

Meeting of the Health and Adult Social Care Scrutiny Committee

Wednesday 15th June, 2022 at 5.00pm

In Committee Room 2 at the Council House, Priory Road, Dudley

Agenda - Public Session

(Meeting open to the public and press)

1. Apologies for absence.
2. To report the appointment of any substitute members serving for this meeting of the Committee.
3. To receive any declarations of interest under the Members' Code of Conduct.
4. To confirm and sign the minutes of the meetings held on 28th March, 2022 and 20th April, 2022 as a correct record.
5. Public Forum
6. Annual Scrutiny Programme 2022-23 (Pages 1 - 6)
7. High Oak Surgery (Pages 7 - 32)
8. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).



Chief Executive

Dated: 7th June, 2022

Distribution:

Councillor M Rogers (Chair)

Councillor P Atkins (Vice-Chair)

Councillors R Ahmed, T Crumpton, A Davies, J Elliott, M Hanif, A Hopwood, L Johnson, P Lowe, M Qari, K Razzaq and D Stanley.



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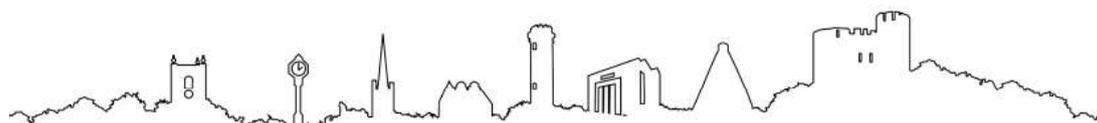
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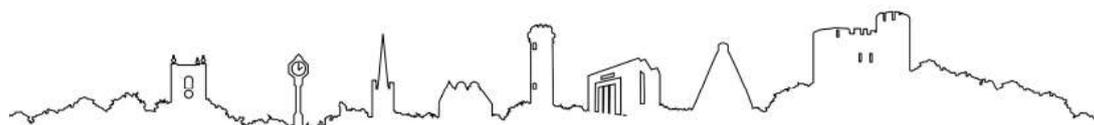
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Minutes of the Health and Adult Social Care Scrutiny Committee

**Monday 28th March, 2022 at 6.00 pm
in Committee Room 2 at the Council House,
Priory Road, Dudley**

Present:

Councillor M Rogers (Chair)
Councillor C Neale (Vice-Chair)
Councillors R Ahmed, P Atkins, R Body, R Collins, T Crumpton, P Drake, J Foster, P Lee,
K Razzaq and D Stanley.

Dudley MBC Officers:

M Abuaffan – Head of Adults and Older People Public Health, J Vaughan – Head of
Assessment and Independence and S Griffiths – Democratic Services Manager.

Also in attendance:

Dudley Integrated Health and Care Trust – Dr R Bramble and H Codd
Dudley Clinical Commissioning Group – N Bucktin

45 **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of Councillors
L Johnson, P Lowe, S Waltho and M Westwood.

46 **Appointment of Substitute Members**

It was reported that Councillors R Body, R Collins, J Foster and D Stanley had been
appointed to serve as Substitute Members for Councillors S Waltho, L Johnson,
P Lowe and M Westwood, respectively, for this meeting of the Committee only.

47 **Declarations of Interests**

Councillor R Collins declared non-pecuniary interests as a Governor for the Dudley
Group NHS Foundation Trust and in her capacity as a Ward Councillor for Brockmoor
and Pensnett in relation to the High Oak Surgery.

48 **Minutes**

The Chair advised that the Director of Adult Social Care had proposed the following amendment to the third bullet point on Page HASC/40 of Minute No. 43 (Medium Term Financial Strategy):-

- 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.

Resolved

That, subject to the amendment referred to above, the minutes of the meeting held on 26th January, 2022, be approved as a correct record and signed.

49 **Public Forum**

Councillor S Greenaway spoke on behalf of residents of Brockmoor and Pensnett Ward and herself as a user of High Oak Surgery. She referred to the poor communication between the surgery and its registered users and the lack of correspondence with the three Ward Councillors with regards to the relocation and closure of the surgery, with all communication being via the surgery's Facebook page. As a result, the Ward Councillors had established their own petition and mini survey for residents. This was carried out in paper form to ensure it was accessible to all residents.

It was commented that although the Petition was ongoing, responses from 328 residents had been collated. Question 1 of the petition asked if the relocation of the surgery had affected residents, with 285 responses stating yes, 12 were unsure or did not answer and 31 residents answered no. Survey results for Question 3 indicated that 95.34% of residents had found it difficult to access care needs since the relocation of the surgery.

It was stated that the Brockmoor and Pensnett Ward had an aging population and that access to Brierley Hill Health and Social Care Centre was not ideal and not direct, with issues with car parking. Although it was considered important in the short term for the existing facilities to be re-established, in the longer term it was residents wish for a state-of-the-art new build centre to be developed which could incorporate other healthcare provisions as well as a doctor's surgery.

