

# Health Scrutiny Panel

## Minutes - 12 December 2022

### Attendance

#### Members of the Health Scrutiny Panel

Cllr Jaspreet Jaspal  
Cllr Milkinderpal Jaspal  
Cllr Sohail Khan  
Cllr Lynne Moran  
Cllr Susan Roberts MBE (Chair)  
Cllr Paul Singh (Vice-Chair)

#### In Attendance

Paul Tulley - Wolverhampton Managing Director – Black Country Integrated Care Board  
Brendan Clifford - Working for Councils in the Black Country Integrated Care System  
Simon Evans - Chair OneWolverhampton  
Professor Steve Field – Chair Royal Wolverhampton NHS Trust and Walsall NHS Trust

#### Co-opted Member

Stacey Lewis – Healthwatch Wolverhampton

#### Employees

James Amphlett	Head of Data and Analytics
John Denley	Director of Public Health
Madeleine Freewood	Partnership and Governance Lead
Becky Wilkinson	Director of Adult Social Services

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## Part 1 – items open to the press and public

*Item No.*     *Title*

- 1     **Apologies**  
Apologies were received from the following members of the panel:

Cllr Rashpal Kaur  
Cllr Milkinderpal Jaspal  
Cllr Asha Mattu

Apologies were also received from members of Fulfilled Adult Lives Scrutiny Panel who were invited to comment on agenda item 5 – Integrated Care System Strategy and Priorities

Cllr Val Evans  
Cllr Jacqueline Sweetman

2 **Declarations of Interest**

There were no declarations of interest recorded.

3 **Minutes of previous meeting**

The panel members approved the minutes of the meeting held on 22 September 2022 as being a correct record

4 **Performance, Budget Monitoring and MTFS**

The Chair invited John Denley, Director of Public Health, to present the report.

The Director of Public Health advised the panel that the presentation would cover the following areas, 2022- 2203 performance, and budget monitoring update as at Q2, the 2023-2024 – 2023-2026 draft budget and medium-term financial strategy. The presentation would also cover future challenges to the service and the details of strategic risk register within the remit of the panel.

The Director of Public Health outlined the Council's management of its finances and the link to the Our City: Our Plan strategic priorities. The priorities were approved by Council on 2 March 2022. The presentation would focus on the priorities related to healthy, inclusive communities and the contribution of public health in achieving them.

The Director of Public Health advised that the panel comments on the draft budget plans and how they are aligned to these priorities would be included in a response to Scrutiny Board.

The Director of `Public Health outlined the main findings of the performance and budget monitoring report as at Quarter 2 and advised that overall, a forecast overspend of £1.5 million was reported across the Council.

The Director of Public Health outlined an analysis of the overall performance of the Council against 56 key performance indicators in Quarter 2.

The Director of Public Health gave details of plan to develop a range of performance measures that could help the service to better understand the key priorities and health trends within the City. The Director of Director Public Health highlighted the difficulties caused by the delay in NHS publishing key performance indicators which related to the priorities in the Our City: Our Plan health portfolio.

The Director of Public Health highlighted plans for improving the situation by developing a new set of local performance indicators to ensure the service has a robust intelligence base to better understand the health needs of the population.

The Director of Director Public Health advised the panel that the service had recently commissioned healthy lifestyle survey to better understand the health needs of the population. In total 2000 people have completed the survey and the deadline has been extended to January 2023 to achieve a target of 5000 responses. The Director of Director Public Health added that this figure would give a much better view of the City's health profile and the likely impact on healthy life expectancy rates in the future.

The Director of Director Public Health commented on the increase in the uptake of residents attending health checks which is higher than the national average and plans to further improve the level of uptake in the future.

The Director of Public Health outlined the forecast budget position and explained the allocation of the public health grant of £21.7 million for 2022- 2023 and a breakdown of the services which it funds.

The Director of Public Health gave an overview of the 2023 – 2024 draft budget, the MTFS 2023 -2024 to 2025 – 2026 position that was approved by Full Council on 22 March 2023. The reported forecasted that the budget deficit would increase from £12.6 million (2023 – 2024) to £25.8 million over the medium term (2025 – 2026).

The Director of Public Health outlined the work being done to reduce the budget deficit to deliver a sustainable medium term financial strategy position.

The Director of Public Health highlighted future budgetary challenges, for example future funding and inflationary pressures.

The Director of Public Health advised the panel that there were no specific savings or growth targets relating to services within the remit of the panel.

The Director of Public Health highlighted the key risks and future challenges presented by Covid 19 and commented on plans to help mitigate their impact. The Director Public Health commented on the wider risks to the public health service listed in the strategic risk register which was reported to the Audit and Risk Committee on 28 November 2022.

The panel were invited to comment on the presentation.

The panel queried if any of the six performance indicators referred to in the presentation which saw a decrease related to public health service and when details of a new set of performance indicators would be available.

The Director of Public Health advised the panel that none of performance indicators relate to the remit of the panel. However, there was acceptance of the how poor performance in these areas can influence future health outcomes and rates of healthy life expectancy.

James Amphlett, Head of Data, and Analytics, commented on the background to the development on new performance indicators to support improvement and to ensure the resources are being used to support work in the areas where performance has decreased in Quarter 2.

The panel queried the timetable for publishing the results of the Census 2021. The Head of Data and Analytics advised that information about the numbers of people in the City and migration data has been published by ONS. The information on ward profiles has been updated to reflect the changes. The panel were advised that there is no specific timetable when specific public health data collected in the Census will be published by ONS. The aim will be to publish information asap when it is released.

The Director of Public commented on the important contribution of health checks screening programme in helping detect cancers at an earlier stage and how this information will help in the development of new performance measures.

The Director of Public Health commented that Wolverhampton has the one of the highest alcohol related death rates in the country and work is being done with colleagues across the Black Country to address the issue.

The Director of Public Health highlighted that the City is in the top quartile for provision of alcohol and drug treatment services in the country which is important in supporting the achievement of priorities detailed in Our City: Our Plan.

The Director of Public Health added that the plan is to present this health performance information quarterly to give the panel the opportunity to comment on progress to improve health outcomes.

The panel congratulated the Director of Public Health on the work of the service in helping in support local communities and improve health outcomes, particularly in the deprived wards of the City. The panel highlighted concerns about the quality of housing provision for refugees and asylum seekers and the impact on health and wellbeing on the priorities of Public Health service in the future.

The panel commented on the impact of changes in national adult social policy and funding on the good work of the Public Health team.

The Director of Public Health reassured the panel about the support offered to refugees and asylum and commented that the work is being delivered within the framework of the City of Sanctuary, which Wolverhampton is a member.

The Director of Public Health outlined work done with the Home Office and contractors involved to prevent gaps in provision and that there are sufficient resources to meet the need. The Director of Public Health commented on the range of support offered to asylum and refugees and that concerns about the quality of provision is shared with the Home Office.

The panel thanked the presenters for the report and formally recorded their appreciation of the work being done by colleagues in Public Health.

Resolved:

The panel comments on the presentation to be noted.

## 5 **Integrated Care System Strategy and Priorities - Question and Answer Session**

The Chair invited Brendan Clifford, who is leading on the development of Integrated Care Partnership (ICP) for Councils in the Black Country, to make some introductory comments on the report to the panel. The ICP has representatives from its partner authorities responsible for developing an integrated care strategy to address health, social care, and public health needs of its area.

The Chair invited Paul Tulley, Wolverhampton Managing Director Integrated Care Board (ICB), to give more details on progress of the development of the Wolverhampton ICP since they were introduced nationally in July 2022.

The Managing Director advised the panel nationally the timescale for completing the development phase of the local ICP was the end December 2022.

A development working group was set up with representatives of local authority directors. The Managing Director outlined the range of representatives from different local and national organisations who were consulted earlier in the year about the plans for the ICP and the development of the priorities.

The following areas were agreed in facilitated consultation events as being the top four issues for ICB in order of priority, workforce, children and families, social care, and mental health.

The 42 ICBs nationally will take on the commissioning functions of previous 106 clinical commissioning groups which have been abolished by Government. In each ICB there will be partnership of local authorities who will form the ICP. The ICP will be tasked with developing an integrated care strategy to address local health, social care, and public health needs that follow national legislation and related guidance.

The panel were invited to comment on the presentation.

The panel asked for the update on progress of developing the ICB and a view about how the new arrangements will differ from that provided under the CCG and work being done to bring different organisations together.

Paul Tulley, Managing Director, Black Country Integrated Care Board, reassured the panel that organisations in Wolverhampton already had well established partnership working arrangements before the recent legislative changes were introduced. The Managing Director advised the panel that key partner organisations responsible for either commissioning or providing health and care services to Wolverhampton residents are represented on the ICB. There is also representation from Healthwatch and local community and voluntary groups.

The Managing Director advised the panel that the ICB operates at the both the system and place level in Wolverhampton. There are six strategic working groups under the ICB who are responsible for coordinating the work based on priorities set by the ICB.

The work of the working groups is supported by a management team to help drive forward the changes and improvements the ICB want to achieve.

Brendan Clifford, Working for Councils in Black Country Integrated Care System, commented on the progress made to bring different health and community services together and suggested that a report be presented to the panel in six months to update the panel on progress in response to the issue raised.

The panel expressed concerns about the level of funding to deliver the priorities and highlighted the financial pressures on the adult social care sector, and changes to national funding plans for the sector recently announced.

Becky Wilkinson, Director of Adults Services, advised that there are discussions ongoing with the ICS to consider the implications of the policy changes.

