

Meeting of the Dudley Health and Wellbeing Board

Wednesday 5th December, 2018 at 4.00pm
At Dudley Archives, Dudley

Agenda - Public Session **(Meeting open to the public and press)**

- 16:00 1. Election of Chair
2. Election of Vice-Chair
3. Apologies for Absence
4. Appointment of Substitute Members.
5. To receive any declarations of interest under the Members' Code of Conduct.
6. To confirm and sign the minutes of the meeting on 27th June, 2018, as a correct record.
- 16:10 7. ***Strategic Items:***
Proposal for Amendment to Dudley Health and Wellbeing Board Membership
- J Simmonds (Pages 1-3)
- 16:30 8. Healthy Weight – Whole System Approach to Obesity Prevention (WSAOP) – B Kaur
(Pages 4-12)
- 16:50 9. Reducing the Impact of Poverty in Dudley – Project initiation proposal - J Simmonds
(Pages 13-15)
- 17:10 10. H&WBB Conference Report – Developing Different Relationships with our Communities
- J Simmonds (Pages 16-22)
- 17:20 11. ***Information Items:***

Better Care Fund and Transforming Care Partnership – update

- 17:30 12. Dudley Safeguarding Adults Annual Report 2017-18 and Dudley Safeguarding Childrens Annual Report 2017/18 - M Bowsher (Pages 31-38)

(Both Annual Reports can be viewed via the following link

<http://cmis.dudley.gov.uk/cm5/Meetings/tabid/116/ctl/MeetingProperties/mid/543/meetingId/5798/committeeID/484/Default.aspx>

- 17:40 13. Health and Wellbeing Board Executive Group update - Time to Change Hub Application and Mental Health Prevention Concordat (Page 39)

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).

14. Dates of future meetings:
- Thursday 21st March, 2019 at 4.00pm
DUDLEY ARCHIVES

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Elected Members

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MEMBERSHIP OF THE BOARD:

Councillors C Bayton, R Buttery, J Martin, S Ridney

Martin Samuels - Strategic Director People

Alan Lunt – Strategic Director Place

Matt Bowsher – Chief Officer Adult Social Care

Deborah Harkins – Chief Officer Health and Wellbeing

Mark Rogers – Chief Officer Housing

Liz Murphy – Independent Safeguarding Board Chairperson

Dudley GP Clinical Commissioning Group – Dr D Hegarty and Mr P Maubach

Andy Gray – Dudley CVS CEO

Pam Bradbury – Chair of Healthwatch Dudley

Chief Superintendent Bournier – West Midlands Police

David Boucher – West Midlands Fire and Rescue Service

Officer Support:

Ms K Jackson – Deputy Director of Public Health (DMBC)

Ms J Simmonds – Service Manager – Strategic Partnership

Mr N Bucktin – Director of Commissioning Dudley (CCG)

Minutes of the Dudley Health and Wellbeing Board

Wednesday 27th June, 2018 at 4.00 pm
in Committee Room 2, the Council House, Dudley

Present:

Councillors N Barlow, C Bayton, R Buttery and A Lees;
S Brookes (Communications and Public Affairs Officer – CAPA), P Bradbury (Chair of Healthwatch Dudley), N Bucktin (Director of Commissioning – CCG), A Gray (Dudley CVS CEO), D Harkins (Chief Officer Health and Wellbeing), S Hayward (Head of Community Safety) and M Samuels (Strategic Director People) and L Jury (Democratic Services).

Also in attendance:

J Pritchard (Public Health Manager – Healthy Communities) for agenda item no. 7 (b)
S Dulai (Head of Dudley Disability Service) for agenda item no. 7 (c)

1. **Election of the Chair**

Resolved

That Councillor R Buttery be elected Chair of the Board for the 2018/19 Municipal Year.

(Councillor R Buttery in the Chair)

2. **Election of Vice Chair**

Resolved

That the appointment of Vice Chair be deferred to the next meeting of this Committee to enable the Chief Officer Health and Wellbeing to liaise with the NHS to establish the nomination of a GP to elect as Vice Chair.

3. **Apologies for Absence**

Apologies for absence from the meeting were submitted on behalf of D Boucher, M Bowsher, Ch. Supt Fisher, K Jackson, P Maubach, M Rodgers and J Simmonds.