Councillor S Greenaway further commented that the Pensnett area had originally been one of the five planned areas for the development of a new health and social care centre as part of the NHS LIFT initiative. This had not materialised and no satisfactory reasons had been provided as to why. High Oak Surgery was established as temporary surgery only, and therefore residents were of the view that any new development as part of the initiative should have been built in the Pensnett area.

It was noted that the issue of High Oak Surgery would be considered later in the meeting under Minute No. 51 below.

50 **Health and Wellbeing Board – Inequalities for 2022/23**

The Committee considered a report of the Director of Public Health and Wellbeing on the ongoing work and key priorities for the Dudley Health and Well Being Board in relation to inequalities across the Borough and to demonstrate the challenges and opportunities to address inequalities across the local system with key partners.

During the presentation of the report, the Head of Adults and Older People's Public Health referred to the work that was being undertaken and the successful achievements to date. It was commented that whilst the impact of COVID-19 had been felt across the whole of the Borough, the highest impact was evident within deprived areas of the Borough. A Sub-Group of the Health and Wellbeing Board had been established, namely Living with COVID Inequalities, to address inequalities and respond to the ongoing impact of Covid-19 across the borough.

The eight key principles of Dudley's Inequalities Framework were outlined, together with one of the key priorities that had been identified to address child poverty. The Head of Adults and Older People's Public Health then outlined the achievements and focus in response to COVID in relation to addressing inequalities; the roll out of the COVID Vaccine programme and the programmes that had been undertaken to support families living in poverty.

Arising from the presentation, Members asked questions, made comments and responses were provide where necessary as follows:-

- Councillor T Crumpton expressed concern with regard to the report presented to the Scrutiny Committee, in that no baseline data or information had been provided for there to be a comparison before and after the impact of the Covid-19 pandemic. He expressed a view that there had been a lack of consultation with the 72 Councillors in supporting communication with local residents and communities. The exceptional work of local community centres during the peak of the pandemic in providing foodbank services was commended, although it was recognised that these communities had not been approached to support Dudley's aspirations in addressing inequalities. In referring to the Covid-19 Marmot Review, Councillor T Crumpton commented on the additional resources

that had been provided to Greater Manchester. The report stated that all of the work programmes would be funded by existing resources. Councillor T Crumpton and was of the view that the Scrutiny Committee needed to be realistic on the level of outcomes if no additional resources were to be invested. In these circumstances, choosing one or two key focus areas to concentrate on would be more appropriate.

The Head of Adults and Older People's Public Health accepted the comments regarding the need for realistic expectations and outcomes taking account of the available budget. A further report, including baseline data, could be submitted to a future meeting to enable further engagement with Members on the priorities.

- In responding to a question raised by the Chair in relation to childhood poverty; what was being done to address child obesity and when it would be likely that the Scrutiny Committee would see tangible data, the Head of Adults and Older People's Public Health commented that the issue of obesity was difficult to tackle as it did not just require a child to be weighed regularly, but required a change in behaviour for the whole family and school environment, and would not be an overnight fix. Some data was currently available, though there was no definitive timeline.
- Councillor J Foster referred to the current increase in Covid-19 cases within the Borough and the additional pressures this was putting on community and healthcare services. It was recognised that the increase in cost of living and the cessation of free Covid testing, would impact on the challenges within the community and concerns were expressed with regard to the longer-term impact from someone contracting Covid. In response, the Head of Adults and Older People's Public Health stated that testing kits continued to be available for NHS and Social Care staff and further guidance and support had been provided by Central Government for those within the community identified as most vulnerable.
- In referring to the priority to address childhood obesity, Councillor R Body expressed concern that this topic had been a priority for numerous years but no tangible improvements had been made. The importance of improving local park areas; encouraging outside activity and tackling adult obesity in the first instance was stressed, as well as the need for the local authority to invest resources to achieve improvements. Councillor R Body referred to vouchers issued to council tenants with children and questioned if any support had been provided to lower-income families that were not council tenants. He requested further details as to how obesity would be tackled. The Head of Adults and Older People's Public Health stated that population obesity would not be easy to tackle, though Public Health was working to help change the focus and mindset of communities, by improving local environments and mental health to help develop healthy lifestyles.

- In responding to a question from Councillor R Body as to when improvements and action would be made in his Ward, the Head of Adults and Older People's Public Health reiterated that tackling obesity required a system wide approach over a long period of time and there was no set timeframe.
- In responding to a question raised by Councillor R Ahmed in relation to how aspirations would be monitored moving forward, the Head of Adults and Older People's Public Health stated that a dashboard would be developed to help monitor achievements and provide statistical information in the future.
- Councillor P Atkins expressed his disappointment concerning the information that had been presented, in particular the lack of strategy, timeline and targets that had been agreed and the fact that priorities continued to be repeated year on year without any tangible improvements being identified. It was requested that a further report be provided in due course to identify a structured approach and presenting the dashboard once established.
- In response to a question from Councillor J Foster in relation to how the Local Authority was working with local fast-food chains to improve healthy eating and address the concern of obesity in the Borough, the Head of Adults and Older People's Public Health agreed to provide further information following the meeting.
- Councillor K Razzaq requested that further information be provided and included in a future report on the work programmes as outlined in the report, providing details in relation to who Public Health was working on each programme, what had been done or was intended to be done and who was carrying out the initiatives/programmes concerned.
- Whilst it was recognised that the Living with Covid inequalities Steering Group had only been established since November, 2021, Councillor Crumpton suggested that the Committee receive regular updates from the Dudley Health and Wellbeing Board on the work and progress of the Board moving forward.