The Director commented on the work being with colleagues at RWHT to better understand the gaps in homecare and residential care provision and develop plans.

The Director commented on efforts to improve joint working with other commissioners of services which focus on their respective strengths. The Director acknowledged the financial pressures facing the adult social care sector and

highlighted the importance of partner organisations budgets working in a more aligned way in the future, to benefit the residents in Wolverhampton.

The panel expressed concerns about the financially and strategically dominant position of health sector partners and how this might impact on efforts to build strong working relationships with voluntary and community groups who are in weaker position. The panel wanted assurance of work being done to build a shared vision of the health and social care sector.

Simon Evans, Chair OneWolverhampton, commented that the development of the ICB will formalise the current working relationships and build on existing good practice. The Chair highlighted the benefits of the ICB plans and reassured the panel that there was no desire from an organisational perspective for the health sector to be the dominant partner and there was a commitment to work positively with all the organisations around the table. The Chair accepted the challenges of partnership working but highlighted the value of engaging with all groups as equal partners.

The panel welcomed the changes the tendering procurement procedures and the removal of the requirement for mandatory competitive tendering. The panel queried of the implications for the ICB as result of this change.

Paul Tulley, Wolverhampton Managing Director, Black Country Integrated Care Board, confirmed the change to procurement contracting regulations and advised the panel that they will be replaced by a provider selection regime. In this new arrangement there will be a set of rules that the ICB will be required to apply when determining which organisations will be responsible for providing services. At present waiting for final guidance from the NHS to be published on the provider selection regime.

The panel expressed concerns about impact on family carers when decisions made to remove care in situations where there is either a late payment or the person is discharged from hospital which can impact on the continuity of their care and will require a re-assessment. The panel wanted reassurance that the issue of continuity care is prioritised in the future wherever possible and a review of the process for recovering care fee debts.

The Director of Adult Social Care agreed to investigate the issue of delays in completing the financial assessment when people are assessed for care and will report to a future meeting. The Director advised the panel that when a person's needs changes then their care package may need to be reassessed. In this situation the existing private care provider may decide that they can no longer meet the new care needs of that individual and when this happens then a new assessment will need to be done, which could lead to a change in a person's carer.

The Director advised the panel that existing care packages remain open for two weeks when someone is admitted into hospital before their care needs are re-assessed.

The service is required to review a person's care needs when they are discharged from hospital. The Director commented on the added challenges of delivering continuity of care at a time when the sector is experiencing high levels of employee turnover in the care sector workforce.

The panel commented on the challenges facing the public when trying to access adult social care for support wanted reassurance that the new ICP would be working to address these issues.

Brendan Clifford, Working for Councils in Black Country Integrated Care System, commented that the issue of culture change was identified as an issue at a recent meeting of the ICB. The importance of listening to views of local communities and their experiences of health and social care services was highlighted.

The panel expressed about the quality of public engagement and level of awareness of the work being done by the ICB. The panel highlighted the short response times to consultation documents asking for public feedback as an example and stressed the need for greater efforts to engage with the public about the planned changes.

The panel also highlighted concerns about access to GP and the problems residents were experiencing in trying to make appointments and queried role of ICB in trying to address the issue of long call waiting times.

Paul Tulley, Wolverhampton Managing Director, Black Country Integrated Care Board, advised the panel that primary care development is one of six priority areas referred to earlier which provides a forum to look at how partners can support general practice in its development. The importance of not looking at primary care in isolation from other services was highlighted. The Wolverhampton Managing Director suggested that the issue of issues of GP access could be discussed at the panel meeting on 19 January 2023 where a report from Healthwatch Wolverhampton survey could also be presented.

The Wolverhampton Managing Director outlined the work being done to engage with the public and the principal that members of the ICB should be having conversations with the public to find out what their priorities are. There was recognition that involving local people in the way services are delivered is key to the way that the ICB works in partnership with the local communities.

The panel discussed the need for people who may have difficulty in using health care services which often rely on them having access to the internet and that it was important to provide alternatives, particularly when using this method to consult with residents about planned changes to health and social care provision.

John Denley, Director of Public Health, commented on work done to find out the issues which are important to residents and that the overwhelming response was the issue was access to GP's and the quality of care. The Director of Public Health commented about the important role of community pharmacists and that working with communities will help to develop new models that can deliver quality and accessible care at the point in which people need it.

The panel queried the work done to find out the issues that residents were most concerned about and have they have been considered. The Director of Public Health commented that while there has not been a formal survey to find out the views of the public there is a range of work being done to find their priorities. The Director of Public Health commented on the potential for social prescribing that can help support emotional resilience.

The panel queried what the biggest challenges facing the Black Country ICS.

