

Minutes of the Health and Adult Social Care Scrutiny Committee

**Wednesday 15th June, 2022 at 5.00 pm
in Committee Room 2 at the Council House,
Priory Road, Dudley**

Present:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Collins, T Crumpton, J Foster, M Hanif, A Hopwood, L Johnson, P Lowe,
M Qari, K Razzaq and D Stanley.

Dudley MBC Officers:

M Bowsher – Director of Adult Social Care, M Abuaffan – Acting Director of Public Health and Wellbeing and S Griffiths – Democratic Services Manager.

Also in attendance:

Dudley Integrated Health and Care Trust – P King, Dr R Bramble and H Codd
Black Country and West Birmingham Clinical Commissioning Group – S Basi and S Terry

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)

1 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors R Ahmed, A Davies and J Elliott.

2 Appointment of Substitute Members

It was reported that Councillors R Collins and J Foster had been appointed to serve as Substitute Members for Councillors J Elliott and R Ahmed, respectively, for this meeting of the Committee only.

3 **Declarations of Interests**

Councillor R Collins declared a non-pecuniary interest as a Governor for the Dudley Group NHS Foundation Trust.

Councillors R Collins and J Foster reminded the meeting that they were Ward Councillors for Brockmoor and Pensnett in relation to the agenda item concerning High Oak Surgery.

Councillor I Bevan attended the meeting in his capacity as Cabinet Member for Public Health and Wellbeing. He declared a non-pecuniary interest in view of his employment at Russells Hall Hospital.

4 **Minutes**

Councillor R Collins requested an amendment in the second paragraph of Minute No. 49 (Public Forum) in relation to the petition and question 1 in the mini survey as referred to in that Minute. This concerned whether the moving of the High Oak surgery had affected the resident. There had been 328 responses, of which 285 or 86.89% answered yes. 12 or 3.4% said they were unsure or did not answer the question and finally 31 or 9.71% said no, however, 15 of them went on to explain that another family member or friend had been affected.

Councillor M Qari queried the progress and timescale for reporting on the surveys referred to in the third bullet point on page HASC/57 (See Minute No. 58 - Dental Services Briefing). It was requested that a be presented to the Committee on 8th September, 2022.

Resolved

That, subject to the amendment and comment referred to above, the minutes of the meetings held on 28th March and 20th April, 2022, be approved as a correct record and signed.

5 **Public Forum**

No issues were raised under this agenda item.

6 **Annual Scrutiny Programme 2022/23**

The Committee considered a report on the items to be included in the Annual Scrutiny Programme for detailed consideration by the Scrutiny Committee during 2022/23.



Councillor M Qari referred to the item on Inequalities to be considered by the Committee on 8th September, 2022. The Committee requested that the scope of this report should include the widening gap of inequalities, impact on vulnerable people and the Black and Minority Ethnic community caused by Covid-19.

In response to a query from Councillor D Stanley, the Chair confirmed that the Woodside Centre would be considered at a meeting on a date to be arranged as a single agenda item.

Resolved

- (1) That, subject to the comments set out above, the items to be scrutinised by this Committee, as contained in the Annual Scrutiny Programme for 2022/23, be noted.
- (2) That the Committee confirm the programme of business as outlined in paragraph 7 of the report submitted, subject to the need for flexibility to reflect any changes that might arise during the municipal year.
- (3) That the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, be authorised to make all the necessary arrangements to enable this Committee to undertake its programme of scrutiny work during the 2022/23 municipal year.
- (4) That the terms of reference for the Health and Adult Social Care Scrutiny Committee, as set out in the Appendix to the report submitted, be noted.

7 High Oak Surgery

Further to Minute No. 51 of the meeting held on 28th March, 2022, the Committee received a joint report of the Chief Operating Officer, Dudley Integrated Health and Care NHS Trust (DIHC) and the Managing Director for Dudley at Black Country and west Birmingham Clinical Commissioning Group (CCG). The report provided context around the temporary relocation of High Oak Surgery including the current provision of services, changes in primary care, a health needs analysis of the local population and the next steps in determining the future location of the surgery.

The Chair welcome everyone to the meeting and asked all participants to introduce themselves. A presentation was then given by the Chief Operating Officer of DIHC setting out the background, current provision, health needs analysis, engagement activity and future plans. Copies of the presentation slides had been circulated to Members and updates were given where necessary.

Following the presentation, Members asked questions and made comments as follows:-



Councillor J Foster expressed the view that this should not be the only Scrutiny Committee meeting in relation to High Oak and that Dudley Healthwatch and other stakeholders should be invited to participate in a future meeting. It was suggested that a future meeting be held in a local community centre.

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing) acknowledged that this was a complex issue and was taking a considerable amount of time to resolve. Covid-19 had led to the adoption of new ways of working. It was clear, however, that residents wanted a GP surgery in the local ward and he supported this view.

Councillor J Foster questioned the reference to Dudley having a unique set of health challenges and inequalities (see paragraph 25 of the report). It was clarified that this applied specifically to the Brockmoor and Pensnett ward and the Borough as a whole.

In response to further questions from Councillor J Foster, background information was given on the decision to repurpose the High Oak Surgery into a respiratory assessment centre at the start of the Covid-19 pandemic in April 2020. Clinical needs had been considered in making a difficult decision that had to be made extremely quickly. Decision-makers had considered all the circumstances and available options to arrive at a reasonable decision.

The GP surgery had been temporarily located to Brierley Hill Health and Social Care Centre. The respiratory assessment closed in June 2021, however, due to the anticipated risk from the Omicron strain of Covid-19, the centre had been kept on standby. High Oak surgery operated out of a portacabin on the Pensnett site. The portacabin was poor quality and belonged to Black Country and West Birmingham CCG. The car park was owned by the local authority. The surgery continued to operate at the Brierley Hill Health and Social Care centre.

