

Minutes of the Health and Adult Social Care Scrutiny Committee

**Wednesday 26th January, 2022 at 6.00 pm
in the Council Chamber at the Council House, Priory Road,
Dudley**

Present:

Councillor M Rogers (Chair)

Councillors R Ahmed, P Atkins, P Drake, A Hopwood, P Lee, P Lowe, K Razzaq, S Waltho and M Westwood.

Dudley MBC Officers:

M Bowsher (Director of Adult Social Care), K Wright (Director of Public Health and Wellbeing), Rachel Cooper (Head of Financial Services) and H Mills (Democratic Services Officer).

Also in attendance:

Councillor N Barlow (Cabinet Member for Health and Adult Social Care)

The Dudley Group NHS Foundation Trust – L Abbiss, K Kelly and J Essex

West Midlands Ambulance Service University Foundation Trust – V Khashu

Together with one member of the public.

36 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors T Crumpton, C Neale and L Johnson; and K Green (Co-opted Member)

37 **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.

38 **Minutes**

Resolved

That the minutes of the meeting held on 15th November, 2021, be approved as a correct record and signed.

39 **Public Forum**

No issues were raised under this agenda item.

40 **Change in Order of business**

Pursuant to Council Procedure Rule 13(c) it was: -

Resolved

That the order of business be varied, and the agenda items be considered in the order set out in the minutes below.

41 **Update on Breast Screening Services for Dudley, Wolverhampton and South West Staffordshire.**

The Committee considered a report of the Dudley Group NHS Foundation Trust providing an update on the Breast Screening Services for Dudley, Wolverhampton and South West Staffordshire.

J Essex, Lead Cancer Nurse, presented the report and in doing so, provided an update on the actions implemented as a result of the Quality Assurance visits in 2018, 2019 and the Interim Screening Quality Assurance visit in 2021. An assurance was provided that the actions recommended following the two serious incidents in 2018 and 2019 had all been completed at the relevant time.

In referring to the four risks that remained open on the Risk Register that related to outstanding actions, as set out in the table in paragraph 11 of the report submitted, it was confirmed that risk CSS1231 had subsequently been completed following publication of the report and the Sub-Contract with Royal Wolverhampton Trust had been signed by all parties. It was further commented that the additional monitors for the Multi-Disciplinary Teams room, as referred to in risk CSS1294, had been ordered and delivery was imminent.

It was recognised that there was a shortage of Radiologists nationally, nonetheless the job description and specification to appoint a substantive Breast Radiologist had been updated and would be advertised, though would remain a risk until the position had been appointed. In the interim to mitigate risk, Consultant Radiographers were in post, and the Trust were looking to recruit to a further vacancy that had recently been created.

It was reported that the Trust were in progress of undertaking a Tender process for a feasibility study to be carried out, which would review the wider relocation and expansion of the service and the Team continued to work hard to achieve all of the outcomes set out as part of the administration review.

Arising from a question raised by Councillor P Drake in relation to other screening programmes and waiting time backlogs, K Kelly, Director of Operations – The Dudley Group NHS Foundation Trust, commented that during the peak of the pandemic some screening services had been paused, particularly bowel screening, though it was considered that the service was now operating at a normal level, with additional mobile sites located across the service area to help alleviate any backlog. It was recognised that there was a poor take up of screening from some ethnic groups and consideration was being given on improving uptake in those communities.

Members commented positively on the significant improvements that had been made to the service since the issues had been identified and recognised the challenges experienced by the Trust in relation to recruitment and retention of staff.

Resolved

- (1) That the update provided on the Breast Screening Service for Dudley, Wolverhampton and South West Staffordshire, be noted.
- (2) That the completion of the action plans for each incident, in order to satisfy the requirements of the investigations and subsequent Root Cause Analysis, together with the closure of both incidents, be noted.

42 **Local and National COVID-19 Developments and Local Outbreak Management Plan**

A report of the Director of Public Health and Wellbeing was submitted on Dudley's Local Outbreak Management Plan and to provide an update on Local and National COVID-19 Developments.

The report outlined the progress made and work undertaken with regard to the vaccination initiative, outbreak support, community testing and support provided to educational and workplace settings for the period September 2021 to January 2022.



