

Minutes of the Health and Adult Social Care Scrutiny Committee

**Wednesday 20th April, 2022 at 6.00 pm
in Committee Room 2 at the Council House, Priory Road,
Dudley**

Present:

Councillor M Rogers (Chair)

Councillors R Ahmed, P Atkins, P Drake, A Hopwood, L Johnson, S Ridney and D Stanley.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), M Abuaffan (Head of Adults and Older People Public Health), D Pitches – (Head of Healthcare Public Health), K Philips (Specialist Registrar in Public Health) and H Mills (Democratic Services Officer).

Also in attendance:

S Nicholls and J Young – Dudley Integrated Health and Care NHS Trust

P Wall – West Midlands Ambulance

T Harvey, N Woodman and A Hunt – NHS England and NHS Improvement

53 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors T Crumpton, P Lowe, C Neale, K Razzaq, S Waltho and M Westwood.

54 **Appointment of Substitute Members**

It was reported that Councillors S Ridney and D Stanley had been appointed to serve as substitute members for Councillors P Lowe and M Westwood, respectively, for this meeting of the Committee only.

55 **Declarations of Interests**

No Member made a declaration of interest, in accordance with the Members Code of Conduct, in respect of any matter considered at the meeting.

56 **Public Forum**

No issues were raised under this agenda item.

57 **National Health Service (NHS) Quality Accounts 2021/22**

The Committee considered the draft Quality Reports and Accounts of NHS Providers for 2021/22, including priorities set out for the respective services for the forthcoming year.

The Committee reviewed the Quality Account reports and documents that had been circulated and made comments as set out below:-

Dudley Integrated Health and Care NHS Trust (DIHC)

2021/22 was reported to have been another unprecedented year for the DIHC Trust. There had been a number of new services incorporated into the DIHC, which included the School Nurse Service. DIHC had continued to support Dudley Primary Care and developed and delivered the Winter Access Hub and Pensnett COVID Assessment Centre and were of the view that the Trust was now picking up its momentum following its establishment in 2020.

It was reported that for the year 2021/22 there had been 14 priorities for improvement under five key themes, which focussed on the core areas of quality of safe, effective and experience. DIHC was of the view that they had achieved reasonably well, despite the continued challenges in response to COVID-19, with over 50% of planned objectives fully achieved, with good progress made in all 14 priorities.

The priorities identified for 2022/23 were outlined which would focus on the core elements of quality and safety; engaging with communities to ensure continuous learning, listening more and putting in place actions; Equality Inclusion and Diversity, specifically improving access to services for people with learning disabilities, increasing annual checks and providing additional support in relation to end of life and bereavement; and developing a robust clinical audit programme, ensuring all learning was implemented and meeting best practice standards to improve patient care.

The Committee were presented with details in relation to the DIHC's clinical audit and performance measures in line with local and national requirements and standards. In referring to the number of incidents reported, it was stated that improvements to the feedback and engagement with patients had been made, with support from the Patient Representatives Group to help shape the process which had resulted in the development of a single complaints/comments email address 'Have your Say'.

Following the presentation of the report, Members made comments and asked questions and responses were provided, where necessary, as follows:-

- In responding to a question raised by Councillor D Stanley in relation to the delays at Russells Hall Hospital and the steps being taken to improve waiting times, it was stated that whilst the Emergency Department did not fall within the remit of DIHC, the Trust did work closely with the hospital to ensure alternative services were available so that patients could be redirected as necessary to alleviate waiting times. Examples provided were the Winter Access Hub which had been extended and the provision of additional General Practitioner (GP) appointments, to release pressure from the hospital.
- Councillor D Stanley commented positively on the information contained in the report and DIHC achievement during 2021/22.
- In response to a question raised by Councillor S Ridney in relation to hearing from children and taking into account their views and how this would be expanded, particularly with the effects of COVID moving forward, it was stated that engagement work had begun with children and young people to understand what young people wanted from the service. An area of concern was around the 16-19 year old cohort, as tailored services were not commissioned for the age range. Engagement would be undertaken with the 16-19 year olds during 2022/23 to develop an understanding of what services they would expect from the school nurse service, working collaboratively with the Special Educational Needs and Disability Service (SEND) and the Clinical Commissioning Group (CCG) to deliver an appropriate service.
- Arising from comments made by Members in relation to access to GP appointments, it was confirmed that DIHC was only directly responsible for the High Oak surgery provision and all other GP Practices were independent. It was stated that a number of Trust staff were deployed access Dudley practices to provide support and alternative care provisions to help release GP appointments.
- Arising from a question raised by Councillor L Johnson, it was stated that the additional appointments referred to were bookable via the NHS 111 assessment service.
- In referring to Dudley Primary Care, in particular that they were not required to complete a Quality Account report, Councillor R Ahmed questioned how their performances and progresses were monitored. In response it was stated that the CCG who commission the service on behalf of the NHS, would monitor performance via their contractable arrangements.