Councillor J Foster referred to the health needs of the local population including those classed as clinically vulnerable. She queried the impact of Covid-19 on the local population. Further details were requested for the next meeting including information on reduced life expectancy and inequalities.

Councillor J Foster referred to the next steps including a joint public engagement exercise. It was queried as to whether this would be undertaken in-house or by an independent organisation. The public required confidence that the process was independent and objective. Engagement had already taken place with Dudley Healthwatch in this regard. DIHC wished to progress this with a view to arriving at balanced decisions.

Councillor D Stanley referred to the lack of facilities for residents in Pensnett and the high levels of need identified in that area. He expressed concern regarding the surveys that had been carried out. Specific reference was made to the identification of a site to provide the service and the availability of land. He also questioned information in the report concerning life expectancy. There was evidence to show that there was an 11-year variance in life expectancy in some deprived areas of the borough compared to more affluent wards.



Councillor R Collins referred to the GP survey and the lack of reference to closure or the future site. The potential return of a surgery to High Oak was questioned. It was reported that the intention was to move on to a formal consultation phase and initial meetings had taken place with Councillors and a Member of Parliament.

Councillor P Lowe stated that the arrangements in relation to the High Oak surgery were intended to be temporary rather than permanent. He expressed concern that those impacted by the temporary arrangement had been misled and this caused issues of trust with the community. He was of the view that High Oak surgery should return to Pensnett and all future options could then be considered. There was a need for independent consultation with questions to be agreed by all stakeholders to avoid any potential conflicts of interest.

Councillor P Lowe recommended that the Committee fully endorse the return of the GP surgery and services to Pensnett and that the Cabinet Member for Public Health and Wellbeing be supported in his efforts to work towards this in conjunction with partners. Further, it was recommended that High Oak Surgery be retained as a standing agenda item for this Committee until the surgery was returned to Pensnett.

Councillor T Crumpton supported the view that High Oak should have its own GP surgery. However, further action was necessary to tackle wider health issues and inequalities and there was a need for further information on the overall investment of resources in the ward. The Council should aspire towards equality of treatment and investment across the Borough.

Councillor J Foster referred to the interest shown by a local pharmacist who was not able to attend this meeting. It was considered that a purpose-built surgery would support the wider regeneration of the High Street. Further discussions were necessary to develop these possibilities. However, it was acknowledged that any proposals would need to be dealt with through formal NHS procurement processes. It was considered inappropriate to serve over 4,000 patients in a portacabin that was at the end of its sustainable life. On 29th March, 2022 there were 4,082 patients at High Oak. In the medium term, the goal was to return services to meet the needs of the local community pending a longer-term solution and the possible development of state-of-the-art facilities.

Councillor P Atkins commented on the temporary decision made due to the Covid-19 pandemic and the need to restore the status quo in respect of High Oak surgery. He referred to the proposal set out above and acknowledged that proposals should be dealt with through formal NHS procurement processes. He requested the view of the CCG and their intentions as a commissioning service. The CCG were considering learning from the Covid 19 pandemic in their service transformation and wished to undertake an intelligent commissioning process. Improvements had been considered and some services reinstated subject to premises being compliant and fit for purpose.



Councillor R Collins read a statement on behalf of Councillor S Greenaway expressing significant concern regarding the engagement of the community in the consultation and questioning the validity of the data presented in the report. Concern was expressed that the consultation may be biased as the surgery now operated from Brierley Hill Health and Social Care Centre and there were some patients that had decided to register with the surgery based on its current location. Residents were concerned that a decision had already been made and the consultation was not meaningful. Councillor S Greenaway also called for cooperation between all three ward Councillors to work jointly to help with the consultation process and to approach Travel for West Midlands concerning the re-evaluation of the level of public transport that currently ran between Pensnett and Brierley Hill Health and Social Care Centre as a matter of urgency.

Councillor T Crumpton also referred to the concern of residents that the consultation may be predetermined. Assurances were given that all available options would be considered, however, the current accommodation at High Oak was not fit for purpose and was reaching the end of its sustainable life.

Councillor P Lowe referred to the role of DIHC and made specific reference to the estates review. The results/analysis of consultation and engagement would be presented together with a preferred option. A final decision rested with Black Country and West Birmingham Clinical Commissioning Group (Integrated Care Board). The limitations were recognised. Efforts to improve and enhance the consultation were supported. However, it was important that this Committee gave a clear statement of its views and that services should return to High Oak as they existed prior to temporary arrangements being made. This should be the starting point for further consultation and consideration of the future arrangements.

Following further discussion, it was

Resolved

- (1) That the information contained in the report and the associated presentation concerning High Oak Surgery be noted.
- (2) That this Committee believes that the GP surgery and services should revert back to Pensnett.
- (3) That the Cabinet Member for Public Health and Wellbeing be supported in undertaking further discussions with partner organisations and that a further report on the outcomes be submitted to the Committee in due course.
- (4) That the views expressed by the Committee, as summarised above, be considered further and that responses be provided to specific issues raised by Members.
- (5) That further work be undertaken with the CCG to develop a joint engagement plan and to ensure that consultation is real and meaningful, however, this is subject to and dependent on services being returned to Pensnett as per the pre-Covid situation.



- (6) That the Stakeholder Panel be reinstated and that a meeting of the Panel take place in advance of the next meeting of this Committee in respect of the High Oak surgery.
- (7) That the Chair and Vice-Chair be authorised to determine the arrangements for a further meeting of this Committee to consider the High Oak issue taking account of the views and suggestions made by Members at this meeting.

The meeting ended at 7.00pm

CHAIR