The Director of Public Health and Wellbeing gave a detailed presentation on the current position and data, and in doing so, confirmed that infections rates remained at a high level with 1260 per 100,000 population, with particular high infection rates across primary school settings, which was replicated across the country and region. It was evident that the high number of infections was not causing severe disease within the population, as a result of the positive effects of the vaccine protection.

The five key principles of the outbreak plan were outlined and the Committee were assured that work on prevention and response, in conjunction with local, regional and national partnerships continued, to help design the next stage of the response in living with Covid-19.

Since September 2021, 63 workplace outbreaks had been responded to and work continued to support business communities. The Healthcare setting continued to be a challenge with 51 suspected/confirmed outbreaks and outbreaks in Care Homes continued to be treated as a priority, though severe disease was not being observed, as care home residents were predominately vaccinated. However, it was important to continue to support to maintain business continuity of staff and to ensure facilities were safe to receive patients that needed to be discharged to relieve pressure from the NHS system. The education and early years setting continued to be a busy area and the work to minimise disruption and support staff was paramount.

It was reported that testing over the Christmas period accelerated, with huge demand and an increase of supply for lateral flow testing kits, which was challenging due to issues in shortfall. Dudley supported organisations that could not access kits during the supply shortage to ensure business continuity.

Though it was recognised that contact tracing would change over time, Dudley had continued to maintain its offer with the local contact tracing team, who had contacted in excess of 12,000 individuals. It was unclear at this stage what the nation strategy for contact tracing would be in the future, though Dudley was currently focusing on geographical areas and high-risk settings, which would continue to reviewed in response to future guidance.

The Director of Public Health and Wellbeing presented data in relation to the work undertaken in providing welfare and financial support and highlighted the work undertaken by the Covid response Team in relation to Community Engagement in promoting key messages and vaccine uptake, though it was recognised that a significant proportion of the Borough was still not fully vaccinated. It was considered important to continue to reach different communities and thanks were conveyed to Dudley College for their support in providing a pop-up vaccination centre and to the flexible offer available at Saltwells Education Development Centre which supported the ongoing work to promote uptake of vaccinations.

The next steps were outlined, together with the measures being taken with regional colleagues to ensure resilience should future variants be identified. It was considered important to take learning from the pandemic and for partnership working to continue moving forward. Focus would continue on protecting care homes and those within a vulnerable setting over the proceeding months, to ensure that they would be able to respond appropriately to any future challenges.

In response to a question raised by Councillor P Atkins in relation to 16% positivity rate of PCR tests undertaken in the last 90 days and how this figure compared regionally and nationally, the Director of Public Health and Wellbeing confirmed that this was comparable with neighbouring authorities and varied at different times of the pandemic.

Arising from a further question raised by Councillor A Hopwood relating to inequalities and how these would, or had been addressed, the Director of Public Health and Wellbeing provided an example of the steps taken which included the diverse locality of vaccination centres, as the population should not be expected to travel to just one site and the local offer had been to ensure that services were in place within easy reach of individual communities.

Members commented positively on the work that had been conducted and continued to be undertaken by all partners involved.

Resolved

That the information contained in the report and presented at the meeting in relation to Dudley's progress to date with the management of COVID-19 within the Community, be noted.

43 **Medium Term Financial Strategy**

A joint report of the Chief Executive, Director of Finance and Legal, Director of Public Health and Wellbeing, and the Director of Adult Social Care was submitted to consult on the draft Medium Term Financial Strategy (MTFS) to 2024/25 as approved at Cabinet on 15th December, 2021, with emphasis on proposals relating to the Committee's term of reference. Items directly relevant to the Committee were those in relation to Health and Adult Social Care and Public Health and Wellbeing budgets.

The Head of Financial Services presented the report, and in doing so commented that the information contained in the report had been a snapshot at the time of writing and based on the comprehensive spending review, though the Local Government Settlement had since been received. It was commented that the Council Tax and Business Rates were currently under review and that the planned spending and saving proposals, as outlined in Appendices D and E, were based on proposals considered by the Cabinet on 15th December, 2021. However, a subsequent amendment was reported on, as it was no longer the intention to charge for green waste collections, and the final report submitted to Cabinet on 17th February and Council on 7th March thereafter, would be amended to reflect those changes.