4. **Declarations of Interest**

No Member made a declaration of interest in accordance with the Member's Code of Conduct.

5. **Minutes**

Resolved

That the minutes of the meeting of the Board held on 22nd March, 2018, be approved as a correct record and signed.

6. **Strategic Issues**

(a) Dudley Borough Vision 2030.

A report of the Chief Officer Health and Wellbeing was submitted updating the Board on the proposed Borough Vision and the consultation process and giving Board Members the opportunity to contribute and comment on the Vision.

In presenting the report, the Chief Officer Health and Wellbeing summarised the work being undertaken to develop the Vision for the Borough. It was noted that, partners had been working together, through the Dudley Leaders Group, for almost a year on developing a vision for the Borough which set out the Borough's current position and the Borough's future aspirations. It was reported that a broad programme of engagement had taken place with stakeholders through a number of group discussions facilitated by an organisation called 'Shared Intelligence' who are assisting us with this work. Engagement had also taken place with young people to develop an emerging vision which would be refined on an ongoing basis.

A key point noted, was that the vision belonged to partners and not Dudley Council. The vision was about the whole of the Borough and not just the Dudley part of the Borough. In developing the vision, one of the issues partners and stakeholders raised was the importance of how the vision was taken forward in the future. Once a vision has been developed, it will be essential to identify how we can work together to achieve it.

It was noted that a lot of interest had been shown and feedback would be reported at a meeting tomorrow. A lot of activity had also been shown on social media. Shared Intelligence have been analysing the information and would put together a report and it was noted that a meeting of the Dudley Leaders Group would take place in early July where the information the public have supplied would be reviewed to establish what it will mean for the vision itself.

The Chief Officer Health and Wellbeing then presented the seven themes in the latest version of the vision, as set out in 3.3 of the report, and stated that the strapline for the vision was identified as 'forging a future for all'. The vision would be available interactively where the user would be asked to click on each theme, then three bullet points would be seen which would explain our current position and where we would like to be in 2030. Theme Leads were currently working with young people, different faith groups, elected Members, ect, to establish what the bullet points should say, ready for the next level of engagement.

It was noted that two groups would then be established to take the vision forward. The first group comprising of a diverse range of stakeholders from across the borough, will meet once or twice a year to discuss success in achieving the vision and an Executive Group, a much smaller group made up of officers including the Leads for each of the themes and other stakeholders and partners, would meet more frequently to work on the vision itself.

In conclusion, the Chief Officer Health and Wellbeing reported that she was currently working on the terms of reference and holding conversations with potential Theme Leads to identify who would be leading on each theme.

In response to a question raised by the Chair in relation to how the web base would be measured incrementally, it was noted that the Executive Group would need to identify measures and how they could be achieved. The terms of reference being drafted, would establish indicators to measure achievement.

The Strategic Director People commented that it was important to establish a clear vision that was achievable. The Executive Group would need to balance the number of indicators whilst also establishing a philosophy whereby people undertaking their daily activities, do so in line with the vision.

The Chief Officer Health and Wellbeing reported that it was proposed to hold a high profile launch. The Leaders Group propose to launch the vision at the Black Country Festival the end of July and would discuss in their meetings, how to keep the vision on future agendas. Between July and December, it is proposed to establish examples of how the public in communities are contributing into the vision, possibly presenting awards/recognition to people who are contributing.

A discussion ensued in which Members raised questions and comments in relation to: the need to tap-in to community groups, such as friends groups, tenants associations to build on engagement with communities and raise the profile of the Vision and encourage ownership; the need to achieve better connected transport; to encourage ownership by celebrating success and demonstrating the impact on individuals; to encourage individuals to be proud of the area they live in and who they are; to tap-in to the Black Country month, linking into the brand and recording what communities are doing.

Resolved

- (1) That, the report submitted updating the Board on the proposed Borough Vision 2030 and the consultation process and comments made by Members, be noted.
 - (2) That, the Board support the engagement process by disseminating within their organisations, through social media and public involvement networks.
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(b) Strengthening Community Resilience

The Board considered a report of the Public Health Manager (Healthy Communities) which advised them on the progress that had been made since its last meeting in relation to growing strong, connected and resilient communities. In doing so, reference was made to a partnership session held in April, which highlighted a need for a shared understanding and narrative of what is meant by community resilience and a lack of awareness of the full range of work going on in the borough to increase community resilience. In addition to this work, a report had been received on some recent work commissioned on behalf of the Adults Alliance which used a story telling approach to reach into the heart of local communities and find out what people value and what keeps them well. It was noted that this had provided some important insight around community resilience.