- Arising from a question raised by Councillor S Ridney in relation to what plans were expected for the school nurse service, it was stated that there had been a slight change in the service structure since it had integrated into DIHC and it had been a challenge to recruit School Nurses, although recruitment continued to be promoted. The Service was in discussions with Public Health with regards to the commission of a fully integrated 16-19 year old service. It was recognised that the service needed to be more proactive for the benefit of our children, as there had been a shift in focus during the pandemic.

West Midlands Ambulance Service University NHS Foundation Trust (WMAS)

The Committee received a presentation providing an overview of the WMAS Trust, an update of achievements in relation to the 2021/22 priorities and the proposed priorities for 2022/23.

Whilst the WMAS Trust were proud overall of their achievements during the year, it was recognised that there had been significant challenges. Although the West Midlands remained the best performing 999 call answering service, it was acknowledged that calls were not answered as quickly as they had been in previous years.

The category one performance correlation with Hospital handover delays were outlined and it was reported that there had been a significant rise in the number of handover delays than in previous years, which had set performance levels below the national standard. Members were however advised that the data presented did not just represent the Dudley Borough, but the West Midlands as a whole and data specifically to Dudley could be provided following the meeting.

It was identified that there had been an increase in demand for the service, although there had been a reduction in the number of patients conveyed to the Emergency Department. WMAS fleet continued to be under five years old and the newest in the country and the West Midlands were the only trust to have a full range of electric vehicles in operation.

In referring to digital development it was reported that the NHS 111 Assessment service and the 999 emergency call service had integrated and all staff were now dual trained and fully interchangeable.

It was reported that 2021/22 priorities in relation to cardiac arrest management and maternity care had been achieved, although the priority to reduce the volume of patient harm incidents and learning from our patients feedback had not been completed entirely, although progress had been made in both areas.

The priorities for 2022/23 were outlined which included integrated urgent and emergency care clinical governance, maternity, mental health, utilisation of alternative pathways including urgent community response, and developing the role in improving public health.



Following the presentation of the report, Members made comments and asked questions and responses were provided, where necessary, as follows:-

- Members requested that localised data be provided following the meeting.
- Questions on the role of the university within the Trust and if they were an active partner; was the Trust struggling to recruit paramedics and what was West Midlands Ambulance Service doing to promote and encourage the use of defibrillators were raised by Councillor D Stanley. In response it was confirmed that the University worked closely with under and post graduate staff and that recruitment in the West Midlands was the highest in the Country. It was stated that students could train directly with the university, alternatively WMAS offered packages working closely with the university as well as providing training on the job. Staff retention in call centres fluctuated with a high turn-over and difficulties were encountered when trying to appoint call centre clinicians.
- In response to a question raised by Councillor P Atkins as to what WMAS were doing to try to reduce the delay in response times, it was reported that patients were assessed to establish the best and most appropriate treatment for their condition. Crews were supported on site by Call Centre Clinicians, and all had access to the in-house care portal which advised of alternative care pathways. It was recognised however that hand-over delays at hospitals had significantly impacted upon Ambulance response times.
- Councillor P Atkins referred to how the WMAS Trust would monitor and identify learning from patients that had been conveyed to the Emergency Department, although could have been directed to an alternative care pathway and queried if this would be achievable. It was acknowledged that this would be difficult to monitor and would need to be reviewed on a case-by-case basis.
- In response to a question raised by Councillor P Atkins it was confirmed that WMAS operated a flat rate work-force structure and that there were no imminent plans to employ advance paramedics. There was however routes for staff progression into the air ambulance and incident response teams for those members of staff who wished to progress into a higher level of skills.
- Councillor P Atkins referred to the use of electrical vehicles and requested comparative data between electric and regular fleet and whether it was cost effective or to meet with environmental aspirations.
- Arising from a question raised by Councillor D Stanley information on how calls were triaged to identify a patient with Sepsis would be provided following the meeting.

