p>Renewal of the Council's Oracle Cloud Licenses:</p> <p>To renew the Council's Oracle cloud Licenses required for the operation of the Council's One Source system for HR, Payroll, Finance and Procurement from May 2023</p>	Cabinet Key Decision	Ian Tuft Ian.Tuft@walsall.gov.uk	Internal Services	Cllr Bird Cllr Ferguson	22 March 2023
162/22 (5.12.22)	<p>Approval of the Black Country Joint Committee Collaboration Agreement:</p> <p>Delegate authority to the Executive Director for Resources and Transformation to enter into legal agreements with WMCA relating to the Black Country Local Enterprise Partnership Legacy funds.</p>	Cabinet Key Decision	Kelly Valente Kelly.Valente@walsall.gov.uk	Internal services	Cllr Bird	22 March 2023
10/23 (6.2.23)	<p>LGA Corporate Peer Challenge – Action Plan:</p> <p>To approve the Action Plan produced in response to the report by the Local Government Association following the January 2023 Corporate Peer Challenge.</p>	Cabinet Non-key decision	Karen Griffiths (Karen.Griffiths@walsall.gov.uk) Elizabeth Connolly (Elizabeth.Connolly@walsall.gov.uk)	Internal Services	Cllr Bird	22 March 2023

145/22 (7.11.22)	<p>Town Centre Theatre Project:</p> <p>To agree next steps for the Town Deal Theatre project, setting out funding implications and options.</p> <p><i>This will be a private session report containing commercially sensitive information.</i></p>	Cabinet Key Decision	Philippa Venables Philippa.Venables@walsall.gov.uk	Internal services	Cllr Andrew	22 March 2023
4/23 (9.1.23)	<p>West Midlands Local Transport Plan Settlement and Transport Capital Programme 2023/24:</p> <p>To approve West Midlands Local Transport Plan Settlement and Transport Capital Programme 2023/24.</p>	Cabinet Key Decision	Matt Crowton Matt.Crowton@walsall.gov.uk	Internal Services	Cllr Andrew	22 March 2023
5/23 (9.1.23)	<p>Sandwell Local Plan – Issues and Options Consultation:</p> <p>To approve Walsall’s response to the Sandwell Local Plan consultation.</p>	Cabinet Key Decision	Neville Ball neville.ball@walsall.gov.uk	Internal Services	Cllr Andrew	22 March 2023
153/22 (7.11.22)	<p>Walsall’s Homelessness and Rough Sleeping Strategy 2022 to 2027:</p> <p>To approve Walsall’s Homelessness and Rough Sleeping Strategy, 2022 to 2027.</p>	Cabinet Key Decision	Neil Hollyhead Neil.HollyHead@walsall.gov.uk	Internal services, service users, external stakeholders	Cllr Ali	22 March 2023
11/23 (6.2.23)	<p>Walsall Civic Centre and Council House improvement works</p> <p>To approve Council House improvement works including heating and ventilation replacement; fire alarm replacement;</p>	Cabinet Key Decision	Ian Lister Ian.Lister@walsall.gov.uk	Internal Services	Cllr Ferguson	22 March 2023

	Civic Centre window replacement; Civic Centre ground floor refurbishment.					
12/23 (6.2.23)	Street Scene Strategy: To approve the councils 5-year plan for residential streets	Cabinet Key decision	Kathryn Moreton Kathryn.Moreton@Walsall.gov.uk	Internal services	Cllr Murphy	22 March 2023
13/23 (6.2.23)	Trading Standards Letting Agents Enforcement Policy To approve Walsall Council's Trading Standards policy on the enforcement and determination of financial penalties in circumstances where persons engaged in letting agency work and property management business fail to comply with legislative requirements.	Cabinet Key decision	David Elrington David.Elrington@walsall.gov.uk	Internal Services	Cllr Perry	22 March 2023
140/22 (10.10.22)	High Needs Funding Formula: To approve changes to the High Needs Funding Formula, as agreed by Schools Forum, to be used for the allocation of Dedicated Schools Grant – High Needs Block to schools in Walsall for the 2023/24 financial year	Cabinet Key Decision	Richard Walley Richard.Walley@walsall.gov.uk	Internal Services, Schools Forum	Cllr M. Statham	22 March 2023
154/22 (7.11.22)	Early Years Funding Formula: That Cabinet approves the Early Years Formula, as agreed by Schools Forum, to be used for the allocation of funding to early years providers in Walsall	Cabinet Key Decision	Richard Walley Richard.Walley@walsall.gov.uk	Schools Forum Internal Services	Cllr M. Statham	22 March 2023

14/23 (6.2.23)	Growth Funding for Schools: To enable the Local Authority to fulfil its duty to secure sufficient primary and secondary school places, through the adoption of a policy for the application of revenue funding for school growth.	Cabinet Key Decision	Alex Groom Alex.Groom@walsall.gov.uk	Internal services, Schools Forum	Cllr Statham	22 March 2023
155/22 (7.11.22)	Council Plan: Review of Achievements 2021/22: To note the Review of Achievements for 2021/22, highlighting successes and progress towards achieving our Council priorities.	Cabinet Non-key decision	Karen Griffiths Karen.Griffiths@walsall.gov.uk	Internal Services	Cllr Bird	19 April 2023
15/23 (6.3.23)	Council Plan Markers of Success Q3: To note the Quarter 3 2022/23 (outturn) performance against the Markers of Success in the Council Plan 2022/25	Cabinet Non-key decision	Karen Griffiths Karen.Griffiths@walsall.gov.uk	Internal Services	Cllr Bird	19 April 2023
6/23 (9.1.23)	Borough Playing Pitch Strategy: To adopt and publish the Walsall Playing pitches strategy and the Black Country strategic framework	Cabinet Key Decision	Liz Stuffins Liz.Stuffins@walsall.gov.uk	Internal Services	Cllr Flint	19 April 2023
129/22 (5.9.22)	Update on Resilient Communities Safer Streets Programme: To report back on Safer Streets activity and recommend any adjustments/additions to the programme.	Cabinet Non-key Decision	Paul Gordon Paul.Gordon@walsall.gov.uk	Internal Services	Cllr Perry	19 April 2023

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

Date Created	Key Decision	Contact Officer	Main consultee	Date of meeting
	Black Country Executive Joint Committee Governance			
05/12/2022	<p>Approval of the Black Country Executive Joint Committee Collaboration Agreement</p> <p>Approval of the revised Black Country Joint Committee Collaboration Agreement, attached as Appendix A.</p>	<p>Simon Neilson Simon.neilson@walsall.gov.uk</p>	Walsall Council	19/04/2023
06/03/2023	<p>Constitution and Timetable of meetings</p> <p>Approve the timetable of meetings for 2023/24.</p> <p>Approve the amendments to the BCJC Constitution and Terms of Reference.</p> <p>Approve the amendments to the BCJC Working Protocols.</p>	<p>Deborah Hindson ChiefExecutive@walsall.gov.uk</p>	<p>Dudley Council Sandwell Council Walsall Council City of Wolverhampton Council</p>	26/07/2023