Reference was then made to the three themes that had been identified as a result of the storytelling work, as set out in the report submitted.

It was noted that work was well undertaken to develop and expand the Dudley Community Information Directory as a single point of information and contacts for residents, volunteers and paid staff. This will include more information on community assets and informal activities in addition to the services and groups currently listed. The aim is that the system will become more interactive in the future to allow people to make connections for themselves as well as being signposted by staff.

The Public Health Manager (Healthy Communities) made reference to the new approach to commissioning for community resilience outcomes that had been piloted through the Dudley Council Voluntary Sector Innovation Fund and it was proposed to share the approach and learning from the programme with other partners, and colleagues in other organisations, to inform future practice. Specific reference was then made to the work commissioned on behalf of the Health and Wellbeing Board in 2015 relating to community resilience in the St James's ward which had culminated in a community resilience toolkit, as set out in the diagram on page 5 of the report, which would be revisited to see if it could help to articulate a shared understanding and narrative for community resilience. The lack of awareness of work being undertaken across the borough was acknowledged and it was proposed that the Health and Wellbeing Board website be used to increase people's awareness of the work being undertaken in the borough and include some case stories.

Concluding, reference was made to the October conference and the opportunity it provided to focus on how to increase community resilience across the system through all organisations.

Arising from the presentation, the Strategic Director People commented on the excellent work that had been undertaken by staff and as a result the shift in mind-set needed away from us being seen as a body who just delivers services, to seeing our role as facilitating the people of Dudley having the best possible health and living the best possible lives. A cultural change was needed for us to think in everything we do, how this could contribute to making the people in Dudley feel valued and in control of their lives, changing what the people in Dudley expect from us and what their roles and responsibilities are.

A discussion ensued in which Members commented that they were pleased to see the work that was being undertaken and referred to the need for us to promote the things that are already happening in the borough more effectively and provide more effective signposting. It was acknowledged that we need to be really clear about the outcomes and how they can be measured and it was requested that a copy of the St James's ward research, as referred to in the report presented, be sent to Board members.

In relation to measuring outcomes, the Chief Officer Health and Wellbeing commented that the outcomes from the storytelling work and those mentioned in the diagram set out in the report, were measurable and reference was made to the work being undertaken by the intelligence team in the Council's Commissioning Hub in relation to the Joint Strategic Needs Assessment which would measure these outcomes. It was also noted that work was being undertaken in relation to social value.

It was suggested that the Alliance report be circulated to Members of the Board and referring to the storytelling mentioned earlier in the report, the Chief Officer Health and Wellbeing commented on the issues raised by the community in relation to social connectedness. The importance of having friends that you could turn to when needed was reported and when friends were not available, they stressed the importance of getting out of the house. It was noted that being very conscious that all of the work being undertaken on loneliness and isolation focused on visiting people in their own homes, the service needed to think differently about how these services were delivered in the future. Reference was also made to the Queens Cross Network and the positive feedback from service users which also challenged our way of thinking around delivering services.

In relation to a comment made regarding the web-site and its availability to people who do not have access to computers at home, the Public Health Manager (Healthy Communities) reported that the system would be accessible from local offices, libraries, GP surgeries, etc and training would be made available to staff to assist them in going out into the community and having connecting conversations. Training would also be made available on-line for anybody interested in going out into their community and raising awareness of the services available and this would be done alongside developing the work of the Community Champions.

The Chief Officer Health and Wellbeing commented that at previous meetings it had been agreed that the two themes that would be the focus of the October conference would be community resilience and resilience to adverse childhood experiences and it would seem the ideal opportunity for each organisation and the whole system to be challenged at the conference as to how this was being or could be achieved.

Resolved

1. That, the report submitted on the progress made on Strengthening Community Resilience and the comments made at the meeting, be noted.
2. That, a copy of the research undertaken in the St James Ward, and the report from the storytelling work, be sent to Board Members.

(c) Dudley Disability Service

A report of the of the Head of Dudley Disability Service was submitted, providing information on the overview and progress update on the development of the Dudley Disability Service for people of all ages with disabilities and special educational needs.

In presenting the report, the Head of Dudley Disability Service referred to the rationale for creating the service which went live on 17th April 2018 and although work was on-going, some positive outcomes had already been seen. Reference was then made to the outcomes of extensive consultation with customers and their families which have resulted in the service needing to improve the simplicity of their processes, timeliness and accessibility of the response, reduce repetition and be more responsive to a range of needs. This feedback has also helped to provide a vision which the service would take forward.

It was reported that although Phase One of the project had now been completed, work was still ongoing to identify a property which would bring all staff together under one high street hub. Phase Two was now underway and would identify exactly what needs to be done and identify which areas need to be tackled to ensure integrated processes, pathways and policies. The aim of the integration was to reduce the bureaucracy customers were currently enduring and streamline processes.

It was noted that twenty-three task and finish groups had been set up as part of Phase Two and fundamental to the success of the service, would be establishing a cultural change, changing the way customer and clients think in terms of their expectations and a cultural change in staff working as referred to previously in the meeting.

Managers and staff had received a lot of support to ensure the success of the service in terms of working with families to make sure that they fully understood statutory responsibilities, what outcomes could be produced working together and the future expectations of the service. Reference was made to the staff already established and proposed staffing arrangements within the Multi-disciplinary teams (MDTs) as set out in the report submitted, and the interim structure as set out in Appendix A. It was also noted that quick decisions and ways of working were now being achieved and that all children had been allocated with no child outstanding.

Arising from the presentation, a short discussion ensued in relation to the need to established links with the NHS, Council and Education to provide support to families from the initial diagnosis, through to when the child enters education and then exits the education system. In reply, the Head of Dudley Disability Service stated that he had already received a very positive response from CCG colleagues and the aim now was to increase integration and establish teams around health areas and build on the relationships with partners to ensure that things would be achieved.

In response to a comment raised in relation to the need for families to be signposted immediately on diagnosis to support services or other families that have experienced similar situations for emotional support, it was noted that the model had been set up to deliver the right intervention to families/individuals at the right time and work was being undertaken to ensure that signposting was as effective as it could be.

Members commented on the progress that had made so far but raised concerns in relation to the locality of the MDTs and it was requested that the best possible locations be identified so that all residents had easy access to the services and were made to feel isolated. In reply, the Head of Dudley Disability Service stated that the aim of the services was to have staff working with individuals within their living area, building links with their community.

In response to a question raised regarding services available for families with lower level needs, it was noted that information, advice and guidance would be provided to all families to ensure that the child's needs come first and the family were well supported.

Arising from a short discussion in relation to the structures, dates and times for implementation, it was agreed that a report be presented to the meeting of this Board scheduled for December.

The Chief Officer Health and Wellbeing commented on the role of the Health and Wellbeing Board and requested that Board Members consider what the Board could do to build on the opportunity to join up services, when this issue is revisited at the December meeting.

Resolved

1. That the contents of the report submitted in relation to the Dudley Disability Service and the comments made at the meeting, be noted.
2. That, a progress report, to include dates and times for implementation, be submitted to the meeting scheduled for 5th December 2018 for consideration.

7. Governance

(a) Integration and Better Care Fund Plan 2017/19

A joint report of the Chief Officer Adult Social Care and the Director of Commissioning Dudley CCG was submitted providing an update on the status and performance of the Dudley Integration and Better Care Fund Plan 2017-19.

In presenting the report, the Director of Commissioning Dudley CCG stated that the report focused primarily on the outturn of the last financial year. It was reported that a sustained improvement on performance had been made on last year, particularly in terms of emergency admissions to Russell's Hall Hospital and Delayed Transfers of Care which had been sustained over the last two quarters, primarily attributed to the changes that had been made due to the availability of the IBCF and the schemes that had been put in place to prevent unnecessary admissions to hospital and to speed-up the discharge process. These schemes were now being reviewed to ascertain how they could be retained in the future and in addition, the A&E Delivery Board had just completed a comprehensive review of the urgent care systems to establish work streams to maintain the flow between admissions and discharge.

The hard work undertaken by all hospital and CCG staff which had resulted in the significant improvements reported, was acknowledged by Members.

The Strategic Director People echoed the comments made by the Board on the extremely good work undertaken by the NHS and Council working together and he commented that there were very few places in the region where the work that had been undertaken had been so effective and the key issues now relate to delays in hospitals outside the Borough. It was reported

that new national guidance on the BCF were due imminently and had yet to be agreed by Local Government. It was understood that delayed transfer targets are to be refreshed, noting that the numbers would not be published until next week, but the targets would need to be met this September, and with the expectation that the performance would be maintained throughout the winter. It was also noted that national targets would be set for reducing long-stay patients in hospitals. A national debate was underway in relation to whether the NHS would impose targets on Councils or whether targets could be left to local determination.

In response to a question raised in relation to the patient experience and whether Healthwatch had undertaken any work to capture this, the Chair Healthwatch Dudley stated that although no significant work had been undertaken, a significant reduction in complaints from patients to-date had been noted. In this regard, the Chair suggested that readmission rates be assessed as these could be used as key indicator as to whether patients had been sent home too early.

Resolved

- (1) That, the report submitted on the status and performance of the Dudley Integration and Better Care Fund Plan 2017-19 and the comments made, be noted.

(b) Understanding and Influencing our External Environment – Board Development Outcomes

A report of the Head of Healthy Communities and Place, was submitted updating Board members on the outcomes from the Board development session and agree the next steps to be taken.

In presenting the report, for the purpose of new Members to the Board, the Chief Officer Health and Wellbeing made reference to the Board Development Session that had taken place in April 2018 which had looked at the Combined Authority and the STP. The report summarised the outcomes of the session and particularly reference was made to section 9 of the report which summarised the next steps to be taken, focusing on how to achieve best value out of the Combined Authority and STP for the people of Dudley and equally, how the Board could support the Combined Authority and STP.

The recommendations agreed, as set out in section 9 of the report, were presented and it was noted that the STP/WMCA would be invited to attend the whole system conference on 19th October 2018. Concluding, the Chief Officer Health and Wellbeing requested that Board Members support the key actions identified so that the work could continue.

The Strategic Director People then commented that the top teams of the Combined Authority would be attending Wider Corporate Board on 10th July to discuss some of the points raised and it was also noted that he would be attending a meeting on 29th June with combined authority colleagues looking at integration between social care and the combined authority and how the combined authority could build links with individual councils.

Referring to bullet point 4 in section 9 of the report, in relation to best practice/ scalable projects that had been identified, the Chair questioned whether this would include drug addiction and in reply, the Chief Officer confirmed that the list referred to only a few examples of innovative practices being undertaken in Dudley and suggested that the Executive Board identify a more comprehensive list of good practice.

Resolved

That, the report submitted in relation to the outcomes from the Board development session held on 19th April, 2018, be noted and that the key actions identified be approved.

(c) Conference September, 2018

The Board considered a report of the Chief Officer Health and Wellbeing updating Board members on the planning of the whole system conference and giving them the opportunity to comment on the proposed content and format of the conference.

In presenting the report, the Chief Officer Health and Wellbeing reported that at the last meeting of the Board, it was agreed to hold a whole system conference which would include: the Health and Wellbeing Executive Board, the Health and Wellbeing Board; the members of the three alliances; key members from the Alliance's Priory Group, the Combined Authority and STP stakeholders. It was noted that the conference would take place on 19th October 2018 and would focus on the two themes that were agreed being; Adverse Childhood Experiences and Connected, Resilient Communities and the report set out the suggested input and group work to be included in the conference.

The Chief Officer Health and Wellbeing commented on a session she had recently attended with some other Board members, around County lines and criminal exploitation and as a result of the session, it was proposed that some of the case studies to be reviewed at the conference would be related to criminal exploitation due to the overlap with criminal exploitation and adverse childhood experiences.

Referring to the suggested input in relation to the Connected, resilient communities, the Chair suggested that, as a result of the discussions that had taken place early in the meeting relating to the Dudley Disability Service, the service be include in the conference.

The Chief Officer Health and Wellbeing requested that Board members email Julia Simmonds with any further suggestions of items to be include in the conference or any suggestions in relation to presenters.

Resolved

That, the report submitted regarding the proposed content and format for the Annual Health and Wellbeing System Conference and Members comments, be noted. and Board Members email

That, Members email any additional items to be included in the conference, in relation to the two themes identified, and any suggested presenters, to Julia Simmonds.

(d) Health and Wellbeing Executive Board – update

The Board received a report on a number of items that had been approved by the Health and Wellbeing Executive Board since the last meeting of the Health and Wellbeing Board.

The Chief Officer Health and Wellbeing reported that the following items had been approved and copies would be circulated to Board members and publicised on the Health and Wellbeing Board website when available:

- The Final Version of the Pharmaceutical Needs Assessment (PNA);
- The Dudley Borough Suicide Prevention Plan;
- The Lets Get Dudley Active Plan

Referring the PNA, the Board were asked to delegate authority to the Executive Board to approve any further supplementary statements of this document with agreement that issues will be submitted to this Board for consideration when necessary.

Resolved

1. That, the report submitted in relation to the items that have been approved by the Health and Wellbeing Executive Board, be noted.
2. That, the Health and Wellbeing Executive Board be given delegated authority to approve any further supplementary statements of this document with agreement that issues be submitted to this Board for consideration when necessary.

8. Questions from the Public

No issues were raised.

9. **Questions from Members**

No issues were raised.

10. **Dates of Future Meetings**

Thursday 20th September, 2018

Wednesday 5th December, 2018

Thursday 21st March, 2019 all commencing at 4.00pm at Dudley Archives.

The meeting ended at 5.40pm

CHAIR

Agenda Item no. 7

DUDLEY HEALTH AND WELLBEING BOARD

DATE	5 th December 2018
TITLE OF REPORT	<u>Proposal for Amendment to Health and Wellbeing Board Membership</u>
Organisation and Author	Karen Jackson: Head of healthy communities and Place Julia Simmonds: Service Manager Strategic Partnerships

1. Purpose

- 1.1. This report proposes amendments to the health and wellbeing board membership in order to fully represent the reconfiguration of the health and care system in Dudley.

2. Background

- 2.1. The configuration of the health and care system is in the process of changing for Dudley Borough as the Clinical Commissioning Group (CCG) and Dudley Council are commissioning a place based model of care with a likely contract start date of 1 October 2019.
- 2.2. This model is consistent with the Health and Wellbeing Board's (H&WBB) statutory duty in relation to integration of health and care services. It is designed to reduce health inequalities and provide a stable and sustainable health and care system.
- 2.3. The resultant Integrated Care Provider – the multi- speciality community provider (MCP) will manage approximately 50% of the local NHS resource and a proportion of Council public health resource, under the terms of a longer term (potentially 15 year) contract, linked to a set of health outcomes. It will also carry out tasks traditionally carried out by the CCG.
- 2.4. The reconfiguration of the local system brings together Dudley commissioners, providers and the council to plan how to improve health and care for the population they serve as a whole. It presents an opportunity to reconfigure the H&WBB's membership to be inclusive of all key organisations within the emerging system. This will ensure the Board can continue its role as system leader, enabling mutual accountability and a collegiate approach across the system.
- 2.5. In addition to the MCP, there will be 2 other key health and care providers in the new system who are not currently members of the H&WBB. These are Dudley Group NHSFT and the West Midlands Ambulance service. Also, while the MCP

is still being established, there are 2 further key providers who would need to be included on the Board on an interim basis- Dudley and Walsall Mental Health NHS Foundation Trust and Black Country Partnership NHS Foundation Trust.

2.6. It is therefore proposed that as of 21st March 2019, the H&WBB membership is expanded to include these 4 partner organisations, with a further membership revision once the MCP is fully established:

- Dudley Group NHSFT
- West Midlands Ambulance NHS FT.
- The MCP integrated care provider
- Dudley and Walsall Mental health Trust (during transition time to MCP)
- Black Country Partnership NHSFT (during transition time to MCP)

2.7. Partner organisations in Dudley are also working together to develop a Vision for the future of the Borough. The purpose of the vision is to set out a simple and compelling story to provide a medium to long-term view for place shaping, priority setting, decision making, policy development, the financial strategy and transformation of the borough for the people of Dudley. The vision includes 7 themes, the first of which encompasses the health and care agenda:

Theme 1: 'Dudley as a place of healthy, resilient and safe communities with high aspirations and the ability to shape their own future'.