Dudley Group NHS Foundation Trust (DGFT)

In the absence of a representative from the DGFT, the Quality Account report submitted on behalf of the Dudley Group NHS Foundation Trust was taken as read and Members of the Committee were requested to submit any comments by email to the Democratic Services Officer.

Resolved

- (1) That the Quality Reports and Accounts of NHS Providers for 2021/22 and the priorities set out for the services for the forthcoming year be received and noted.
- (2) That West Midlands Ambulance Service be requested to provide the Committee with Dudley level performance data; provide confirmation in relation to how frequently audits of ambulance conveyances takes place each year; provide confirmation of the effectiveness of electric vehicles and provide information on how calls are screened/triaged to identify Sepsis.
- (3) That West Midlands Ambulance Service further consider the feedback from front line staff to contribute to a culture of continuous learning.
- (4) That Members of the Committee submit any comments in relation to the Quality Accounts Report for The Dudley Group NHS Foundation Trust by email to the Democratic Services Officer.

58 **Dental Services Briefing**

A report of the National Health Service England and National Health Service Improvement Dental Commissioners was submitted to provide the Committee with an update with regards to the current position in relation to the dental service, in response to concerns raised regarding access specifically for children in care.

The Senior Commissioning Manager Pharmacy, Optometry and Dental, together with the Deputy Head of Commissioning and the Consultant in Dental Public Health were in attendance at the meeting and gave a brief presentation on the background to the dental service, highlighting the key impacts that had been caused from the COVID pandemic, the backlogs as a result and the recovery measures and initiatives being put into place.

Graphs identifying dental activity in the West Midlands and locally were presented. The data for the West Midlands identified recovery was in-line with national guidance, although it was reported that locally it was slightly below the national average, though activity had begun to increase, particularly within the adult cohort.



It was reported that moving forward it was important to effectively manage communication to address public expectations. It was stated that it would take several years for dental services to return to the same level of service that was provided prior to COVID, due to a lack of capacity and that six monthly routine appointments were not clinically necessary, and patients should be seen based on their individual level of risk.

Arising from the presentation of the report, Members asked questions, made comments and responses were provided as necessary:-

- Councillor R Ahmed raised a concern in relation to dentists being unable to see NHS patients as they were waiting approximately 4 to 6 months for a performance list number and questioned what measures were being taken to improve the turn around. The Senior Commissioning Manager Pharmacy, Optometry and Dental confirmed that this was not an area within the teams remit, although they were aware of delay issues. Individual Dental Practitioners should contact the Medical Directorate directly with regard to any significant delay.
- In response to a further question from Councillor R Ahmed, it was stated that newly qualified dental practitioners were usually in post quickly after qualifying. It was known that there had been a recent issue in relation to a delay in DBS checks, but this had since been resolved.
- Councillor S Ridney referred to the issues experienced by children in care accessing dental care, although it was acknowledged that this issue had since been resolved by Public Health. Concerns were expressed however in relation to all children in the borough and statistical information in relation to the number of children with dental decay was requested. In response it was confirmed that surveys were ordinarily commissioned every two years for 5 year-olds, although COVID had impacted upon the undertaking of the last survey, however data from 2019 could be provided. A further survey was expected to be undertaken this year. A survey of 12 year olds would be undertaken in 2023, which would be useful and data could again be provided once completed. It was reported that a survey for 3 year olds had been planned for 2021, which was an emotive issue, however this had been halted due to COVID and a date of when this would now be undertaken had yet to be confirmed. It was recognised that more work was required to promote access and an engagement exercise was programmed to bring the four Black Country Authorities together to identify best practice and to target the most vulnerable communities. A £300,000 funding initiative, hosted by Birmingham, was in development and would be disseminated across the region, which would include the provision of toothbrushing packs in food parcels which would target vulnerable communities.