Paul Tulley, Wolverhampton Managing Director, Black Country Integrated Care Board, commented that the following issues were biggest challenges, restoring services to pre pandemic levels, workforce recruitment and retention, balancing the finances and the immediate challenge of high demand and the pressures on ambulance services and other front-line services.

The Director of Adult Services commented that issues highlighted were similar challenges facing the social care sector. The Director highlighted the challenges of increasing demand and complexity of needs and getting service to pre-pandemic levels. The Director highlighted that the Council were providing 15,000 hours of homecare per week pre pandemic, which has now increased to over 20,000 hours of homecare per week post pandemic. The Director also highlighted other challenges to the service such as the 30 per cent increase of social workers involved in end-of-life care and the impact of the increase in alcoholism levels since the end of the pandemic and workforce recruitment and retention challenges. The Director commented on the strategic challenge presented by the lack of long-term commitment around which makes it difficult to plan and work in a more joined up way with local partners and to deliver a consistent level quality of care.

The panel queried the priorities for the Integrated Care Partnership in the Black Country. Paul Tulley, Wolverhampton Managing Director, Black Country Integrated Care Board advised the panel that an interim strategy has been developed. The strategy builds on the priorities agreed by the Health and Wellbeing Board. The Wolverhampton Managing Directors added that work is being done to develop a joint forward plan with a five-year time horizon. The work will consider the wider priorities of the wider partnership, and the aim will be to publish the integrated care partnership strategy early in 2023.

The panel queried the role of provider collaboratives in the ICS and how they will be working together.

Professor Steve Field, Chair Royal Wolverhampton NHS Trust, and Walsall NHS Trust reassured the panel different health organisations in the NHS across the Black Country region have been working on a collaborative basis for some time. The Chair added that there is an executive board and a Chairman that covers the four trusts in the region which look at how they can collaborate more to improve care provision.

The Chair gave further details of integrated working and details of successful changes which have led to reduced waiting times and delivered better care to patients.

The panel queried the role of the ICS in supporting public health to address these local priorities and how should residents judge the success of the ICS and One Wolverhampton plans.

The Director of Public Health commented that the NHS Plan is embedded within the ICS plans which gives it a strong preventative responsibility which supports the efforts of public health in improving health outcomes.



The Director of Public Health commented that the impact of the ICS will be judged on whether people feel they can get the right care at the right time, and they can access services in whatever way that meets their needs. The Director of Public Health commented on important role that community pharmacists can have in helping to keep people as independent in their homes as possible and this will be supported by efforts to recruit local people into health and care roles.

The panel queried the priorities of OneWolverhampton and how the ICS will support them.

Paul Tulley advised the panel about the development of One Wolverhampton priorities and the involvement of colleagues in Public Health in helping to understand the health needs of the City and the issues that are driving these priorities. Paul Tulley added that other health data sources will be used to understand the interactions of primary and adult social care in a person's journey to hospital, which will help to inform the priorities of One Wolverhampton.

Paul Tulley commented that priority will be reducing health inequalities which is central to the work being done to improve health care, supported by a culture of innovation and research.

Paul Tulley suggested that a report is presented to the panel in six months' time to think you should hold OneWolverhampton to account and challenge about whether the changes have made a meaningful difference to the lives of residents and to make sure the right things are being done for local people.

The panel thanked the presenters for the report.

Resolved:

1. The panel agreed to receive a progress report on the ICB plans to a panel meeting in in June 2023.
2. The panel comments on Integrated Care System Strategy and priorities to be noted.
3. The panel to be given details of the timeline for key publication dates on the work of the ICB.

## 6 **Date of Next Meeting and Draft Agenda Items**

The Chair advised the panel that the next scheduled meeting is 19 January 2023 and listed the reports on the agenda.

The Scrutiny Officer advised the panel that the report Supporting Communities through Ward Plans has been deferred to June 2023.

The panel discussed delays to hospital admission and long waiting times for ambulances and expressed concern on the impact on residents.

The panel discussed the factors contributing to the pressures on health and adult social care.

The panel suggested a briefing from representatives at RWHT is arranged to update the Chair and Vice Chair on current situation and the work being done to try to alleviate some of the pressures.

David Loughton, Chief Executive, RWHT, commented that the service also considered the long wait times and delays in emergency ambulance to be unacceptable and outlined the acute set of challenges facing the health and adult care sectors.

There was a commitment from all the health partners to work together while accepting that the key issue is the lack of capacity in sector available to meet the rising demand and the increased complexity of cases from people who present at A&E.

The panel discussed with the presenters the impact of Covid 19 and its ongoing effect on the health and adult social care sectors.

Resolved.

1. The panel agreed to note the report.
2. The panel agreed to receive a report from Healthwatch Wolverhampton about the findings from a survey about GP access concerns.
3. The issue of hospital waiting times to be discussed at a future meeting of the panel and an informal meeting arranged with RWHT to discuss the concerns highlighted.