

SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE

Tuesday 25th February 2020 at 6.00 p.m.

Conference Room 2, Council House, Walsall

Committee Members Present

Councillor K. Hussain (Chair)
Councillor G. Ali
Councillor D. Coughlan
Councillor A. Harris
Councillor W. Rasab
Councillor I. Robertson
Councillor H. Sarohi
Councillor V. Waters

Portfolio Holders Present

Councillor R. Martin – Adult Social Care

Officers Present

Tracy Simcox – Commissioning Lead, Adult Social Care
Vikki Tolley - Children's Health and Wellbeing Programme Officer
Nikki Gough – Democratic Services Officer

Walsall CCG

Donna McArthur – Director of Primary Care and Integration
Dr Asghar – PCN GP Lead
Dr Hobson – PCN GP Lead

Birmingham Community

Ben Cochrane (Divisional Director Dental Services – Birmingham Community Healthcare NHS Trust)
Nick Ransford (Consultant in Special Care Dentistry – Birmingham Community Healthcare NHS Trust)
Nuala Wood (Deputy Head of Commissioning - NHS England and NHS Improvement – Midlands)

Healthcare Trust

45/19 Apologies

Apologies for absence were received on behalf of Councillor B. Allen.

46/19 Substitutions

Councillor A. Harris substituted for Councillor B. Allen for the duration of the meeting.

47/19 Declarations of Interest

There were no declarations of interest or party whip.

48/19 Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

49/19 Minutes of previous meeting

The minutes of the meeting held on Thursday 16th January 2020 were considered by the Committee.

Resolved

The minutes of the meeting held on Thursday 16th January 2020 were agreed as a true and accurate record.

The Chair agreed to receive item 7 prior to item 6.

50/19 Update on Primary Care Networks

The Director of Primary Care and Integration spoke to the report (annexed). The development of seven 'Primary Care Networks' (PCNs) in Walsall was described. The PCNs would be linked to place based teams in localities. Additional funding to support PCNs was available and this would create a number of posts to support patient care through social prescribers.

Dr Asghar stated that PCNs were supported from a clinical perspective and there were ambitions for PCNs, although it was acknowledged that based on funding available it would be challenging. Dr Hobson stated that PCNs were positive for the health system, but noted that they may take some time to embed. In response to a Member query the Committee were informed that PCNs were geographically based and were each made as equal as possible. The Director of Primary Care stated that funding would be proportionate to size and work was underway to understand differences across areas. It was noted that in year 1 of PCN implementation there was funding for 1 social prescriber per PCN however in year 2 this would be pro rata to the population of the PCN.

In response to Member queries around GP recruitment, Dr Asghar and Dr Hobson clarified that this was not the role of the PCN however, it was hoped that the extra staff would support GPs and that this would improve their capacity. It was acknowledged that recruitment of GPs was a national challenge.

A Member asked what sort of role a pharmacist might undertake under these arrangements and Dr Asghar responded to stated that a pharmacist could undertake medicine reviews, prescriptions and asthma reviews.

The Committee discussed the lack of GP appointments in primary care and residents concern about this. The Director of Primary Care and Integration explained that this

was a national problem and it was important for the right person to be in front of the right professional at the right time. Dr Hobson stated that this was also frustrating for Doctors who did not have the capacity to attend to patients. It was stressed that GPs were carrying out more specialist roles than previously, which increased demand on their time. It was also stressed that social prescribers would redirect people with social problems, and all parts of the system needed to work to avoid people presenting at GPs. This meant that lifestyle and public health advice was needed. It was stressed that it was imperative that services were not reduced, as social prescribers would only be successful if there were services for them to refer patients on to. It may also be better for individuals to self-refer straight to the most appropriate service for their needs.

Payment to GPs was discussed and Dr Asghar expressed the view that treatment at primary care level represented excellent value for money, and suggested that GP surgeries were a very efficient model of care.

The Portfolio Holder for Adult Social Care stated that when people were discharged from hospital it was the systems collective responsibility to provide care under the Walsall Together programme.

Resolved that

- 1. Members of the Social Care and Health Scrutiny Committee be invited to attend a Primary Care Network Meeting**
- 2. The Committee would receive an update on Primary Care Networks in 6 months.**

51/19 Access to Community Dental Services

The Divisional Director of Dental Services presented the report (annexed). The Committee were informed that the paper set out the benefits of the proposed relocation of Community Dental Services in Walsall to a purpose built, functional and accessible location in the centre of Walsall. Over the last 12 months, a full review of facilities in the area had been completed in conjunction with clinical colleagues.