- Councillor S Ridney expressed concern with regard to the hardship that some families were experiencing and would continue to experience in the current financial climate. The need to protect our children was vital and it was disconcerting that children were allowed to have poor dental health hygiene. It was recognised that the impact from the slump in attendance as a result of the pandemic was still to be seen, although children's appointments were now a priority and attendance was on the increase.
- In responding to a question raised by Councillor S Ridney in relation to what initiatives were being put into operation to improve dental health care in children, it was reported that as an outcome from the pandemic weekend access schemes were being implemented, which would enhance the service and create more available appointments. Training, together with a peer review for Dentists for children had begun, which was envisaged would alleviate pressure of the backlog, with dedicated sessions for children's appointments only, however this scheme had been suspended whilst further funding was explored.
- Arising from further questions by Councillor S Ridney in relation to what educational programmes were being promoted in schools and if the School Nurse could provide support, it was stated that a supervised tooth brushing programme was being promoted and the service continued to work with public health to target intervention. It was recognised that there were inequalities within the service and there was a lot of work to be done internally to address in equality and engage with vulnerable groups to address access problems.

Resolved

- (1) That the information contained in the report and presented at the meeting be received and noted.
- (2) That a copy of the presentation slides and statistical information in relation to tooth decay in children in the Dudley Borough be circulated to Members of the Scrutiny Committee.

59 **Corporate Quarterly Performance Report – Quarter 3 (1st October, 2021 to 31st December, 2021)**

The Committee considered a joint report of the Director of Adult Social Care and the Director of Public Health and Wellbeing on the Quarter 3 Public Health and Wellbeing and Adult Social Care Quarterly Performance Report, covering the period 1st October to 31st December, 2021.



The Director of Adult Social Care stated that all performance indicator targets for the quarter 3 period for Adult Social Care had been met. In referring to the short term down trend in relation to performance indicator PI 501 – Prop of 65+ at home 91 days after discharge from hospital into reablement services, it was stated that this was as a result of the high level of hospital discharges and the Council's in-house reablement team having to be diverted to provide domiciliary care, due to the need to prioritise care support. However, moving forward into the new financial year, there was a need for staff to return to providing a reablement service. It was noted that during the pandemic additional COVID related funding had been provided to support Adult Social Care Services, which had now ceased, though the demand for a high level of hospital discharges continued and the Directorate was juggling to meet the priority demand of care, with the need to provide prevention work.

In referring to performance indicator PI 2131 - Percentage of delayed transfers of care as a percentage of occupied beds, the Director of Adult Social Care stated that data continued to be considered on a daily basis, and at the time of presenting the report there were 22 delayed transfers of care for the Local Authority, 12 of which were planned for discharge within 24 hours. A key challenge moving forward would continue to be workforce recruitment.

In referring to performance indicator PI. 2132 – percentage of contacts to adult social care with an outcome of information and advise/signposting, the Director of Adult Social Care indicated that an increase in the percentage of contacts was positive, and there was an open invitation for all Members to observe the new portal in operation.

Councillor S Ridney commented positively in relation to performance indicator PI 2133 – Percentage of working age service users (18-64) with a primary support reason of learning disability support who were living on their own or with their family and supported the development of additional care housing in Brierley Hill for older people. The Director of Adult Social Care confirmed that Full Council would be appraised on progress.

The depleting social care workforce was discussed, and it was hoped that the development of apprenticeships in Dudley would encourage young people to choose a career within social care, although it was considered that there was a need to make the roles more attractive and career progressive for the next generation, as well as addressing the fuel and cost of living crisis.

Councillor D Stanley commented positively on the achievements, although questioned whether the targets were set too low. In response, the Director of Adult Social Care commented that due to recent changes within the service, as an impact of COVID, the Performance Indicators listed were no longer relevant and the key risks now related to delays within the Community, including those waiting for assessment and review, the provisions of blue badges, and occupation therapy.

In referring to the delayed transfer of care, Councillor P Atkins requested that informatics be included.



The Head of Adults and Older People Public Health presented the performance data on behalf of the Directorate of Public Health and Wellbeing and in doing so confirmed that three out of the seven performance indicators had performed below target and one had no data reported. It was noted however that this period of reporting coincided with the peak of the Omicron variant which impacted upon service delivery.

Resolved

- (1) That the information contained in the report and presented on the Quarter 3 Public Health and Wellbeing and the Ault Social Care Quarterly Performance Report of the financial year 2021/22 covering the period 1st October to 31st December, 2021, be received and noted.
- (2) That informatic data in relation to Delayed Transfer of Care be provided.

The meeting ended at 8.35 pm

CHAIR



HASC/60