

Meeting of the Health and Adult Social Care Scrutiny Committee

Tuesday 10th January, 2023 at 6.00pm
At St James's Methodist Church, High Street,
Pensnett, DY5 4RH

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 meeting held on 14th November, 2022 as a correct record (Pages 5 - 16)
5. Relocation of High Oak Surgery
 - i. Introduction by the Chair
 - ii. Update – High Oak Surgery Public Conversation (Pages 17 - 32)
 - iii. Representations to the Scrutiny Committee
 - Healthwatch Dudley
 - Public
 - Ward Councillors
 - iv. Deliberations by the Scrutiny Committee and to formulate any recommendations for consideration as part the High Oak Public Conversation
6. 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: 29th December, 2022

Distribution:

Councillor M Rogers (Chair)

Councillor P Atkins (Vice-Chair)

Councillors R Ahmed, R Collins, T Crumpton, A Davies, M Hanif, A

Hopwood, L Johnson, P Lowe, M Qari, K Razzaq and D Stanley.

J Griffiths – HealthWatch Dudley (Co-opted Member)

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Minutes of the Health and Adult Social Care Scrutiny Committee

Monday 14th November, 2022 at 6.00 pm
In the Council Chamber at the Council House, Priory Road,
Dudley

Present:

Councillor M Rogers (Chair)
Councillor P Atkins (Vice-Chair)
Councillors R Ahmed, R Collins, T Crumpton, M Hanif, L Johnson, P Lowe, M Qari, K Razzaq and D Stanley; J Griffiths – Health Watch Dudley (Co-opted Member)

Dudley MBC Officers:

M Abuaffan (Acting Director of Public Health and Wellbeing), M Spittle (Head of Access and Prevention), N Boerm-Hammond (Call Centre Manager) and H Mills – Senior Democratic Services Officer.

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health and Wellbeing)
Councillor N Neale (Cabinet Member for Adult Social Care)
P Kingston – Independent Chair (Safeguarding) (Agenda item no. 6)
N Bucktin - Black Country Integrated Commissioning Board
S Cartwright and H Codd - Dudley Integrated Health and Care
C Masikane - Black Country Healthcare NHS Foundation Trust

29 Declaration of Interests

Councillor P Lowe declared a non-pecuniary interest in relation to agenda item no. 7 – Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model, in view of his employment as National Officer for Managers in Partnership (Unison).

30 **Minutes**

Resolved

That the minutes from the meetings held on 8th September and 10th October, 2022, be agreed as a correct record and signed.

31 **Public Forum**

No issues were raised under this agenda item.

32 **Annual Adult Safeguarding Report and Deprivation of Liberty Safeguards (DoLS)**

A report of the Director of Adult Social Care was submitted on the Annual Adult Safeguarding report and Deprivation of Liberty Safeguards (DoLS).

The Independent Chair (Safeguarding) was in attendance at the meeting and referred Members to paragraphs of specific importance within the Dudley Safeguarding Adults Board Annual Report 2021/22.

The Committee were advised that the structure of Dudley Safeguarding People Partnership (DSPP) had been modified to strengthen links between the Executive, sub-groups and wider partnerships, to ensure effective working and to provide a consistent approach to safeguarding.

The Annual Report highlighted that it had been a busy year with a total of 6156 referrals received, which was a 16.3% increase from the previous year. Reference was made to the abuse category breakdown, which highlighted that the category with the highest proportion of enquiries received were in relation to neglect and acts of omission, which was also reflected nationally. An increase in self-neglect referrals had been recorded, which was considered to be the most difficult category area to deal with, due to the skilled complexity and time required.

The priorities for the forthcoming years were outlined which would focus on neglect, exploitation and preventing harm across the life course.

In referring to Deprivation of Liberty Safeguards (DoLS) it was reported that legislation was still awaited from Central Government with regard to the introduction of Liberty Protection Safeguards, and implementation had continued to be delayed. The DSPP continued to hold regular multi-agency task and finish groups to ensure all were prepared and well equipped ready for when the change would occur, which was now anticipated for 2023.

The Independent Chair (Safeguarding) commented positively on the training and education office at Dudley MBC and the exceptional training offer available.

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

- (a) Councillor P Lowe commended officers for the exceptional report, which demonstrated the outstanding work taking place.

In referring to the ongoing delay in relation to the Deprivation of Liberty Protection Safeguards legislation, concerns were reiterated with regard to the robustness of the Local Authority and the significant resources that would be required to implement the new legislation, in a service area that was already overstretched and under resourced. In considering the increase in the number of neglect and self-neglect abuse cases, whilst this had been impacted upon by Covid, it was considered this may also be a shift from early intervention and cases were now being raised at an intense level. It was considered clear throughout the report austerity had impacted upon safeguarding concerns.

Councillor P Lowe suggested that a recommendation on behalf the Scrutiny Committee be submitted to the Cabinet in that irrespective of budget issues and pressures, Safeguarding be immune from additional resource cuts and measures be taken to look at how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.

Ongoing updates about the impact of Safeguarding in Dudley Borough were requested, with particular emphasis on how areas of neglect would be addressed moving forward.

- (b) In response to a question from Councillor T Crumpton, the Independent Chair (Safeguarding) provided clarification on the meaning of the term 'Conversion Rate'. It was stated that each concern reported was triaged to establish if they classified for safeguarding intervention, and the conversion rate was the percentage of those concerns that required safeguarding attention.
- (c) Councillor Crumpton expressed concern in relation to the lack of individual support and care provided to vulnerable hospitalised patients, particularly those diagnosed with Alzheimer's and Dementia, which was not included in the Annual Safeguarding report and questioned how the Local Authority and Elected Members could work with health providers to improve this service. In response, the Independent Chair (Safeguarding) recognised that there was a delay in discharges, however this was not covered by the Care Act or included in the Adult Safeguarding remit. However, should a patient in hospital be identified as being a victim of neglect or self-neglect, intervention from the Directorate of Adult Social Care would be appropriate.

Councillor P Atkins considered Dementia Care to be a high concern and commented on the exceptional ward at Russells Hall Hospital that provided outstanding care and support to dementia patients.

- (d) In response to a further question raised by Councillor T Crumpton in relation to the reasoning behind the increase in enquiries, the Independent Chair (Safeguarding) stated that public awareness on safeguarding had significantly increased and procedures on how to report a concern had been actively promoted, particularly during the peak of Covid-19, when posters and information were displayed throughout vaccination centres. Collaboratively working with partners had ensured better data analysis and helped to make individuals feel safer and made a real impact within the community.

The Independent Chair (Safeguarding) advised Members of the Scrutiny Committee, that the Board had been asked to produce a short podcast on Safeguarding and welcomed any comments or thoughts on how safeguarding could be further promoted.

- (e) In responding to a question raised by Councillor R Ahmed in relation to what the current priorities for the winter were, the Independent Chair (Safeguarding) confirmed that priorities had not changed. It was advised that a 2-hour cost of living crisis and safeguarding seminar had been scheduled for 8th November, 2022, however, due to the poor uptake of attendance, this had subsequently been cancelled. It was anticipated that a similar seminar would be arranged in the future, as it was important to recognise that safeguarding issues were arising as a result of the cost of living crisis.

The Acting Director of Public Health and Wellbeing, confirmed that Public Health had dedicated £500,000 towards tackling austerity in the Borough. It was stated that the Household Support Fund had developed a public website, which was needs assessed, to help address the impact of poverty.

- (f) In responding a question raised by Councillor M Hanif, the Independent Chair (Safeguarding) confirmed that implementation of Deprivation Liberty Protection Safeguards legislation had been expected 2 years ago, however Deprivation of Liberty Safeguards (DoLS) had continued in the meantime. Work was ongoing with all agencies to ensure that all partners were prepared as possible for when the change did occur.

Resolved

- (1) That the report on Dudley Safeguarding Adults Board's Annual Report for 2021/22, be received and noted.
- (2) That the Cabinet be recommended to refrain from making any additional resource cuts in relation to Safeguarding, irrespective of budgetary issues and pressures, and that consideration be given as to how to enhance and positively address areas of neglect, to ensure that the service was fit for purpose.
- (3) That the Independent Chair (Safeguarding) and Director of Adult Social Care be requested to continue to update the Committee on the level of safeguarding demand and performance of the Directorate.

33 **Progress update on the development of the Black Country Integrated Care System (ICS) and Dudley's Integrated Health and Care Model**

A joint report of the Dudley Managing Director, Black Country Integrated Care Board and the Acting Director of Public Health and Wellbeing, was submitted to provide the Scrutiny Committee with a progress update on the development of the Black Country Integrated Care System (ICS), which included the Black Country Integrated Care Board (ICB) and the Development of Dudley's Integrated Health and Care Model.

The Dudley Managing Director, Black Country Integrated Care Board presented the report and in doing so briefly outlined the background in relation to the establishment of the ICS, which was composed of two bodies, namely the ICB and the Black Country Integrated Care Partnership (ICP). It was stated that the ICB was responsible for day-to-day NHS issues and was currently reviewing the local governance arrangements, where as the ICP addressed the wider health, public health and social care needs of the system.

In referring to Dudley's Integrated Health and Care Model, it was reported that Capgemini had provided support with the development of an agreed integrated model. A set of four workstreams had now been agreed and the work would be overseen by an implementation group.

Arising from the presentation and in response to questions raised by Councillor P Atkins in relation to whether there was a robust plan in place to review all commissioning contracts to ensure best value was being achieved, the Dudley Managing Director confirmed that all contracts would be reviewed to ensure that they were fit for purpose and that new legislation and regulations were anticipated, which would allow for different procurement options in the future.

Arising from discussions, Members were of the view that the significant changes in the care system impacted upon the role of a Councillor, in particular with regards to funding, health and local authority long-term issues and requested that further details be provided so that Elected Members were better informed to enable effective scrutiny. Further information and clarity was also requested on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated. It was considered vital that Dudley was well represented and played an active role to provide transparency and a democratic input, so that regular feedback could be provided to the Health and Adult Social Care Scrutiny Committee.

The Dudley Managing Director stated that he could make representations to the Board on behalf of the Committee, and that work continued with the Better Care Fund to develop new services to alleviate pressures in other service areas. Particular focus would be on health inequalities, with additional resources being made available for all four Black Country Authorities. A further report on health inequalities would be provided to a future meeting of the Scrutiny Committee.

At this juncture, Councillor N Neale, Cabinet Member for Adult Social Care referred to a request that had previously been made at an informal meeting of the Cabinet to the ICB, in relation to the possibility for either the Chair of the Health and Adult Social Care Scrutiny Committee, the Chair of the Health and Wellbeing Board or herself as Cabinet Member for Adult Social Care, to be invited as a Board Member on the ICP or to attend future meetings for transparency, to which she had been advised that the composition and representation on the Board would be reviewed in April 2023.

The Dudley Managing Director suggested that Brendan Clifford be invited to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors. The Director of Strategy, People and Partnership also agreed to feedback the comments of the Scrutiny Committee to the ICB on how Members could be actively involved. Members were advised that meetings of the ICB were held in the public domain and all were welcome to attend. It was reported that Local Authorities were represented on the ICB, with the current membership being the Chief Executives from Walsall MBC and the City of Wolverhampton.

Concerns were raised with regards to the two local authority representatives appointed, both of which were from Local Authority's that had different revenue streams to that of Dudley, and therefore the need for a representative from Dudley to be in attendance at those meetings was considered very much necessary.

At this juncture, representatives from Dudley Integrated Healthcare Trust (DIHC) provided an update on the relocation of High Oak Surgery, in particular referred to the public conversation that was currently live and which would conclude on 5th December, 2022. It was noted that following conclusion of the Public Conversation a further meeting of the Health and Adult Social Care Scrutiny Committee would be arranged for early January 2023, and assurance was provided that the Committees views would be taken into consideration, in addition to the public conversation data analysis report.

The Committee were advised that as part of the public conversation, public meetings within the local area had been arranged, together with drop-in sessions to assist any resident with the completion of the survey documentation.

Councillor I Bevan, Cabinet Member for Public Health and Wellbeing also provided an update, and in doing expressed concern in relation to the format of the survey which was not considered accessible to all residents and which was also longwinded. Concerns were also raised in that there were only two viable options now under consideration, both of which were for services to be retained at Brierley Hill Health and Social Care Centre, when there had originally been four options submitted to the Health and Adult Social Care Scrutiny Committee.

Councillor I Bevan stated that local residents were unhappy with the proposals, and considered that the proposed options did nothing to address inequality or health needs in an existing deprived area.

In response, the DIHC advised that copies of the survey were also available in large print, easy reading or audio and that the Trust was also working collaboratively with Healthwatch Dudley and had arranged specific drop-in sessions for young people and for patients with a registered learning disability at High Oak.

Councillor T Crumpton concurred with the concerns expressed by the Cabinet Member for Public Health and Wellbeing, in particular that as the area was one of the most deprived in the Borough, viable options for the Pensnett Community were not being considered. As a General Practitioner (GP) surgery was required in that area, the removal of this facility would further exacerbate health inequalities. It was suggested that health providers and public health should work collaboratively to look at an integrated way to ensure the health needs of the community were a priority.

Councillor R Collins commented on the inadequate transport network operated between Pensnett and the Brierley Hill Health and Social Care Centre and the difficulties residents encountered, which had resulted in them attending A&E at Russells Hall Hospital, rather than travelling to Brierley Hill Health and Social Care Centre to receive care.

The Director of Strategy, People and Partnership provided assurance that all comments were listened to and had been noted.

Resolved

- (1) That the position in relation to the development of the Black Country Integrated Care System, including the integrated care board and the development of Dudley's Integrated Health and Care Model, be noted.
 - (2) That the Dudley Managing Director - Black Country Integrated Care Board, be requested to provide a further report on the significant changes in the care system and the impact this had on the role of a Councillor and provide further clarity on the specific role of a Councillor and the Scrutiny Committee in relation to the ICB and ICP, in particular how all parties could be involved to ensure Dudley's priorities would be incorporated.
 - (3) The Dudley Managing Director be requested to invite Brendan Clifford to attend a future meeting of the Scrutiny Committee to discuss the composition of the ICS and the role of the Scrutiny Committee and Councillors.
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34 **Impact of the Dudley Telecare Digital Strategy**

A report of the Director of Adult Social Care was submitted in relation to the implementation and impact of the digital strategy and the progress of the Telecare Service Review.

The Head of Access and Prevention and the Assistant Care Co-ordinator was in attendance at the meeting and gave a detailed presentation on the progress against key deliverables as set out in the Digital Strategy 2021-2026; how the Telecare service had been rebranded with an updated logo, information guide and updated webpage; provided headline figures in relation to the number of direct calls taken, the number of individual alarm calls answered, the number of new installs and the number of non-injured fallers that had been supported to prevent an ambulance from attending. The measures taken to educate staff and stakeholders were outlined, together with the new initiatives implemented to support the community and provide a full response.

The ways in which the telecare service supported the wider health and social care system were highlighted and it was emphasised that should the service not be in operation, West Midlands Ambulance Service would be under increasingly more pressure than it already was. The risks from the switchover from analogue to digital were outlined, together with the charging model and future developments for the service.

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

- (a) In responding to a question raised by Councillor P Atkins with regard to the time taken to answer a call, it was reported that 99% of calls were answered within 1 minute, however exact data would be provided following the meeting.
- (b) The Scrutiny Committee were advised that the exceptional work of the team had been recognised as they had been awarded the Gold award for Telecare Services.
- (c) In response to a further question raised by Councillor P Atkins in relation to the 751 non injured fallers, it was confirmed that those patients had been treated/responded to without the need for an ambulance to attend.

- (d) Councillor P Lowe commended the exceptional service that helped keep residents living independently and the need to celebrate the successes and actively promote the service to residents in particular to Carers within the Borough. The costs for the service, in comparison to care fees was considered reasonable, particular with the exceptional service that was provided, however it was recognised that the costs would need to increase to ensure that the service was self-financing.
- (e) Councillor T Crumpton supported the positive comments and recommended that a small information pack be made available to elected Members, providing an overview of the service, that they could share and promote to residents.
- (f) Members suggested that an introduction to the service should be provided as part of the induction training and a letter from the Scrutiny Committee be sent to the Telecare Services Team expressing their thanks and recognising the exemplary work that they achieve.
- (g) In response to a question raised by Councillor P Atkins in relation to how telecare interacted with hospital discharge teams and health providers/trusts, the Cabinet Member for Adult Social Care commented that the Team had previously attended discharge meetings, however this was discontinued during Covid. The Service did provide an awareness slide to trust assessors to raise awareness of the telecare service that was available, which could support a patient upon their return home.

In discussing ways in how to promote the service, Members were of the view that measures should be taken to ensure that the service was built into the standard discharge assessment and that every effort should be made to promote the success of the service.

Resolved

- (1) That the impact of the digital strategy and digital offer be noted and appraised by Members.
- (2) That the awareness and impact of the analogue to digital switch cover be noted.

- (3) That data in relation to how quick calls were responded/ answered be circulated to the Scrutiny Committee following the meeting.
- (4) That a letter on behalf of the Scrutiny Committee be sent to the Telecare Services team expressing their thanks for their exemplary service.
- (5) Consideration be given to the development of an information pack/booklet for Elected Members and that information on the service be included as part of the induction training for Elected Members.

35 **Action Tracker and Future Business**

Resolved

That the Action Tracker and Future business, be noted.

The meeting ended at 8.00 pm

CHAIR

Meeting of the Health and Adult Social Care Scrutiny Committee – 10th January 2023

Report of the Dudley Integrated Health and Care NHS Trust (DIHC)

Update – High Oak Surgery Public Conversation

Purpose

1. The report will update the committee as to the current position regarding High Oak Surgery and the public conversation.

Recommendations

2.
 - That the Scrutiny Committee recognises the involvement to date and makes any comments or recommendations to the DIHC which will be taken into consideration as part of the public conversation;
 - That the Scrutiny Committee understands that DIHC will work at pace to fully consider any new and viable options pending the outcome of further information. This may include an expansion to the range of services that were within the original consideration, resources permitting;
 - That the Scrutiny Committee note, that the operational decisions in relation to High Oak Surgery are with the DIHC and the Black Country Integrated Care Board (BCICB). The DIHC having fully considered all options, will decide whether to submit an application to the Black Country Integrated Care Board (BCICB)

Background

3. Key messages
 - Dudley Integrated Health and Care NHS Trust (DIHC) needs to seek clarity from Dudley Council's Planning Department and the Council's Corporate Landlords to understand the potential for the portacabin site and any alternative options that can be legitimately considered.

- DIHC will need to reconsider whether the service at Pensnett is a viable option following the analysis of the feedback from the public conversation, and after considering any new information received.
- Once any further potential options have been clarified, DIHC may have to consider any costs associated with them.
- DIHC's Board will consider any new information along with the report from the public conversation and decide whether a further conversation with the public is needed before deciding on the future of the surgery.
- DIHC plans to discuss High Oak Surgery at their February Board meeting, however, this may be delayed, pending new information.
- DIHC is still keen to operate a hub and spoke model as originally discussed and has the view that Brierley Hill Health and Social Care Centre (BHHSCC) offers the best environment for modern medicine.
- A change in the options is unlikely to alter the opinions expressed during the public conversation – we know there is a strong preference for General Practitioner (GP) presence in the Pensnett area.
- We understand that the area has a high number of health inequalities and needs interventions and support to help reduce the inequalities in this area.
- DIHC has already instigated a conversation with Public Health colleagues to understand how we might start to tackle health inequalities.

Background

4. High Oak Surgery moved from the existing portacabin site in Pensnett to Brierley Hill Health and Social Care Centre (BHHSCC) in 2020 at the start of the Covid pandemic, to create space for a COVID-19 assessment centre.
5. All health and care partners in the local area made this decision because the Pensnett site was the most suitable for seeing patients who needed a face-to-face assessment and were suspected of having Covid. It was also chosen for its proximity to Russells Hall Hospital. It allowed patients to be

seen safely in an environment where no other patients were, and where clinicians were protected by wearing personal protective equipment (PPE).

6. Whilst operating out of BHHSCC, High Oak Surgery has expanded the services above what was available at the portacabin, to include, for example, physiotherapy, health coaching, and mental health provisions.
7. The BHHSCC site is a state-of-the-art building, modern, spacious, and fit for purpose.

The Public Conversation

8. DIHC needed to explore the future location of High Oak Surgery and conclude whether it was to remain at BHHSCC, go back to the portacabin site in Pensnett, or whether there were other options available.
9. There was an options appraisal with the BCICB, DIHC and local stakeholders to explore the options in detail. Stakeholders included local ward councillors, Public Health, Healthwatch, and Health and Adult Social Care Scrutiny Committee (HASC) members.
10. At the time of the options appraisal and the start of the public conversation, Dudley Council had confirmed the planning permission for the portacabin and its site as, “the existing building and extension hereby permitted shall be removed on or before 1st May 2025.” The reason given was that “the permanent retention of the building would be inappropriate as the site should be redeveloped by the erection of suitable permanent buildings in accordance with Core Strategy Policies CSP4 and ENV3.”
11. The information provided by Dudley Council helped to shape what was possible, and therefore not possible, at the start of the conversation and in the planning of the conversation.

The Public Meetings

12. We heard the views of local people and stakeholders at public sessions, a summary of some of the feedback we heard is below:
 - Pensnett residents feel left behind and forgotten.
 - They would like a GP Surgery back in Pensnett.
 - They feel let down and disappointed and not supported.
 - They don't feel listened to.
 - They felt the public conversation was a tick-box exercise.

- It's difficult to get through on the phone to the surgery.
- It's difficult for people to get to BHHSCC if they have no public transport.
- They would like the local area regenerated.

The Current Situation

13. This Public Conversation concluded on 5th December 2022. All feedback is now being analysed and a report is being developed. The report is scheduled to go to DIHC's Board Meeting in February 2023 for consideration, and for any applications around High Oak Surgery's future location to be made.
14. However, since the Public Conversation began, new information has been made available from the Planning Department at Dudley Council and the Corporate Landlord, which could potentially change the options available to DIHC regarding the future location of High Oak Surgery.
15. Dudley Council's Planning Department has since confirmed that the site has not been identified in the Council's Strategic Housing Land Allocation Assessment (SHLAA) or as a housing allocation site in any local development plan. The site is approximately 0.14ha in size and would be too small to be identified as a housing allocation or included in the SHLAA. If this site were to come forward for housing redevelopment at any stage, it would be classed as a windfall site.
16. Subsequently Dudley Council's Corporate Landlord services advise the portacabin site is leased to the NHS by Dudley Council and the lease is due for renewal. They also advise the Council is not seeking to remove the Surgery from the site and would be open to discussion for an extension of the term, dependent on our service needs. They have suggested a further discussion with planning colleagues to clarify their view on the potential for planning consent being granted.
17. Important Facts to Consider
 - We will fully consider all of the points raised with the consultation/conversation and we will give them due consideration
 - The portacabin is very old and is not sustainable long term – it was only a temporary building
 - There has been a recent water leak at the portacabin (December 2022) which has caused considerable damage, until this is rectified,

the premises are unusable. The cost to rectify this is unknown at the time of writing the paper.

- It is unlikely there are the funds to build a new Surgery on the existing site and this would be the responsibility of BCICB and DIHC - this needs to be confirmed.
- If the lease were to be extended, then it is highly likely that the rent would be reassessed as it was due for renewal just before the pandemic and remains at the 2009 rate.
- If we were to consider moving all services back to the portacabin due to a change in lease circumstances, the Surgery would lose some of its services, as the portacabin is not big enough to host them all.
- DIHC does not hold a General Medical Services (GMS) contract, and neither would the pharmacy (see paragraphs 19 and 20), which means we have limited flexibility to enter into a long agreement with the local pharmacy. Therefore, any development is unlikely to receive funds through the premises cost directions which is the funding mechanism for Primary Care.
- High Oak Surgery has an Alternative Provider Medical Services (APMS) contract. The APMS framework allows contracts with organisations (such as private companies or third-sector providers) other than general practitioners/partnerships of GPs to provide primary care services. APMS contracts can also be used to commission other types of primary care service, beyond that of 'core' general practice.

18. A Summary of the APMS Contract

- Start date: 1 October 2020.
- Expiry Date: 30 September 2030 (approx. 8 years).
- Option to extend after the expiry date for a maximum of 5 years i.e. to 30 September 2035.
- Commissioner may terminate the Contract at any time on 9 months' written notice.

Impact: Limited flexibility to invest in a long-term estate solution due to the nature of the contract. Limited ability for the provider to find capital investment to source permanent estates solution.

The Local Pharmacy

19. DIHC met with a representative from the local pharmacy (The Pharmacy Galleria) in December 2021 to understand the offer of premises. Whilst we

have seen drawings of outline plans, we have not received any further communication. DIHC is meeting with the local pharmacist/representative on 30th December 2022 to explore this further. This information is not available at the time of writing this paper.

20. Note: DIHC has limited flexibility to enter into a long agreement with the local pharmacy (See paragraph 18 - A Summary of the APMS Contract). Neither party is a GMS contract holder and therefore any development is unlikely to receive funds through the premises cost directions which is the funding mechanism for Primary Care.

Finance

21. There will be financial implications for DIHC and BCICB to consider.
22. It is unlikely there are the funds to build a new Surgery on the existing site and this would be the responsibility of BCICB and DIHC - this needs to be confirmed.
23. If the lease were to be extended, then it is highly likely that the rent would be reassessed as it was due for renewal just before the pandemic and remains at the 2009 rate.

Law

24. NHS Trusts are under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services (s.242 NHS Act 2006).

Risk Management

25. DIHC has undertaken a Quality Impact Assessment which suggests a reduction in risks by moving to BHHSCC.

Equality Impact

26. A health needs analysis and equality impact assessment were carried out before the public conversation commenced.

Human Resources/Organisational Development

27. The premises at BHHSCC helps with attracting and retaining the workforce as it offers a better working environment and the ability to deliver a wide range of services to the registered population.

Commercial/Procurement

28. No implications at present

Environment/Climate Change

29. BHHSCC offers a modern environment which is state of the art. In comparison the portacabin would need financial input to bring it up to modern standards. It should also be noted that offering a hub and spoke model and a hybrid model of some appointments face to face and some over the phone will help reduce the carbon footprint.

Council Priorities and Projects

30. DIHC is actively helping the Council with Pharmaceutical Needs Assessment, Population Health Management, and in addressing health inequalities. DIHC wants to empower communities to improve health in collaboration with other sectors, in particular children's services and education.



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Appendices

Appendix 1 – High Oak Surgery Public Conversation Document



High Oak Surgery Public Conversation Document



NHS
Dudley Integrated
Health and Care
NHS Trust

Introduction

Dudley Integrated Health and Care NHS Trust (DIHC) operates the High Oak Surgery. This document details a public conversation led by DIHC in collaboration with NHS Black Country Integrated Care Board (BCICB) about the proposals for the future location of High Oak Surgery.

Following a joint appraisal process, with involvement from your local ward councillors, your local MP, and Healthwatch Dudley, two viable options for the future location of the surgery have been identified:

- **Option 1A** – High Oak Surgery is retained at Brierley Hill Health and Social Care Centre as it is currently (a single-site solution).
- **Option 1B** – recognising that some patients have complex long term health conditions and may have mobility and transport issues the second option is Option 1a but with a hub and spoke arrangement for physically non-invasive care such as long-term conditions reviews, psychological therapies, health coaching, health and well-being, etc to be delivered in community sites within Pensnett.

The definition of a hub and spoke model is that Brierley Hill Health and Social Care Centre would be the hub and retain all services on a permanent basis. The spoke would be a community outreach in the Pensnett vicinity which could be an existing health facility or community space with services delivered as described above.

Brierley Hill Health and Social Care Centre is a purpose-built, state-of-the-art centre offering greater clinical space and modern facilities for primary care including access to wider services such as physiotherapy and podiatry. It is also co-located with the extended hour's access hub and the clinical hub as well as other health and care services.



The existing Pensnett portacabin site is unable to offer the same clinical space and services and nearing the end of its economic life. In addition, the lease is only available until May 2025 with no option to extend. Advice from NHS Black Country Integrated Care Board suggests that further investment in the site would not be affordable or indeed possible. The landlord is Dudley Council, and the council has earmarked this land for housing development. Given the current lease costs of the site and the short length of time for the lease to run, a return to the portacabin site is not an option. We recognise the needs and wishes of the local community, including the travel implications for accessing Brierley Hill Health and Social Care Centre; hence we wish to explore the provision of some services in Pensnett.

This document sets out the background for the surgery, the current situation, and the case for change. It explains how you can get involved and provides the opportunity for you to express your views on the proposals. At the end of the public conversation, NHS Black Country Integrated Care Board will consider any feedback received before a decision on the future location of the surgery is made.

This information is also available in alternative formats upon request including easy read, large print, audio, and different languages.

Further information can be found on the DIHC website www.dihc.nhs.uk or by ringing the BCICB Time2Talk Team on 0121 612 4110.

Background

DIHC was formed on 1 April 2020. Our focus is to support and develop primary care to deliver integrated health and care for the Dudley population.

We work with our partners across Dudley to reduce health inequalities and improve the health and well-being of local people.

High Oak Surgery is a general practice operated by DIHC. It is a contract operated under an Alternative Provider Medical Services Contract (APMS) which is time limited with a further seven years to run with an option to extend the contract for another five years. It moved from Pensnett in March 2020 to a temporary location at Brierley Hill Health and Social Care Centre, where it currently operates. The practice has 4,031 patients registered with them.

On 6 April 2020, at the beginning of the COVID-19 pandemic, a respiratory assessment centre was needed for people with suspected

COVID-19 symptoms. An options appraisal was undertaken by health and care partners in Dudley and the Pensnett site was chosen due to its proximity to Russells Hall Hospital and was deemed the best location to limit the spread of COVID-19. We needed to ensure that any patients who were suspected of having COVID-19 and needed access to a face-to-face appointment could be seen safely in an environment to reduce the transmission of the virus. Patients were able to be seen by clinicians wearing personal protective equipment and have the appropriate treatment that they needed.

The respiratory assessment centre closed on 30 June 2021, however, given the presence of the COVID-19 variants and the possibility that the Centre may need to resume if cases increased, it was agreed by partners across health and care across Dudley to defer any decision relating to the High Oak Surgery returning to its original site on Pensnett High Street.

How has primary care delivery changed since the practice moved?

Since the onset of COVID-19, how primary care operates has changed across the country. All patient appointments are now assessed (triaged) so that the most appropriate type of appointment can be provided, this might be:

- To be seen in person (face to face)
- A phone consultation
- A video consultation
- Filling in an online consultation form
- Self-care or help from a community pharmacy or optician.

This has resulted in a lower number of patients physically travelling to the Brierley Hill Health and Social Care Centre site. A recent review of appointments has shown that for those that do, the majority travel by car.

In addition, many patients can now benefit from seeing other members of the health and care team co-located at this site, which are wrapped around primary care. These include professionals such as health coaches, advanced nurse practitioners, physicians associates, physiotherapists, midwives, care coordinators, dieticians, pharmacists, practice nurses, health care assistants, and first contact podiatrists.

About the Pensnett site

Before the move in March 2020, High Oak Surgery operated from the Pensnett site for 16 years. It is a four-room modular portacabin in the Brockmoor and Pensnett ward of the Dudley Borough. It is 149 square metres with limited staff administration and reception space and limited car parking, which is significantly affected at school drop-off and pick-up times. The services at High Oak Surgery at the Brierley Hill site currently occupies 297 square metres.

DIHC currently leases the Pensnett site from Dudley Council. The lease has under three years to run and there appears to be no possibility of renewing the lease. In these circumstances, there is no practical way of expanding the capacity of the accommodation on that site.

The portacabin site in Pensnett is close to the end of its economic life and needs modernisation.

Services that were delivered from the Pensnett site included:

- GP appointments, working with one full-time GP and one part-time GP
- Practice nurse appointments (one practice nurse)
- Midwife appointments, one day per week
- Pharmacist, two days per week
- Phlebotomy, one day per week
- Abdominal aortic aneurysm screening (AAA) one evening per week.



Original portacabin at the Pensnett site

About Brierley Hill Health and Social Care Centre

Brierley Hill Health and Social Care Centre opened in 2010. It is a purpose-built centre and offers high-quality clinical space. The Surgery within Brierley Hill Health and Social Care Centre is 297 square metres and has eight clinical rooms, including a minor injuries suite. This offers a spacious reception and waiting area and a larger administration space. The facility is also supported by two hours of free car parking at ASDA, which is situated directly opposite. The benefits of co-locating care mean that patients can access a wide range of care and support based on their needs.

Brierley Hill Health and Social Care Centre is 1.6 miles away from the Pensnett site.

Services that are delivered from this site include:

- GP appointments – two GPs on site each day
- Advanced nurse practitioner appointments
- Physician's associate appointments
- Physiotherapist appointments
- Midwife appointments
- Dudley talking therapies appointments and groups
- Health and wellbeing coach appointments
- Care co-ordinator appointments
- Dietician appointments
- First contact podiatrist appointments
- Health care assistant appointments
- Practice nurse appointments
- Pharmacist appointments (three on-site over a week)
- Services can run seven days a week with security on site to support staff
- Plus, a significant range of other services and service providers from across the Dudley health economy.

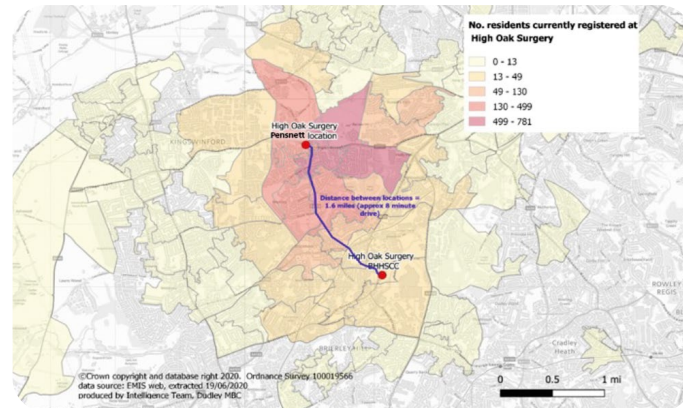


Entrance to Brierley Hill Health and Social Care Centre

What do we know about the people who use High Oak Surgery?

High Oak Surgery must deliver for the people who use it, so whilst exploring the options for High Oak Surgery, we have analysed, and considered the needs of the population it serves.

Location of residence of patients registered at High Oak Surgery – showing the location of Pensnett and Brierley Hill



Patients registered at the practice (from 2020 statistics) are mainly from the Pensnett, Brockmoor, Brierley Hill, and Bromley areas. However, there are also patients from Russells Hall estate, Holly Hall, Kingswinford, Wall Heath, Cradley, Netherton, Wordsley and Gornal.

A recent health needs analysis of the area has told us that:

- Access to a car is low for High Oak Surgery patients
- Life expectancy for residents of Brockmoor and Pensnett is three years lower than the general Dudley population
- High Oak Surgery has a younger patient population when compared to other GP surgeries in the Dudley Borough and the average in England
- It appears that most patients identify as White British
- Childhood obesity is significantly higher in Brockmoor and Pensnett compared to Dudley and England
- There is a high prevalence of long-term conditions, including depression, smoking, and chronic kidney disease
- In addition we know that for some who do not have access to a car, find using the bus and the subsequent walk to Brierley Hill Health and Social Care Centre sometimes difficult.

Engagement that has taken place so far

Since 2020, several engagement activities have taken place with registered patients and local stakeholders about the proposal to relocate High Oak Surgery. The activities were an opportunity for people to feedback to us about High Oak Surgery service following the relocation. They included:

- Appreciative inquiry with six patients registered at the surgery
- Letter to each household registered with the surgery asking for experiences of accessing the surgery during the height of the Covid pandemic
- Listening exercise with patients registered at the surgery and wider stakeholders facilitated by local councillors, the practice, and digital channels with paper surveys available
- Regular meetings with local ward councillors and Mike Wood, MP
- A meeting with West Midlands Combined Authority (WMCA)
- A meeting with the Leader of the Council
- Regular attendance and updates at the Health and Adult Social Care Overview and Scrutiny Committee
- Meetings with representatives of a local pharmacy
- Healthwatch engagement with twelve patients who were known to have difficulties such as mobility, digital, carers, etc.



High Oak site at Brierley Hill Health and Social Care Centre

What have we heard?

Since High Oak Surgery relocated in 2020, there have been two national GP Patient surveys. In 2021 80% of patients reported a good overall experience with the practice, and in 2022, 75% of patients reported a good overall experience with the practice with feedback such as: “got an appointment when I wanted it”. Both of these surveys took place after the move to Brierley Hill Health and Social Care Centre.

In addition, the engagement that has taken place previously has enabled us to hear varied views from patients and stakeholders.

Views on the existing portacabin Pensnett site from the 2021 listening exercise:

Positives	Negatives
Good location: <ul style="list-style-type: none">• Close to the local school• Close to pharmacy• Within walking distance for many in the local community.	The building is old and not fit for purpose: <ul style="list-style-type: none">• Old• Small• Lack of space for wheelchair access as well as pushchairs (narrow corridors)• Lack of adequate facilities (i.e., toilets, baby changing)• Lack of privacy/confidentiality in the reception / waiting areas.
Facilities: <ul style="list-style-type: none">• Car park• Services are situated on one level (no-step access) so helpful for people with access issues.	Aesthetics: <ul style="list-style-type: none">• Building does not look inviting from the outside• Bars on the windows are unpleasant• Unprofessional look inside.
Local and easily accessible on foot, via car, and bus route	Car park being used for school drop-off / pick-up
Overall, the site met the needs of local patients	Not enough facilities to carry out all aspects of health care, e.g., no base for health visitors, physiotherapists, podiatrists

‘It was terrible to access at the entrance. The parking was taken up sometimes by school parents. The main road was constantly blocked up with traffic’

“It was a good central location for all who used it. The building had seen better days, but it was somewhere that most people could access easy enough”

“I did want the surgery back in Pensnett but now I think it is much better to park at Venture Way. I don’t mind if you stop at Venture Way”

“The previous Surgery wasn’t suitable. It isn’t big enough; it’s not fit for purpose. I can understand some patients can’t travel to Brierley Hill but if you move back, you need bigger and fit-for-purpose place”

“Although it was small it was convenient for travel and time. There’s lots of older people around here who would only have to walk, but now have to ride a bus for their appointments”

Conclusions from the Healthwatch report:

People are concerned about how they get access to the surgery and GP services. The emergence of a digital divide might further disadvantage those who are not able to get online or who lack the skills needed to get the most from the internet and digital services.

There is a strong preference for a surgery in the Pensnett area and reference was made to High Oak surgery and previous plans for the development of improved healthcare facilities on the site. The desire is for convenient and easy access to local healthcare services on foot or using local bus services, especially for older people or those with mobility problems or chronic conditions.

People expressed strong feelings regarding the local location of a surgery and its connection with the communities and individuals it serves. They elaborate on it being an integral and valued part of the community and their well-established and trusting relations with GPs and other staff at the surgery.

What options have we considered and what has been discounted?

DIHC has listened to your feedback and thought about the possibilities of where services could be delivered from. DIHC has worked with the NHS Black Country Integrated Care Board to explore the options that may be available for the future operation of this site. The following site options were identified:

- **Option 1A** – High Oak Surgery is retained at Brierley Hill Health and Social Care Centre as it is currently (single site solution)
 - **Option 1B** – As per Option 1A but with a hub and spoke arrangement for physically non-invasive care
 - **Option 1C** – Branch location at existing Pensnett portacabin and main site at Brierley Hill Health and Social Care Centre (hub and spoke model)
 - **Option 2A** – Return the Surgery to the original Pensnett site as previous
 - **Option 2B** – New facility at Pensnett: Relocate High Oak Surgery back into a new facility at the existing Pensnett site (single site solution)
 - **Option 2C** – Branch location at an improved Pensnett facility, providing a small branch site (149 square metres) and a main site at Brierley Hill Health and Social Care Centre
 - **Option 3A** – Expansion of Galleria Pharmacy – Relocate High Oak Surgery into a new facility at an expanded Galleria pharmacy (280 square metres) as a single-site solution
 - **Option 3B** – Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 square metres) and retaining the main site at Brierley Hill Health and Social Care Centre
 - **Option 4A** – Ridge Hill LD Centre – Relocate High Oak Surgery into a new facility at Ridge Hill (280 square metres) as a single-site solution
 - **Option 4B** – Ridge Hill LD Centre – Branch location at Ridge Hill (149 square metres) and retaining the main site at Brierley Hill Health and Social Care Centre
 - **Option 5a** – Relocate High Oak Surgery into a vacant retail unit / facility on Pensnett High Street (single site solution)
 - **Option 5b** – Branch location at a vacant retail unit / facility on Pensnett High Street (hub and spoke model)
- The options were appraised against the following criteria by our reference group and by DIHC and NHS Black Country Integrated Care Board:
- Clinically appropriate and safe
 - Aligned with estates principles
 - Deliverable between 12 and 18 months
 - Affordable*
 - Travel time and distance
 - Access and location (parking and bus stops)
 - Range of services available.
- *The High Oak Surgery practice has an Alternative Provider Medical Services (APMS) contract which is time limited (less than ten years). This means that it does not provide the longevity that a third-party developer, private developer, or council would seek to justify investment in new premises, (which would usually be a 20 to 30-year period).

The outcome following the appraisal was that there was one single viable option:

- **Option 1A** – High Oak Surgery is retained at Brierley Hill Health and Social Care Centre as it is currently (single site solution) We considered this option further, and, drawing on the feedback we had received through engagement activities and discussions with local councillors, your local MP, and Healthwatch Dudley, we identified an additional option, which was:
- **Option 1B** – As per Option 1A but with a hub and spoke arrangement for physically non-invasive care such as long-term conditions reviews, psychological therapies, health coaching, health and well-being, etc to be delivered in community sites within Pensnett (such as the community centre). This option is not a “branch surgery” but suggests ways of embedding specific services within other community premises in an “outreach” model. The permanent location of services at Brierley Hill also creates substantial permanent car parking and 24/7 access. No other options other than 1A and 1B create this opportunity.

The remaining long list options were considered but ruled out because they were not viable:

- **Option 1C** – Branch location at existing Pensnett portacabin and main site at Brierley Hill Health and Social Care Centre **This is not a viable option. The ambition for the NHS Black Country Integrated Care Board and DIHC would be to invest in options that improve service resilience delivered through purpose built facilities to support integrated working at scale and provide value for money. In addition, the lease is only available until May 2025 with no option to extend. Advice from NHS Black Country Integrated Care Board suggests that further investment in the site would not be affordable or indeed possible. The landlord is Dudley Council, and the council has earmarked**

this land for housing development. Given the current lease costs of the site and the short length of time for the lease to run, further, development makes this an ineffective suggestion.

- **Option 2A** – Return the surgery to the original Pensnett site as previous. **This is not a viable option. The original services did not fit and the more substantial range currently on offer at the Brierley Hill Health and Social Care Centre site (Brierley Hill Health and Social Care Centre) would not fit back into the Pensnett site for the reasons stated in Option 1c above. The current total cost for the Pensnett site to NHS Black Country Integrated Care Board is approximately £85/90k per year and the recommended rent for an estate of this type in the area is £27k per year**
- **Option 2B** – New facility at Pensnett: Relocate High Oak Surgery back into a new facility at the existing Pensnett site (single site solution) **This is not a viable option as there are no suitable facilities and/or sites in Pensnett. There is no provision for the capital costs that this would incur.**

- **Option 2C** – Branch location at an improved Pensnett facility, providing a small branch site (149 square metres) and the main site at Brierley Hill Health and Social Care Centre

This is not a viable option. The ambition for the NHS Black Country Integrated Care Board and DIHC would be to invest in options that improve service resilience delivered through purpose built facilities to support integrated working at scale and provide value for money. There are no suitable premises in Pensnett (see above).

- **Option 3A** – Expansion of Galleria Pharmacy – Relocate High Oak Surgery into a new facility at an expanded Galleria pharmacy as a single-site solution. **The APMS contract will not provide security for funding, and lacks the space for further services to be wrapped around the practice. It lacks the resilience of other facilities such as Brierley Hill, which also contains a community pharmacy and a broader range of colocated services. Although local politicians have lobbied for this suggestion, as yet no business case has been put forward to consider the procurement of this as an option by the property operators. Some preliminary drawings have been shown to us, but these would require significant investigation of the design to ensure they suit the requirements of the services given the expansion of the scope since the move to Brierley Hill. Finally, the planned removal of the existing car park would need to be considered in terms of planning, and as far as we are aware no outline planning permission has been sought.**
- **Option 3B** – Expansion of Galleria Pharmacy – Branch location at an expanded Galleria pharmacy site, (149 square metres) and retaining the main site at BHH&SCC. **As above, does not provide the range of services that are being provided**

elsewhere and the ambition for the NHS Black Country Integrated Care Board and DIHC would be to invest in options that improve service resilience delivered through purpose built facilities to support integrated working at scale and provide value for money.

- **Option 4A** – Ridge Hill LD Centre – Relocate High Oak Surgery into a new facility at Ridge Hill (280 square metres) as a single-site solution. **This is not a viable option. During our engagement process with local politicians and others, it was deemed too far to travel by personal transport or public transport.**
- **Option 4B** – Ridge Hill LD Centre – Branch location at Ridge Hill (149 square metres) and retaining the main site at Brierley Hill Health and Social Care Centre. **This is not a viable option for the reasons listed in 4a the ambition for the NHS Black Country Integrated Care Board and DIHC would be to invest in options that improve service resilience delivered through purpose built facilities to support integrated working at scale and provide value for money.**
- **Option 5a – Relocate High Oak Surgery into** a vacant retail unit / facility on Pensnett High Street (single site solution). **This is not a viable option as there are no suitable affordable premises in Pensnett following a search conducted by DIHC and NHS Black Country Integrated Care Board.**
- **Option 5b** – Branch location at a vacant retail unit / facility on Pensnett High Street (hub and spoke model). **This is not a viable option for the reasons listed in 5a and the ambition for the NHS Black Country Integrated Care Board and DIHC would be to invest in options that improve service resilience delivered through purpose built facilities to support integrated working at scale and provide value for money.**

What are the options we need your views on?

- **Option 1A** – High Oak Surgery is retained at Brierley Hill Health and Social Care Centre as it is currently (a single-site solution).
- **Option 1B** – recognising that some patients have complex Long Term Health Conditions and may have mobility and transport issues the second option is Option 1A but with a hub and spoke arrangement for physically non-invasive care such as long-term conditions reviews, psychological therapies, health coaching, health and well-being, etc to be delivered in community sites within Pensnett

How can you get involved?

We would like you to consider the options and share your views with us to help shape the future of the surgery.

We have set out below how people can get involved. Additionally, from Monday 17 October, DIHC will be sending each household registered with the practice a letter over the course of the week to let them know about the conversation and how they can get involved.

We will also be sharing information on social media and on our website and with wider stakeholders.

You can share your views any time between Monday 17 October and Monday 5 December 2022. There are several ways that you can get involved, this includes:

- Visit our website for more information www.dihc.nhs.uk
- Filling in an online survey at www.dihc.nhs.uk
- Call the Time2Talk team at NHS Black Country Integrated Care Board on 0121 612 4110 to receive your copy of the conversation document, a hard copy of the survey, and a Freepost envelope
- Pick up a hard copy survey at High Oak Surgery, Brierley Hill Health and Social Care Centre, and hand it in at reception
- Join one of our public meetings to express your views and collect and fill in a hard copy survey
- Brockmoor Community Centre 9 November at 6:30 pm
- Brockmoor Community Centre 23 November 10:30 am
- We will be hosting some friendly drop-in sessions for people who may be struggling to fill in the survey or need a bit more information. There will be a couple of team members available to help and they will speak with people on a one-to-one basis, so please be patient if there is a queue. These drop-in sessions will be as follows:

Informal drop-in sessions:

Date	Time	Location
Thursday 20 October 2022	17:00 - 18:30	120 High St, Pensnett, Brierley Hill DY5 4DS
Monday 24 October 2022	17:00 - 18:30	Brierley Hill Health and Social Care Centre
Wednesday 26 October 2022	10:30 - 12:00	120 High St, Pensnett, Brierley Hill DY5 4DS
Tuesday 1 November 2022	17:00 - 18:30	Brierley Hill Health and Social Care Centre
Friday 4 November 2022	10:30 - 12:00	Brierley Hill Health and Social Care Centre
Monday 7 November 2022	17:00 - 18:30	120 High St, Pensnett, Brierley Hill DY5 4DS
Thursday 10 November 2022	10:30 - 12:00	Brierley Hill Health and Social Care Centre

DIHC is also working with Healthwatch to provide two workshops; one with patients who have a learning disability and one with younger people, to ensure we hear wider views. The surgery will be contacting registered patients who have said they have a learning disability and sharing the information on behalf of Healthwatch Dudley.

The workshop with younger people will link in with existing young people forums but if you would like further information, please call the Time2Talk team on 0121 612 4110.

We will be attending the Council's Your Home Your Forum in Brierley Hill on 31 October at Brierley Hill Methodist Church, Bank Street, Brierley Hill, DY5 3DA at 6:30 pm

What happens at the end of the public conversation?

This is an opportunity for you to consider our proposal for the future of High Oak Surgery and have your say on it. A report will be produced and analysed by an impartial third party – NHS Arden and Greater East Midlands and NHS Midlands and Lancashire Commissioning Support Unit. They are experts in research analysis.

After considering all your views, Dudley Integrated Health and Care NHS Trust will then decide whether to apply to the NHS Black Country Integrated Care Board regarding the Surgery's future location. If an application is submitted, then NHS Black Country Integrated Care Board will also consider the views expressed by members of the public before deciding on whether they approve any application.

The timeline looks like this

Start of public conversation	17 October
End of public conversation	5 December
Independent report completed	January 2023
Report and findings considered at DIHC Board	7 February 2023
Single scrutiny to Health and Adult Social Care Scrutiny Committee (HASC)	Early March 2023
NHS Black Country Integrated Care Board Primary Care Sub Commissioning Committee	23 March 2023 (if DIHC decide to make an application)

If you require this document in an alternative format, please contact the Time2Talk team on 0121 612 4110.

Useful numbers and contact details:

Time2Talk Team 0121 612 4110

DIHC website www.dihc.nhs.uk

Email: dihc.contactus@nhs.net

Tweet @IHCDudley

Or find Dudley Integrated Health and Care on Facebook

If you would like to share your views and experiences with a local, independent service about the proposed changes to High Oak Surgery, please contact Healthwatch Dudley on 03000 111001 (local rate number), email: hello@healthwatchdudley.co.uk, Tweet @HWDudley or find Healthwatch Dudley on Facebook.”