Resolved

- (1) That the information contained in report and presented at the meeting in relation to the ongoing work and key priorities for Dudley's Health and Wellbeing Board in addressing inequalities across the Borough, be received and noted.

- (2) That a further report on Inequalities, identifying a structured approach to how inequalities will be addressed and providing an example of the newly established dashboard, be submitted to the Scrutiny Committee in three-months' time and that the report include further information on the work programmes/work streams as outlined in the paragraph 16 of the report submitted, detailing who is participating in the work stream, what has been done or intended to be done and who is responsible for carrying out the initiatives/programmes.
- (3) That the Head of Adults and Older People's Public Health provide further information following the meeting on how the Local Authority is working with local fast-food chains to improve healthy eating and address the concern of obesity in the Borough.

51 **High Oak Surgery**

A report of the Chief Operating Officer, Dudley Integrated Health and Care NHS Trust (DIHC) was submitted to provide context around the location of High Oak Surgery and the reasons for the relocation.

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

- Councillor R Collins commented on the lack of communication with residents and Ward Councillors and requested reassurance regarding the future provision.
- In response to a question raised by Councillor R Collins, Dr R Bramble agreed to provide clarification in relation to the specific number of people that had responded to the 2021 GP Patient Survey.
- In referring to paragraph 11 of the report and in response to a question raised by Councillor R Collins, it was confirmed that a petition for High Oak Surgery to remain at Brierley Hill Health and Social Care Centre (BHHSCC) had not yet been received.
- In reviewing the potential options available, as outlined in paragraph 16 of the report, Councillor R Collins referred to the omission of a main site remaining in High Oak, with a satellite service available at BHHSCC and questioned if this was something that could be taken into account. Dr Bramble agreed to take on board the suggestion and potential options.
- Councillor R Collins made a proposal for the Committee to consider recommending that DHIC resume discussions with Mr Ramzan with regard to developing a new health centre, giving consideration to the timescales and putting contingency plans in place to help with residents clinical needs; expanding existing appointments in the interim and for a further full consultation to be undertaken so that all residents could have opportunity to respond.

- In referring to the data collation, Councillor J Foster commented that there was a conflict with the comments and concerns expressed by local residents and questioned if residents' concerns were taken on board when the decision to relocate was considered.
- Councillor J Foster also raised concern in relation to the poor transport network to enable residents to attend appointments at BHHSCC and the cost implications that some residents had incurred as a result due to them having to catch taxis due to poor mobility issues.
- Members reiterated the need for a state of the art facility located at High Oak, Pensnett, which would alleviate pressure from services at BHHSCC, particularly as Pensnett had a growing population as a result of new housing developments.
- Councillor Foster expressed proposals for consideration, in that the Scrutiny Committee be requested to hold a single subject scrutiny exercise on this item, to allow the opportunity for residents and stakeholders to attend an open session for all options to be examined.
- In response to a question raised by Councillor P Atkins concerning the 2021 GP Survey, Dr Bramble stated that the survey was circulated by the NHS on a yearly basis, though it was unknown as to how many recipients were registered at High Oak Surgery.
- Members expressed the need to look at all available options and were mindful of the comments made by the three local Ward Councillors and the local residents, together with the regeneration benefits a newly development facility would bring to Pensnett.

Resolved

- (1) That the report on High Oak Surgery, together with the options summary be noted.
- (2) That a single subject scrutiny exercise concerning High Oak Surgery be undertaken at the first meeting of Health and Adult Social Care Scrutiny Committee in the 2022/23 municipal year.
- (3) That the Black Country and West Birmingham Clinical Commissioning Group be requested to pursue ongoing discussions concerning a potential new development at High Oak in the interim period.
- (4) That clarification be provided by the DIHC in relation to the specific number of people that had responded to the 2021 GP Patient Survey.

52 **Annual Scrutiny Report 2021/22**

A report of the Lead for Law and Governance (Monitoring Officer) was submitted to consider the annual scrutiny report for 2021/22.

In referring to the recent Scrutiny Development Session held on 21st March, 2022, it was suggested that the list of topics identified at that session be circulated to Members of the Committee to establish if there were any items of interest that could be scrutinised during the next municipal year.

Resolved

- (1) That the Annual Scrutiny Report 2021/22, be received and noted.
- (2) That the list of topics identified at the Scrutiny Development Session for consideration and inclusion in the work programme for the 2022/23 municipal year be circulated to Members of the Committee.

The meeting ended at 7.55 pm

CHAIR

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

**Meeting of the Health and Adult Social Care Scrutiny Committee –
15th June, 2022**

Report of the Lead for Law and Governance

Annual Scrutiny Programme 2022/23

Purpose

1. To consider items to be included in the Annual Scrutiny Programme for detailed consideration by this Scrutiny Committee during 2022/23.

Recommendations

2. It is recommended:-
 - That the items to be scrutinised by this Committee, as contained in the Annual Scrutiny Programme for 2022/23, be noted;
 - That the Committee confirm the programme of business as outlined in paragraph 7 of this report, subject to the need for flexibility to reflect any changes that might arise during the municipal year;
 - 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;
 - 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.

Background

3. The terms of reference specific to this Committee are set out in the Appendix attached to the report submitted.

4. Meetings of this Scrutiny Committee have been scheduled during 2022/23 to carry out scrutiny reviews and consider any other items of business during the municipal year. All Scrutiny Committees will also undertake detailed scrutiny of the Council's revenue budget proposals in November.
5. At the Annual Council meeting on 19th May, 2022, Working Groups were established for each of the four Scrutiny Committees, comprising all Members of the relevant Scrutiny Committee and chaired by the relevant Scrutiny Committee Chair. The Working Groups would consider any business that is allocated to them during the year within the remit of the Scrutiny Committee.
6. The Health and Adult Social Care Scrutiny Committee met on Thursday 26th May, 2022 to give consideration to the development of the Annual Scrutiny Programme for 2022/23.
7. Following consultation and taking into account the comments made at the Working Group meeting, the items listed below are proposed for consideration by this Scrutiny Committee during 2022/23, at the programmed meetings:
 - **Wednesday 15th June, 2022**
 - Annual Scrutiny Programme
 - High Oak Surgery
 - **Thursday 14th July, 2022**
 - Local and National Covid -19 Development and Local Outbreak Management Plan
 - Progress update on the development of Dudley's Integrated Health and Care Model
 - Progress update on the development of Integrated Care Service (ICS) and Integrated Care Board (ICB)
 - Corporate Quarterly Performance Report – 2021/22 Quarter 4
 - **Thursday 8th September, 2022**
 - Dudley Integrated Health and Care – Regulatory Approval and Mobilisation
 - Food Standards and initiatives
 - Impact of Dudley Telecare Digital Strategy
 - Access to Primary Care/Primary Care and Integration in Dudley Primary Care Strategy
 - Health and Wellbeing Board - Inequalities
 - Corporate Quarterly Performance Report – 2022/23 Quarter 1
 - Progress update on the development of Dudley's Integrated Health and Care Model
 - Progress update on the development of Integrated Care Service (ICS) and Integrated Care Board (ICB)



- **September, 2022 (provisional) – Arrangements to be confirmed**
 - Woodside Centre
- **Monday 14th November, 2022**
 - Medium Term Financial Strategy
 - Annual Adult Safeguarding Report and Deprivation of Liberty Standards (LPS)
 - Progress update on the development of Dudley's Integrated Health and Care Model
 - Progress update on the development of Integrated Care Service (ICS) and Integrated Care Board (ICB)
- **Wednesday 25th January, 2023**
 - Director of Public Health Annual Report
 - Local Outbreak Management Plan and Performance Update
 - Mental Health and Inequalities
 - Corporate Quarterly Performance Report – 2022/23 Quarter 2
 - Health and Wellbeing Strategy and Review of the Dudley Health and Wellbeing Board
 - Access to Primary Care/Primary Care and Integration in Dudley Primary Care Strategy – Update
 - Progress update on the development of Dudley's Integrated Health and Care Model
 - Progress update on the development of Integrated Care Service (ICS) and Integrated Care Board (ICB)
- **Monday 24th April, 2023**
 - Approved Mental Health Professionals (AMHP) Hub
 - Annual Report and draft scrutiny programme
 - NHS Quality Accounts
 - Children and Young People – Dudley Integrated Health and Care NHS Trust
 - Progress update on the development of Dudley's Integrated Health and Care Model
 - Progress update on the development of Integrated Care Service (ICS) and Integrated Care Board (ICB)

9. At the request of Members at the Health and Adult Social Care Scrutiny Committee Working Group, an introduction to the wider Integrated Care Board and Dudley's Integrated Care System, will be provided at a date to be arranged.
10. The Committee is requested to consider the proposed programme of business as outlined above taking account of the need for flexibility due to changing circumstances and any issues that might arise during the municipal year.
11. Subject to the views of the Committee at this meeting, the Lead for Law and Governance, following consultation with the Chair and Vice-Chair, will make the necessary practical arrangements for the Committee to conduct its agreed programme of work during 2022/23.



12. The Council's scrutiny arrangements are set out in Part 2, Article 6 of the Constitution (Overview and Scrutiny). The associated Scrutiny Procedure Rules are contained within Part 4 of the Constitution which also contains the terms of reference for the Health and Adult Social Care Scrutiny Committee. These terms of reference are attached as an Appendix to this report.

Finance

13. The costs of operating the scrutiny arrangements will be contained within existing budgetary allocations.

Law

14. Scrutiny Committees are established in accordance with the provisions of the Local Government Act 1972 and the requirements of the Council's Constitution, which was adopted under the Local Government Act 2000, subsequent legislation and associated Regulations and Guidance.

Risk Management

15. The Council is committed to adopting best practice in its management of risk. It aims to ensure risk is maintained at an acceptable level in order to maximise opportunities and demonstrate that it has given full consideration of the implications of risk to the delivery and achievement of its outcomes, strategic aims and priorities.

Equality Impact

16. Provision exists within the Council's scrutiny arrangements for overview and scrutiny to be undertaken of the Council's policies on equality and diversity.

Human Resources/Organisational Development

17. The issues referred to in this report are administered within the resources available to the Democratic Services Team with support from Directorates and other Officers as required.

Commercial/Procurement

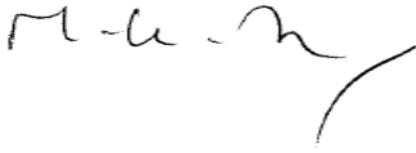
18. This report has no impact on the Council's potential to commercially trade. Individual items included in the Annual Scrutiny Programme may have commercial implications, which will be reported at the relevant Committee meeting.

Council Priorities and Projects

19. Dudley operates a One Council ethos to build an effective and dynamic organisation aligned to its three core priorities to grow the economy and create jobs; create a cleaner and greener place and support stronger and safer communities.



20. Items within the Annual Scrutiny Programme and the work undertaken by the Scrutiny Committee would contribute to the delivery of key Council priorities including the Borough Vision, Council Plan and Future Council Programme.



Mohammed Farooq
Lead for Law and Governance

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Appendix

Appendix 1 – Terms of reference

List of Background Documents

The Council's Constitution

Meeting of the Health and Adult Social Care Scrutiny Committee Working Group presentation



HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Membership

13 Councillors, 1 non-voting Co-opted Member

Terms of Reference

To fulfil the overview and scrutiny functions of a Scrutiny Committee as they relate to the improvement of local health and associated services, as a contribution to the Council's community leadership role, in accordance with relevant legislation, regulations and associated guidance.

To make reports and recommendations to local National Health Service (NHS) bodies and to the Council on any matter reviewed or scrutinised which will explain the matter reviewed, summarise the evidence considered, provide a list of participants in the scrutiny exercise, and make any recommendations on the matter reviewed as appropriate.

To proactively receive information within given timescales, with some exceptions as per Government Guidance, requested from local NHS bodies.

To be consulted by and respond to (as appropriate) NHS bodies in connection with the rationale behind any proposal and options for change to local health services made by the NHS.

To ensure the involvement of local stakeholders in the work of the Committee.

To take referrals from local Patients' Forums.

To act in accordance with Government Guidance relating to Health and Scrutiny functions.

In accordance with the Annual Scrutiny Programme and any statutory requirements:-

(a) To undertake overview and scrutiny and contribute to policy development relating to the functions of the following Directorates and the appropriate Cabinet Member(s):

- Adult Social Care
- Public Health and Wellbeing

(b) To undertake scrutiny investigations/inquiries as required.

To consider and determine items that are called in for scrutiny in accordance with the Scrutiny Committee Procedure Rules.

To submit reports and recommendations to the relevant decision taker(s).

**Health and Adult Social Care Scrutiny Committee –
15th June 2022**

**Report of the Chief Operating Officer (COO), Dudley Integrated
Health and Care NHS Trust and Managing Director for Dudley at
Black Country and West Birmingham CCG (BCWB CCG)**

High Oak Surgery

Purpose

1. The report provides 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.

Recommendations

2. It is recommended:-
 - That the information contained is noted and read in conjunction with the accompanying slide pack.
 - The Committee ask any questions or seeks clarification on any points they deem necessary as part of its deliberations.

Background

3. High Oak Surgery in Pensnett was repurposed into a Respiratory Assessment Centre at the start of Covid 19 in April 2020. The surgery was temporarily relocated to Brierley Hill Health and Social Care Centre (BHHSCC).
4. The Respiratory Assessment closed in June 2021 but, due to the anticipated risk from the Omicron strain of Covid, the Centre was kept on standby.

5. High Oak Surgery operated out of a portacabin on the Pensnett site. The portacabin is of poor quality and belongs to the Black Country and West Birmingham Clinical Commissioning Group. The carpark is owned by the local authority.
6. The surgery continues to operate out of BHHSCC.

Appointments have been made available at the Pensnett site for those patients who need to be seen face to face and struggle to get to BHHSCC.

- Increased clinical space enables us to offer further services;
- Winter Access Hub
- First Contact Physiotherapy
- Additional Pharmaceutical Support
- GP and Nurse Education (coming soon)

7. Primary care has and is changing. The way in which we access primary care since Covid has changed – this is a national picture.

Primary care did not close during Covid. Appointments increased in 2021 even as GPs delivered vaccines to our communities. Many consultations take place over the telephone or remotely.

There is a new workforce to support a wide range of needs;

- Advanced Clinical and Nurse Practitioners
- Physicians Associates
- First Contact Mental Health Practitioners
- Practice Based Pharmacists
- Physiotherapists
- Care Co-ordinators
- Social Prescribers

8. A number of engagement activities have taken place to understand the views and experiences of local patients and stakeholders:
 - Appreciative Inquiry interviews
 - A letter to every head of household, registered with the practice, inviting them to take part in an online survey or request a paper one
 - A further survey facilitated by the Commissioning Support Unit
 - Healthwatch Dudley semi structured interviews
 - Several meetings with local ward councillors for Brockmoor and Pensnett
 - Meeting with representatives of the West Midlands Combined Authority
 - Meetings with Mike Wood, MP Dudley South
 - Meeting with Leader of the Council, Cllr Patrick Harley
 - Meeting with representatives from the local pharmacy
 - Involvement of Healthwatch Dudley
 - Meeting with the Consultation Institute



9. Feedback from the engagement has been varied:
- Patients miss being able to pop into the Pensnett site and chat with staff, make appointments and order repeat prescriptions
 - Patients, especially the elderly or less mobile or with caring responsibilities would prefer the surgery to move back to Pensnett due to walking distance and poor public transport links
 - Issues for patients who are digitally excluded
 - Patients appreciate that the Pensnett site is of poor quality and would like improved services in the Pensnett area
 - There is some preference for the site at BHHSCC – better parking and near the shops
 - Better facilities at BHHSCC
 - Feels like the Pensnett community is overlooked and has everything taken away
10. Dudley Integrated Health Care Trust (DIHC) and Brierley Hill Primary Care Network (PCN) have assessed the options available for a sustainable solution to support the delivery of services by the High Oak Surgery over the longer term.
11. Following an options appraisal exercise, five potential site options were shortlisted for more detailed assessment:
- **Option 1** - Do Minimum - High Oak retained at BHHSCC as currently (single site solution)
 - **Option 2A** - New facility at Pensnett: Relocate High Oak Surgery back into anew facility at the existing Pensnett site (single site solution)
 - **Option 2B** - Branch location at an improved Pensnett facility, providing a smallbranch site (149 sq. metres) and a main site at BHHSCC
 - **Option 3A:** Expansion of Galleria Pharmacy – Relocate High Oak Surgery into anew facility at an expanded Galleria pharmacy (280 sq. metre) as a single site solution
 - **Option 3B:** Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 sq. metres) and retaining a main site at BHH&SCC
 - **Option 4A:** Ridge Hill LD Centre - Relocate High Oak Surgery into a new facilityat Ridge Hill (280 sq. metre) as a single site solution
 - **Option 4B:** Ridge Hill LD Centre - Branch location at Ridge Hill (149 sq. metres)and retaining a main site at BHHSCC

12. There is not the capacity at the Pensnett site to return the service as it operates now – clinical capacity is stretched, and admin space is unsuitable, and a wide range of services are available at the BHHSCC site.
13. The CCG is developing an estates and primary care strategy in order to shape policy around the future of primary care.
14. DIHC is the current provider and the CCG's role is decision maker as the commissioner of services.
15. The CCG would need to consider whether Pensnett site or any other possible provision could sustainably offer a range of services that would address the health inequalities identified.
16. Any new development would be dependent on;
 - Consistency with any agreed clinical service strategy
 - Consistency with the estates strategy of the relevant Primary Care Networks (PCNs)
 - The availability of resources
17. The CCG and DIHC will conduct a joint public engagement exercise on the future of the practice
18. The CCG is responsible for making a decision on the future location of the practice on the basis of an application submitted by DIHC. In doing so, the CCG will need to satisfy itself that appropriate engagement has taken place.

Finance

19. Every proposal would have a cost and finance impact



Law

20. The section 14Z2 duty to involve the public is a non-delegable duty, meaning the CCG is responsible in law for ensuring adequate public involvement is undertaken, even if the carrying out of the public involvement is delegated to the contractor through contractual obligations and NHS England guidance. This means that if there is a challenge on grounds that public engagement is inadequate, it will be brought against the CCG, not the contractor who has been tasked with carrying out the public involvement exercise.
21. Pursuant to the 2017 version of the NHS England Primary Medical Care Policy Guidance Manual (the “Manual”) (available here: <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>) the contractor is expected to carry out public involvement where it instigates a branch closure or a premises change, and that it should adhere to the processes set out in the various policy documents listed at para 7.15.14 when doing so. However, the Manual and other policy documents are “mere guidance” and they do not create a new legal duty or transfer the existing legal duty to undertake public involvement to the contractor. This means that the provider is actually undertaking public involvement activities on behalf of the CCG, since the CCG has the legal duty, not the contractor. It also means that if the contractor fails to undertake adequate public involvement, then whilst it may be in breach of its contract, it will be the commissioner that is in breach of the statutory duty to involve the public.
22. However, ultimately it is the Commissioner's responsibility to ensure that involvement activities have met legal requirements, even if carried out by the contractor.

Risk Management

23. No considerations arising from the content of this report.

Equality Impact

24. Health Needs Analysis

Dudley has one of the lowest life expectancy rates and highest under 75 mortality rates (from all causes) in the West Midlands. Further demographic statistics demonstrates that:

- 28.6% of Dudley population live in areas amongst the 20% most deprived in England
- Life expectancy in men in the most deprived areas of Dudley is 9.3 years lower than in the least deprived areas and 8 years for women
- Dudley is the 104th most deprived of 317 Local Authorities in England



25. Local Health Inequalities

Dudley has a unique set of health challenges and inequalities such as:

- Higher than average of people live with a disability or mobility issue
- Higher than average of people have with a learning disability
- Higher than average of people with caring responsibilities
- More than double the Dudley average of people living within the multipledeprivation quintile

26. In the portacabin location, approximately 77% of patients live within a 15-minutewalk of High Oak surgery

Human Resources/Organisational Development

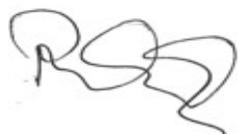
27. There are no Human Resource implications relating to the Council arising from this report

Commercial/Procurement

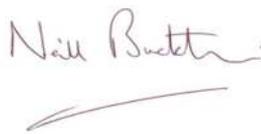
28. There are no commercial or procurement issues to the Council arising from this report

Council Priorities and Projects

29. There are no issues to the Council arising from this report



Philip King
Chief Operating Officer
DIHC NHS Trust



Neill Bucktin
Managing Director
BCWB CCG

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Email: h.codd@nhs.net



Health and Adult Social Care
Overview & Scrutiny Committee
Full scrutiny exercise
High Oak Surgery

Overview

- Background
- Current provision
- Health needs analysis
- Engagement activity
- Future plans

Background

- High Oak Surgery in Pensnett repurposed into a Respiratory Assessment Centre at the start of Covid 19 in April 2020
- The surgery was temporarily relocated to Brierley Hill Health and Social Care Centre
- The Respiratory Assessment Centre closed in June 2021 but, due to anticipated risk from the Omicron strain of Covid, the centre was kept on standby

Background

- High Oak Surgery operated out of a portacabin in Pensnett
- The portacabin is of poor quality and belongs to Black Country and West Birmingham Clinical Commissioning Group (BCWB CCG)
- The car park is owned by the local authority

Current provision

- Currently operating out of the purpose built Brierley Hill Health and Social Care Centre (BHHSCC)
- Appointments have been made available at Pensnett site for those patients who need to be seen face to face and struggle to access BHHSCC
- Increased clinical space enables us to offer further services:
 - Winter Access Hub
 - First Contact Physio
 - Additional Pharmaceutical Support
 - GP and Nurse Education (coming soon)

Primary care has, and is changing

- The way in which we access primary care since Covid has changed – this is a national picture
- Primary care did not close during Covid
 - Appointments increased in 2021 even as GPs delivered vaccines to our communities
 - Many consultations take place over the telephone or remotely
 - There is a new workforce to support a wide range of needs:
 - Advanced Clinical and Nurse Practitioners
 - Physicians Associates
 - First Contact Mental Health Practitioners
 - Practice Based Pharmacists
 - Physiotherapists
 - Care Co-ordinators
 - Social Prescribers, etc

2021 GP Patient survey results for High Oak
 469 surveys sent out, 136 returned – 29% completion rate
 Independent survey by Ipsos MORI

	High Oak Surgery	Local (CCG) average	National average
% of patients who find it easy to get through to this GP practice by phone	71%	59%	68%
% of patients who find the receptionists at this GP practice helpful	91%	83%	89%
% of patients who are satisfied with the general practice appointment times available	74%	62%	67%
% of patients who usually get to see or speak to their preferred GP when they would like to	50%	39%	45%
% of patients who were offered a choice of appointment when they last tried to make a general practice appointment	70%	64%	69%
% of patients who were satisfied with the appointment they were offered	79%	76%	82%
% of patients who describe their experience of making an appointment as good	69%	63%	71%

Health needs of local population

- High Oak Surgery patients with access to a car is significantly lower for High Oak Surgery (78%) than Dudley GP's overall (86%)
- Rates of employment above the national average
- The proportion of patients living in the most deprived area is significantly higher for High Oak Surgery than for Dudley CCG as a whole. 69% of High oak patients live in the most deprived quintile.
- Deprivation is highly correlated with life expectancy as can be seen in Brockmoor & Pensnett residents having a life expectancy **3 years younger** than the general Dudley population
- Brockmoor & Pensnett ward is a hot spot in Dudley borough for deprivation overall as well as specifically for health

Health needs of local population

- Currently 3,208 registered patients at High Oak as of **29th March 2022**. The average age is 45, High Oak Surgery has a significantly higher proportion of patients under 18 compared to Dudley as a whole (25.9% compared to 20.6%) and a significantly lower proportion of patients between 65 and 84 (13.2% compared to 17.7%).
- 10% of patients are Black, Asian or Minority Ethnic groups. Punjabi and eastern European languages most prevalent main spoken language when excluding English.

Health needs of local population

- Patients who live in Brockmoor & Pensnett ward mostly attend;
 - High Oak
 - AW Surgeries
 - Waterfront Surgery
 - Kingswinford Medical Centre
 - Rangeways Road Surgery
 - Keelinge House

Health needs of local population

Indicators where Pensnett is significantly worse compared to England.

- Low cancer screening uptake
- High rates of obesity
- Poor follow up for mental health/diabetes/COPD/asthma/arthritis
- Baby's first feed breastmilk low
- High depression prevalence with low follow up

More indicators where Pensnett is significantly worse compared to England.

- High prevalence of smoking with low level of smoking cessation offered
- High prevalence of chronic kidney disease

Health needs of local population

- The worst indicator for Brockmoor & Pensnett when compared to England is obesity in year 6 children.
- Although the majority of indicators are significantly worse for the ward when compared to England.

Health needs of local population – Key points

- The vast majority of High Oak Surgery Patients (69%) live in an area classified as the most deprived 20% in England.
- Life expectancy for residents of Brockmoor & Pensnett is 3 years lower than the general Dudley population.
- High Oak surgery has a younger patient population than other GP surgeries in Dudley Borough & England average.
- Childhood obesity is significantly higher in Brockmoor & Pensnett compared to Dudley and England.
- Keelinge House and Rangeways Road Surgeries are closer for Pensnett residents to walk to than Brierley Hill Social Care Centre, which is an issue as High Oak surgery patients are less likely to have access to a car than other Dudley Borough patients.
- ONS area classification around Pensnett states the area has higher than national average rates of divorce/separation with families having non-dependent children living with them whilst also facing higher rates of unemployment.

Engagement Activity on behalf of DIHC & CCG

- Appreciative Inquiry Interviews with small cohort of patients
- A letter to every head of household updating of the situation and inviting them to take part in a survey –either online or paper
- Listening exercise carried out by the Commissioning Support Unit – to understand experiences of using the relocated surgery during pandemic and wider health and well being aspirations
- Several meetings with key stakeholders including local MP, ward councillors, West Midlands Combined Authority, local pharmacy and the Leader of the Council
- Semi structured interviews carried out by Healthwatch Dudley with patients whom we identified may have mobility issues, co-morbidities or caring responsibilities or may be elderly

Feedback from engagement

- Patients miss being able to pop into the Pensnett site and chat with staff, make appointments and order repeat prescriptions
- Patients, especially the elderly or less mobile or with caring responsibilities would prefer the surgery to move back to Pensnett due to walking distance and bad public transport links
- There is much appreciation for the practice and team for the sense of community it inspires
- Issues for patients who are digitally excluded
- Patients appreciate that the Pensnett site is of poor quality and would like improved services in the Pensnett area
- Prefer the site at BHHSCC – better parking and near the shops
- Facilities are much better at BHHSCC
- Feels like Pensnett community is overlooked and has every thing taken away

The 10 things that matter most to us (in priority order)

- Getting a same day GP appointment
- Accessing your GP quickly over the phone
- Access to safe, clean walking and recreational areas
- Mental health services
- High quality and safe hospital services
- Strong community and social networks
- Access to a range of community health and care services locally (i.e. physiotherapy, podiatry, dietician)
- Contributing positively to your local community
- Access to smoking cessation/drugs/alcohol support and advice
- Early years and children's services in the community (i.e. baby clinics)

Future plans – option appraisal by DIHC and the Brierley Hill & Amblecote Primary Care Network

- **Option 1** - Do Minimum - High Oak retained at BHH&SCC as currently (single site solution)
- **Option 2A** - New facility at Pensnett: Relocate High Oak Surgery back into a new facility at the existing Pensnett site (single site solution)
- **Option 2B** - Branch location at an improved Pensnett facility, providing a small branch site (149 sq. metres) and a main site at BHH&SCC
- **Option 3A:** Expansion of Galleria Pharmacy – Relocate High Oak Surgery into a new facility at an expanded Galleria pharmacy (280 sq. metre) as a single site solution
- **Option 3B:** Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 sq. metres) and retaining a main site at BHH&SCC
- **Option 4A:** Ridge Hill LD Centre - Relocate High Oak Surgery into a new facility at Ridge Hill (280 sq. metre) as a single site solution
- **Option 4B:** Ridge Hill LD Centre - Branch location at Ridge Hill (149 sq. metres) and retaining a main site at BHH&SCC

Current situation

- There is not the capacity at the Pensnett site to return the service as it operates now – clinical capacity is stretched and admin space is unsuitable and a wide range of services are available at the BHHSCC site
- The CCG is developing an estates and primary care strategy in order to shape policy around the future of primary care
- DIHC is the current provider and the CCG's role is decision maker as the commissioner of services
- The CCG would need to consider whether the Pensnett site or any other possible provision could sustainably offer a range of services that would address the health inequalities identified
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New surgery development

Any new development would be dependent on:-

- consistency with any agreed clinical service strategy;
- consistency with the estates strategy of the relevant Primary Care Networks (PCNs);
- the availability of resources.

Next steps

- The CCG is responsible in law for ensuring adequate public involvement is undertaken
- The CCG and DIHC will conduct a joint public engagement exercise on the future of the practice
- The CCG is responsible for making a decision on the future location of the practice on the basis of an application submitted by DIHC. In doing so, the CCG will need to satisfy itself that appropriate engagement has taken place.