2.8. A stakeholder Board will be established to take the development and the work of the vision forward. This Vision board will comprise of representatives from health, education, local authority, the community and voluntary sector, faith groups and the private sector. Members will take on responsibilities to lead specific themes. The Bishop of Dudley has been identified as the lead for theme 1.

2.9. In order to establish a joined up approach across the system it is planned to explore ways of working with the theme 1 lead. The focus will be to identify how the Vision board can contribute and add value to the health and wellbeing priorities. Proposals will be brought back to the December H&WBB meeting.

3. Key Points

3.1. In order to take account of the changing landscape in Dudley in relation to the reconfiguration of the health and care system and Dudley Vision 2030, it is proposed that as of 21st march 2019, the H&WBB membership is expanded to include

- Dudley multi-speciality community provider
- Dudley Group of Hospitals NHS Foundation Trust
- West Midlands Ambulance Service NHSFT
- Dudley and Walsall Mental Health Trust
- Black Country Partnership NHS Foundation Trust

and that H&WBB officers work with the Vision theme 1 lead to develop proposals for embedding health and wellbeing board priorities into the vision delivery.

4. Key asks of the Board/wider system

- 4.1. It is recommended that the Board consider and ratify this membership proposal and the approach to working with the Vision board.

Contact officer details

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DUDLEY HEALTH AND WELLBEING BOARD

DATE	5th December 2018
TITLE OF REPORT	Healthy Weight Whole Systems Approach to Obesity Prevention (WSAOP)
Organisation and Author	Dudley Council Health and Wellbeing Division
Purpose	Update on Healthy Weight priority, the Whole Systems Approach to Obesity Prevention, progress and next steps
Background	<p>Obesity is a major global health crisis. Nationally one in four adults in are obese and nearly a quarter of children are obese or overweight by the time they start primary school aged five, and this rises to one third by the time they leave aged 11.</p> <p>Whilst we have excellent services in Dudley for both adults and children wanting to achieve a healthy weight, tackling obesity is a complex and multifaceted problem with over a hundred contributing factors. We therefore need to be ambitious if we are to beat the challenge of childhood obesity and meet the 2014, multiagency aim, to halt the rising trend in obesity in adults and to reduce the levels of child obesity from 23.4% (2006) to 18.5% by 2020, (as measured in 10 and 11 year old children). Current results (2016/17) show we are some way off achieving this, as 23.2% of year 6 children are obese (compared to 20% in England).</p> <p>In 2016 a Delivery Plan (Appendix 1) with contributions from the Children & Young People's Alliance Partnership, was agreed which saw a move away from the traditional approach to obesity which focused on targeted services, to a wider vision "to create an environment and culture where adults and children have the opportunity to maintain a healthy weight by making changes to the environment and by encouraging people to have healthier lifestyles" (Health & Wellbeing Board Priority).</p> <p>Therefore, in October 2017, when Public Health England commissioned Leeds Beckett University to develop a Whole System Approach to Obesity (WSAOP) we were keen to embrace the opportunity, seeing it as an enabler to continue the new way of working, to contribute to the evidence base and develop a way of tackling obesity as core business within the existing system. There has been continued progress on areas such as walking to school, the Daily Mile, free swimming and a re-launch of child weight management services.</p> <p>The WSAOP utilises 'systems' tactics by collaborating across all sectors and communities that have an impact on the obesity journey and working in partnership with all stakeholders to identify key local levers. The idea is that small actions when taken together will reinforce and support each other to achieve the long-term goal. Systems approaches also prevent potentially effective interventions being confounded by other parts of the system and seeks to recognise unintended consequences by viewing the system as a whole.</p>