Currently services were provided from multiple locations, which presented challenges on how effectively they could work. By bringing services, together facilities could be enhanced, as clinicians would be working together. It was noted that familiarity was important for the patients using these services and this would be better achieved by locating services in one site. It was stressed that this was a specialist service for a specific set of patients; it was not considered a major service change by Birmingham Community Healthcare Trust.

The Consultant in Special Care Dentistry stated that the service was located at five locations, which was largely for historical reasons; the equipment and facilities were tired. The proposals would lead to an investment in the service. Many of the current surgeries lacked space and were not purpose designed facilities. The proposed facility was geographically well based, would provide a better service and would create strong clinical improvements.

A Member asked for reassurance that there were adequate parking facilities. The Divisional Director Dental Services stated that he believed it would be sufficient and the Trust were satisfied that this location was the best option, however the provision of disabled parking spaces would be carefully monitored.

The Deputy Head of Commissioning stated that there was a lot of work being done to redesign community dentistry and continuity of service would be maintained whilst the redesign was underway. It was stressed that this would be a better use of resource as the skilled set of staff would not be travelling across multiple sites.

The Children's Health and Wellbeing Programme Officer stated that there was no doubt that this proposal was in the interest of services and would be better for patients. However, she sought reassurance that patients had been given the opportunity to respond to these proposals. The Divisional Director stated that the Trust circulated an electronic survey, which carers would complete on behalf of service users. The Children's Health and Wellbeing Programme Officer suggested that bias was removed in the future.

It was noted that the Community Dental Service in Walsall was not currently commissioned to provide dental services for the homeless however there was potential that this could happen in the future. The central location of the proposed service meant that there would be the opportunity to provide more services and grow from this location. It was stressed that the current locations of services had not been selected strategically or due to an evidence base, it was purely due to historical reasons.

The Divisional Director Dental Services informed the Committee that the provision of general anaesthetic dental services would continue to be provided from Walsall Healthcare Trust. NHS England had challenged Birmingham Community Healthcare Trust to minimise the need for general anaesthetic and this would be done by providing sedation services in community settings.

The Children's Health and Wellbeing Programme Officer sought reassurance that journeys to the proposed location would be viable for service users as she was concerned that this was not the case. The Divisional Director stated that the Trust would look at travel times again, however it was also stressed that some patients were already travelling considerable distances. The Consultant in Special Care Dentistry stated that it was not helpful to have high quality services so spread out and improvements would be achieved by centralising services.

The Commissioning Lead, Adult Social Care suggested that there had been a low response to engagement noting that there had been no responses from the Pinfold or Blakenall area. The Trust were asked if they had used any advocacy services. In addition, the equality analysis was very positive and the Trust were asked if any unintended negative consequences could be added to the EQIA. The Divisional Director responded to explain that there were very few users attending the Blakenall site, and stressed that the Trust saw this as a big opportunity for Walsall residents to receive an enhanced service.

It was noted by the Deputy Head of Commissioning (NHS England) that this client group do predominately travel by car and the proposed location provided the opportunity to provide other services for local needs. A Member stated that it was important that good dental health should also be promoted.

A discussion was held around those conditions, which the dentist could treat. Trust representatives stated that this indicated the complexity of the group of patients and the need for the service.

The Committee concluded that the proposal to provide community dental services from one location was a reasonable one however, it held concerns around the consultation process. The Divisional Director stated that this was a small group of specific patients and more would be done to engage and gain more feedback.

Resolved that

The Social Care and Health Overview and Scrutiny Committee expressed concerns in relation to the following elements of the proposal (Access to Community Dental Services) ; -

1. Journey times should be reviewed for patients who would attend the proposed location,
2. The Equality Impact Assessment should be reviewed to ensure that all negative aspects of the proposal are acknowledged and mitigated against,
3. Patient engagement should be expanded to include questionnaires sent via post to service users,
4. Parking should be reviewed to ensure that demand will be met,
5. An update on the proposed move should be taken to the Committee at a future meeting.

52/19 Areas of Focus

The Committee considered the agenda for the next, and last, meeting of the Committee. It was agreed that the following items would be considered;-

- Stroke services (Walsall Healthcare Trust)
- Charging Policy (Charges and collections) or an update on proposed relocation of Walsall community dental services
- Mental Health Working Group final report

53/19 Forward Plans

The Committee considered the forward plan documents.

Resolved

That the Committee noted the forward plan documents.

Date of next meeting

The date of the next meeting was the 16th April 2020.

There being no further business the meeting terminated at 7.50 p.m.

Signed:

Date: