

Minutes of the Public Health Select Committee

**Monday 18th September, 2023 at 6.00 pm
In Committee Room 2 at the Council House,
Priory Road, Dudley**

Present:

Councillor J Clinton (Chair)
Councillor R Collins (Vice-Chair)
Councillors A Aston, B Challenor, M Dudley, D Harley, W Little, E Taylor, K Westwood; and J Griffiths (Co-opted Member)

Dudley MBC Officers:

M AbuAffan (Acting Director of Public Health and Wellbeing), S Dougan (Interim Head of Service), J Edwards (Public Health Manager) (Directorate of Public Health and Wellbeing); and H Mills (Senior Democratic Services Officer) (Directorate of Finance and Legal).

Also in attendance:

Councillor I Bevan (Cabinet Member for Public Health)
P King, M Nicklin, S Nicholls and H Codd – Dudley Integrated Health and Care NHS Trust (for Agenda Item no. 8)
S Cornfield – Black Country Integrated Care Board (for Agenda Item no. 7)

12 An apology for absence

An apology for absence from the meeting was submitted on behalf of Councillor M Hanif.

13 **Appointment of Substitute Member**

It was reported that Councillor J Foster had been appointed to serve as a substitute Member on behalf of Councillor M Hanif, for this meeting of the Committee only.

14 **Declarations of Interest**

Councillor R Collins declared a non-pecuniary interest as a member of the Patient Participation Group.

Councillors I Bevan and K Westwood declared non-pecuniary interests as employees at Dudley Group NHS Foundation Trust.

Councillor E Taylor declared a non-pecuniary interest as her daughter was employed by Dudley Group NHS Foundation Trust.

Councillor A Aston declared a non-pecuniary interest due to his employment with West Midlands Ambulance Service.

15 **Minutes**

Resolved

That the minutes of the meeting held on 31st July, 2023, be approved as a correct record and signed.

16 **Public Forum**

No issues were raised under this agenda item.

17 **5 to 19 Public Health Programme**

A report of the Acting Director of Public Health was submitted to update the Select Committee on the current Public Health workstreams relating to school aged children and young people in Dudley Borough.

The Interim Head of Service and Public Health Manager gave a detailed presentation with focus on five key areas, namely, childhood obesity, vaccination update, emotional health and wellbeing, risk-taking behaviours amongst adolescents and child poverty.

In referring to healthy weight it was reported that this had been a key focus in the Dudley Health and Wellbeing Strategy for the period 2017 to 2022 and would continue moving forward. An evaluation of the strategy had been conducted and was now published in the public domain, which highlighted that £1 million had been spent on tackling the issue, however Dudley continued to have a high prevalence of overweight and obese children above the national and regional average.

A new healthy weight programme was being introduced, namely the Henry programme, which had been designed to help reduce the number of reception age children classed as overweight or obese. This would be a holistic model to provide support to families with behaviour change in relation to nutrition, physical activity, and oral health.

Further initiatives available were outlined, which included the free and personalised support provided by the Family Healthy Lifestyle service for children and young people/families, which supported families to make positive changes to their lifestyle. It was reported that approximately 76 families were currently engaged with this initiative.

In referring to immunisations and vaccination uptake it was reported that this continued to be a challenge, although Dudley continued to remain the best performing local authority in the Black Country, operating above regional and national average. It was further reported that there would be a significant change with regards to immunisations from April 2025, with the responsibility transferring to local integrated care systems. Work continued to increase uptake within deprived areas and with ethnic minority communities. New ways to deliver vaccines within Dudley were being explored, which included pop up vaccine clinics and home visits and General Practitioners (GP's) were liaising with patients to emphasise the importance of immunisation.

In referring to the emotional health and wellbeing of children and young people, it was reported that a health-related behaviour questionnaire was conducted every two years, which clearly evidenced there to be a noticeable decline in how Year 10 students were coping and dealing with problems over a 10-year period which needed to be addressed. It was recognised that there was an increased demand for mental health services nationally and there was a real need to increase and improve emotional wellbeing for young people. The support currently available in Dudley was outlined.

There were ongoing concerns with an increase in self-harm in teenagers reported across Dudley and nationally. There were also concerns regarding contaminated substances leading to overdose nationally and regionally. Plans were in place to accurately gauge and improve support and prevention with partners and key providers to reduce the risk of harm. It was reported that whilst there had been a decrease in the rate of young people smoking, there had been an increase in vaping. Work was ongoing with Trading Standards to prevent illegal sales and support was provided through schools and Cranstouns Here4Youth project.

Support was being provided to schools to try to raise awareness of relationship and sexual health education, with training commissioned for school staff and nurses. An event was arranged for 10th October at Saltwells EDC to showcase the support available to schools to support their Relationships, Sex and Health Education (RSHE) work.

In referring to poverty and poor health outcomes, it was reported that a quarter of Dudley's children live in relatively low-income families. It was recognised that child poverty was not equally distributed across the Borough and that a co-ordinated response to address child poverty was required.

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

- (a) Arising from a question raised by Councillor R Collins, it was confirmed that self-harm was predominately higher in girls and that treatment was individually assessed and provided on individual needs.

- (b) In response to a further question raised by Councillor R Collins, the Committee were assured that measures to improve and address poverty would be focussed on those areas most in need in the first instance.
- (c) Councillor M Dudley referred to the decline in emotional health and wellbeing for Year 10 pupils, and questioned if there was specific data as to the reasons why. In response the Interim Head of Service advised that surveys were completed anonymously so they were unable to speak with specific pupils, however there were plans to undertake a deep dive mental health needs assessment in Dudley to help establish the cause.
- (d) Councillor E Taylor commented that it may be useful for future reference if a breakdown of gender and ethnicity of the children/young people that were suffering with obesity and those involved in initiatives were provided, and asked if parenting classes were still operated.

In responding, the Interim Head of Service confirmed that Health Improvement supported parents on how to cook nutritious meals and work was ongoing with schools to introduce cooking classes as part of the new Dudley Health and Wellbeing Strategy.

- (e) In response to a further question raised by Councillor E Taylor with regards to foodbanks, the Acting Director of Public Health advised that the team worked closely with the twelve foodbanks within the borough to support and encourage initiatives on how to cook healthy within a limited budget. The Public Health reserves which were allocated to support community hardship between 2022 and 2024 would be reviewed and the additional support currently provided to foodbanks could be extended should there be available funding.
- (f) Councillor J Foster commented that middle income families were also experiencing financial constraints and therefore the term low-income was considered too simplistic. It was considered that support should be provided based on disposable income to ensure a healthy diet for a child. She also requested to see a breakdown of ethnicity and gender for

obesity, as well as for those that experience issues with anorexia and bulimia. She also referred to the Child Poverty Act 2010 and commented that at the time of implementation of the Act, Central Government reduced budgets for the Public Sector and therefore asked what agencies and partners were doing to increase budgets to address child poverty. In response, it was confirmed that as part of the national child measure programme, those children identified as being underweight were closely followed up and both spectrums were closely examined.

The Acting Director of Public Health reiterated that £500,000 public health grant reserves were allocated to support community hardship between 2022 and 2024. This would be reviewed at the end of the time period and additional support would be provided, if available, to identified areas of risk. A copy of the detailed spending plan could be provided if required.

Resolved

- (1) That the planning to ensure developments reflect the growing numbers and increased diversity of children living in the Borough and focus on reducing child inequalities, be noted, and supported.
- (2) That the development of a system-wide strategy co-ordinating actions to mitigate the impact of poverty on children and to encourage system participation in the strategic mitigating poverty group and to join the cost-of-living training opportunity arranged for Councillors on 5th October, 2023, be noted and supported.
- (3) That the development and implementation of a system wide, evidence-based programme to prevent, reduce and tackle childhood obesity, be noted and supported.
- (4) That a revised communication plan to ensure children and young people, families, schools and others are aware of services available in the Borough to support health and wellbeing, be noted and supported.

- (5) That the Acting Director of Public Health circulate to Members of the Select Committee a copy of the detailed spending plan for the community hardship fund 2022 to 2024.
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18 **Development of Dudley's Integrated Model of Health and Care**

Members considered a report of the Dudley Managing Director – Black Country Integrated Care Board on the progress with work in relation to the development of an integrated model of health and care for Dudley people with specific reference to integrated pathway development.

The Programme Director, Dudley Health and Care Partnership was in attendance at the meeting and presented the report, in doing so outlined the background to the model and the reasons for implementing an integrated care model and referred to the areas recommended for review and the progress made for each identified pathway. Members were also referred to the three appendices attached to the report in relation to Jaundice Case Study, the Clinical Hub Presentation, and the Community Partnership Teams Presentation.

Arising from the presentation of the report and in response to a question raised by Councillor E Taylor, the Programme Director, Dudley Health, and Care Partnership, confirmed that the Local Implementation Teams covered the whole life course.

Resolved

That the current position in relation to the integrated pathway development, be received and noted.

19 **Update on High Oak Surgery**

A verbal update on the current position with regards to High Oak Surgery was provided by the Chief Operating Officer of Dudley Integrated Health and Care NHS Trust.

Members were advised that DIHC NHS Trust had worked with and supported the owner of the Galleria Pharmacy in developing a business case and seeking planning permission to convert the property adjacent to the Galleria Pharmacy to create a single consulting room at Pensnett linked to the Pharmacy. The proposal would need to initially be considered by the DIHC NHS Trust Board at its meeting on 7th November, and then ratified by the Black Country ICB to secure a relocation from the current portacabin site to the new pharmacy building.

Reference was made to staffing resources at High Oak which it was advised that one GP had successfully been appointed, together with a long-term locum who was already well known within the Community.