In referring to paragraphs 27 and 28 of the report submitted, it was reported that confirmation for the 2022/23 Public Health Grant was still awaited, however a 3% increase had been forecast in accordance with the spending review announcement, which indicated an assumption that the grant would remain in real terms.

With reference to paragraph 29 of the report, the Head of Financial Services advised that whilst it was forecast there would be a small budget surplus in 2022/23, a deficit of £9.4 million was forecast for 2023/24 and a deficit of £2.3 million in the subsequent year, which was considered to be a significant risk and which would result in the use of £10 million reserves. It was emphasised that all of the estimates and assumptions were subject to the risks as outlined in paragraph 31.

Following the presentation of the report, the Director of Adult Social Care provided context to Adult Social Care's current position, in that, whilst there had been a decline in demand for services during the 1st and 2nd peak of the pandemic, a considerable increase in demand across all services areas had been identified in the current year and expected for the future, which had led to waiting times in some service areas due to the high demand. In summarising the level of demand, it was stated that there had been an 8% increase in domiciliary care hours commissioned which equated to 75,000 hours per annum; 50% increase in the provision of intermediate care reablement hours, which equated to 17,000 hours per annum; 20 additional nursing beds; a further 36 complex dementia placements and 144 additional residential care placements identified.

In referring to 'Red Beds' which were Covid Positive discharge beds, the adult social care team had reviewed 166 emergency placements, with all patients identified and provided with their permanent support. It was recognised that the proposed budget was necessary to meet the permanent recovery cost of additional care within the system, and also included the working assumption that the cost of inflation would be passed on to care providers, which equated to around a 4% increase in costs. Though a possible area of contention, it was considered fundamental that inflation was recompensed to those on the frontline due to the increase in the cost of living.

The Director of Adult Social Care accentuated that the proposed additional spending for Adult Social Care was essential to meet the main cost of all care within the system from 1st April and highlighted two areas of risk relating to the inflation position and the fragile state of the care market. The Committee were advised that whilst some savings had been identified within the older care system, these had subsequently been removed as it was recognised that these would not be achievable in the current position.

The Director of Adult Social Care paid tribute to his team, for delivering the programmed savings during the previous financial year, whilst providing a record level of support and emphasised that the service remained cost conscious.

Members made comments, asked questions and responses were provided, where appropriate, as follows:-

- In referring to paragraphs 4 and 9 of the report submitted, Councillor P Lowe requested the Committee to be mindful of the financial arrangements which continued to be precarious moving forward, and the pressures relating to the increased demand for additional educational and mental health support, as it was considered the neutral position would not be enough to address the mental health crisis the Local Authority was experiencing.
- In referring to paragraph 18, the Committee were of the view that Council Tax would need to be challenged moving forward.
- In referring to paragraph 24 of the report, Councillor P Lowe was of the view that some assumptions referred to had been estimated lower than reality and therefore it would be inevitable that the report would need to be amended moving forward. The Director of Adult Social Care referred to the white paper and proposed Health and Care Bill, in that it was currently assumed in the Medium Term Financial Strategy that this would be cost neutral, though detailed modelling could not take place at this juncture and may be an area for the Committee to scrutinise further during the next municipal year.
- The Director of Adult Social Care in response to a question raised with regard to other Local Authorities having factored in a 6% inflation assumption, though Dudley had only factored a 4% inflation assumption and what, if any, impact this would have on the Medium Term Financial Strategy in future years, particularly with regard to Adult Social Care services, stated that inflation offers varied across the West Midlands and ranged between 1.5% to 6%. The major concern was with regard to the alignment of policy making with resources to commission services and the need for national level policy to be aligned with investment into Local Government. It was emphasised that until funding for care was aligned with demand and cost for providing, gaps and pressures in service provisions would remain.
- It was commented that Adult Social Care used a process called FIT to reconcile demand for services with allocated expenditure and an efficiency programme would be constructed to address any gaps. Beyond the projected three-year period, it was suggested that work would have to be done to bring spending in line with income.
- Members acknowledged that it was no longer the intention for a charge to be applied for green waste collections, though recognised that the projected saving would need to be achieved in some way and requested assurance that this would not be from within Adult Social Care budgets.
- It was recognised that there had been significant growth in mental health and year on year increases in cost. Focus had been on urgent and crisis investment, though the major challenge at this juncture related to care for older people.

- In referring to areas that currently had a waiting list, it was stated that there was a new project for blue badges which would target the top 200 waiting and that there were major delays with the issue of disability grants, though a programme was in place to address the backlog and to achieve a reasonable working level. The Director of Adult Social Care expressed his sincere apologies to anyone that had been impacted by the delays, though it had been necessary to focus on preservation of life during the peak of the pandemic.
- With regards to bridging the gap, there was a real need to have a clear view of the natural resting point for demand and it was not the intention to impede resources unnecessarily. Should it be identified that the Directorate had more resources than needed, this would be returned to the corporate centre.
- Members were of the view that particular strands of pressure which had been highlighted as a concern by the Director of Adult Social Care should be a focus for the scrutiny committee to monitor and review during the next municipal year.
- The Committee were assured that the Head of Financial Services and the Director of Finance and Legal were conscious of the low level of reserves and would not wait until years 4 and 5 to act.
- In response to a question raised by Councillor R Ahmed in relation to the reasoning behind the increase for geriatric care, it was considered that there were a number of factors which had contributed to the increase which included an increase in falls, poor mobility and a rise in hospital admissions. Social isolation had had a huge impact on all ages particularly the elderly. Strengthening preventative measures would be a clear focus for the Dudley Health and Wellbeing Board moving forward, though it was recognised that the full effects from the pandemic would not be known for a number of years. It was further recognised that there was a need to develop the Carers Hub and to extend the offer available to support all Carers in the community.

Resolved

That, subject to the comments made above, the Cabinet's proposals for the Medium Term Financial Strategy to 2024/25, as set out in the report and appendices to the report submitted, together with the information presented verbally at the meeting, be received and noted.

44 Corporate Quarterly Performance Reporting – Quarter 2 (1st July to 30th September, 2021)

Members considered a joint report of the Director of Adult Social Care and the Director of Public Health and Wellbeing on the quarter 2 Public Health and Wellbeing and Adult Social Care Quarterly Performance report for the period 1st July to 30th September, 2021.



The Director of Adult Social Care provided the Committee with a verbal update on the current position for Adult Social Care, and in doing so advised the Committee during the month of January 2022 there had been an increase in Safeguarding referrals received; a rise in Deprivation of Liberty Safeguarding cases from 100 to more than 203 cases; 49 Covid outbreaks in care homes, which due to isolation restrictions had required those affected homes to be closed for a period of 28 days, causing constraints within the social care market place and fewer homes to accept hospital discharges. The 28 day restriction had now been revised by Central Government to 14 days isolation.

The exceptional work of Domiciliary Care Agencies and internal services during this period was greatly appreciated, particularly when dealing with 10 - 11% sickness absence rates. It was recognised that staff had worked long hours and non-symptomatic members of staff had continued to work from home whilst testing positive for Covid-19 to ensure a core service was operated.

In response to a question that had been raised by Councillor P Atkins in advance of the meeting, relating to the delay in discharge of medically fit patients in Russells Hall Hospital and the measures the Local Authority were taking to ensure that these patients were discharged promptly with the necessary support provided, the Director of Public Health and Wellbeing outlined the current level of delays in Russells Hall Hospital by organisations responsible. It was identified that, as at that time, only 5% of the demand were due to Dudley Council delays, with the predominate delay being in relation to out of borough patients. It was emphasised that discharges were reviewed on a weekly basis and Dudley had worked remarkably with Healthcare partners to maintain a consistently high level of discharges, which had been a top priority for the team to alleviate pressure from the NHS for approximately two years. Concerns were now centred around community delays and waiting times and it was important to establish the right balance of support for the needs of the acute hospital, as well as the needs of the Community.

The Committee commended the report and the high level of work that had been undertaken by all involved.

Resolved

That the Quarter 2 Corporate Quarterly Performance Report for the period 1st July to 30th September, 2021, be received and noted.

The meeting ended at 7.23 pm

CHAIR