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

- (a) In response to a question raised by Councillor R Collins with regards to how the DIHC could see the proposals developing in the future, the Chief Operating Officer advised that at this moment in time key focus was to obtain approval from Black Country ICB for the initial business case. Due to the uncertainty surrounding the future of DIHC, no further assurances would be given.
- (b) Councillor J Foster commented positively on the update provided and suggested that an update also be shared on the DIHC and the High Oak websites.
- (c) In response to a question raised by the Chief Officer Healthwatch Dudley (Co-opted Member), the Chief Operating Officer advised that planning permission had been acquired and once the proposal had been agreed by the ICB, the proposed plans would be shared within the public domain. The current proposal was for one consulting room, and it was intended for the service to be operational five days a week, Monday to Friday. Car parking would be available at Galleria Pharmacy, however it was recognised that this did appear to get busy, and that further car parking may be available at the current High Oak Surgery should the portacabin be removed, although it was recognised that this was council land.

At this juncture Councillor R Collins advised that school staff were currently using the car park at Galleria Pharmacy due ongoing maintenance works at the school. This should be alleviated once building works were complete.

- (d) Councillor I Bevan commented positively on the update and the support that the Trust had provided to the Galleria Pharmacy.
- (e) Councillor W Little raised concern with regard to capacity and transport issues experienced by residents accessing Brierley Hill Social Care Centre, and suggested that GP appointments in Pensnett be retained for those that have limited transport.

Resolved

- (1) That the verbal update be received and noted.
- (2) That Dudley Integrated Health and Care NHS Trust provide an update on the current position with regard to High Oak on the Dudley Integrated Health and Care NHS Trust and the High Oak Surgery websites.

20 Update from the Acting Director of Public Health

The Acting Director of Public Health gave a verbal update on the Brockmoor and Pensnett Innovation Project and The Life in Lye Programme, and in doing so highlighted the work that had been carried out during the period since the last Select Committee as follows:-

Brockmoor and Pensnett Innovation Project

- a) A task and finish group had been established to address health and social care inequalities in the area, with three objectives identified, namely to support the return of a GP surgery in Pensnett and the management of long-term conditions and prevention.

- b) Childhood obesity was recognised to be high in the area and the Acting Director of Public Health had met with the Skills Board sub-group to help improve skills and economy in the area by providing IT equipment within community premises to inspire communities to change and improve their lifestyle.
- c) A Cost of Living Hub would be launched in October at the Grace Community Church in Pensnett, with representatives from the Family Hub and Health and Social Care staff also in attendance.
- d) Family Hubs were opened in August, 2023, which would support the promotion of the Henry project and childhood obesity programmes.
- e) Aging Well Festival would be held on 28th September, 2023 at Pensnett Community Centre, with NHS health checks provided.
- f) Work had commenced with Schools to help provide support with addressing poverty and childhood obesity.

The Life in Lye Programme

- a) It was reported that due to the diverse communities within Lye, a different approach was required initially to address community tension and to focus on quick wins.
- b) Community litter pick events were arranged, co-ordinated and promoted by the Community Development Worker, with the next date scheduled on 24th September, 2023. The events were supported by the local church and religious leaders attended to enhance the diverse community support.
- c) Regular Welcome to Lye events were held and the next date was arranged for 22nd September, 2023.
- d) Additional street cleansing support had been appointed, with two operatives now working full-time in the area.
- e) A Family Hub opened on 17th August, 2023, which would enhance the link to The Life in Lye Programme and help raise awareness of the Henry project.

- f) It was reiterated that The Life in Lye Programme was a community led project, therefore the pace would be slower. It was considered vital to develop connections and trust before addressing specific health and care issues.

Arising from a question raised by Councillor E Taylor with regards to Family Hubs, the Acting Director of Public Health confirmed that there were currently five local family hubs, located in five townships within the Borough. The specific locations would be circulated to Members following the meeting.

In responding to a further question raised by Councillor E Taylor in relation to how The Life in Lye programme was being communicated within the community, the Acting Director of Public Health stated that the usual methods of communication were not effective in Lye, therefore Public Health was working with the Community Development Worker, Community and Religious Leaders and Community Groups to help develop relationships initially to release community tension.

Resolved

- (1) That the verbal update be received and noted.
- (2) That the Acting Director of Public Health circulate to Members of the Select Committee details of the location of the five local Family Hubs.

21 Public Health Select Committee Progress Tracker and Future Business

The Public Health Select Committee progress tracker and future business was presented to the Committee.

The Chair advised that reports on the Council's budget proposals for 2024/25 would now be submitted to all individual Select Committees during the January, 2024 cycle of meetings. Therefore, to ensure necessary timeframes were met, the meeting scheduled to be held on 25th January, would be required to be brought forward to an alternative date. The proposed change would be subject to the agreement of the Monitoring Officer, in consultation with the Chair and Vice-Chair of the Select Committee, and Members of the Committee would be advised accordingly.

Resolved

That the Public Health Select Committee Progress Tracker and Future Business, be noted.

22 Questions under Council Procedure Rule 11.8

There were no questions to the Chair pursuant to Council Procedure Rule 11.8.

The meeting ended at 7.30 pm

CHAIR