<p>Key Points</p>	<p>The prescribed programme by Leeds Beckett University meant that we were required to deliver against some challenging timescales (Appendix 2) as we were asked to facilitate 3 workshops between October and January in addition to attending workshops in Leeds and contributing to the development of the route map.</p> <p>The workshops involved bringing together a set list of stakeholders, identifying and mapping the causes of obesity, highlighting any gaps, prioritising actions and getting buy in from stakeholders across the system in order to isolate opportunities to disrupt the system. We now have a list of potential partners; some new to this area of work and four causal levers with identified priorities within each theme.</p> <p>4 High Level Causal Levers (and a few causal factors) Emotional Health and Wellbeing (postnatal depression, living alone, sleep, disability) Food Availability (supply and demand, cooking in schools, poverty, technology) Habitual Physical Activity (play, active travel, lighting, technology, PE, safety) Parenting (role models, time, neglect, use of technology to pacify, safety) <i>Community</i> engagement, voice of the child and marketing and promotion are a golden thread throughout the 4 levers.</p> <p>Three of the 4 causal levers identified have existing mechanisms in the system in Dudley, therefore the aim to embed healthy weight into partner priorities has already begun, existing working groups now have healthy weight as a standing agenda item. Progress will be governed by a Strategy Group which will meet bi-annually. Food availability links directly with both the poverty and isolation agendas and we will be working over the coming months to identify key stakeholders in this.</p> <p>In addition the process identified several key themes that contribute to healthy weight in Dudley such as adverse childhood experiences (ACES) and bereavement. The inclusion of these were unique to Dudley and demonstrates that a true system wide approach has been taken. Discussions are now taking place at a strategic level that wouldn't in the past have included weight. Some of these are now being picked up elsewhere in the system and will continue to do so.</p> <p>Taking part in a nationally recognised research project gave the programme momentum and credibility. We were able to engage a wide range of stakeholders that brought interesting ideas and concerns to the discussion. Participants were able to see their role within the system and commit to action. Unfortunately, timescales did restrict the contribution from some stakeholders, which varied and sometimes meant that strategic decision makers were not present or able to attend all sessions. Additionally we recognised very early on that the Leeds approach did not consider the importance of engaging with the community, as this is at the heart of the Dudley approach we have committed to explore this beyond the research period. We are currently scoping how to work with the community and on how to incorporate the learning from existing community engagement coproduction / social marketing and from the Schools Council work on Healthy Weight that will commence in the New Year.</p>
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Emerging issues for discussion	<ul style="list-style-type: none"> • Embedding healthy weight within partner agencies core business in order to create and develop relationships and integration, making it everyone business and using a shared language. • Support partners to have a greater understanding of each other's organisational drivers and blockers in order to facilitate a more productive environment • Recognition that many other priorities underpin the healthy weight agenda and a reduction in obesity levels may be an outcome to be considered. • As healthy weight becomes core business we need to create a high profile governance system and commitment to tracking progress against the vision. • By developing and supporting resilient communities, making healthy choices will become the easy choice. • There needs to be a shift in priorities that underpin the healthy weight outcomes, such as nurture and attachment. There needs to be a recognition of unintended consequences. • A way to listen to what the Community has to say has to be explored – how do we get people to tell us their “weight” story?
Key asks of the Board/wider system	<p>We would like to work with partners to explore their contribution to healthy weight, particularly how we can each address the levers identified. This will also help to share priorities, language, learning and identify areas of coproduction.</p> <p>Suggested partners that can contribute to addressing the levers include:</p> <ul style="list-style-type: none"> • Housing • Transport • Education • Police • Fire • Voluntary sector • Communications <p>Support to ensure community engagement and voice of people of all ages is integral to the development of our collective work to promote healthy weight</p> <p>Following engagement with communities, we will ask partners to be clear about their commitment to specific action and provide leadership to promote healthy weight.</p> <p>To continue to monitor the progress of the Healthy Weight priority and support the whole systems approach required to improve outcomes.</p> <p>Achieving the vision will require all partners to get behind this ambition to play their part in making healthier decisions, providing healthier options and creating healthier environments.</p>
Contribution to H&WBB key goals.	<p>Healthy weight</p>

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Appendix 1

Delivery Plan

Below is the outline delivery plan for enabling children and young people (CYP) to be a healthy weight. The first priorities are those outlined in the Alliance Board Strategy and agreed by the partnership, the second are enablers that will help to further develop and embed the approaches required to develop sustainable long term commitment from across the partnership, with children and young people at the heart of services.

Activity/ Programme area	Action	Lead/s	Timescale /RAG	Progress
Delivery plan for Alliance Board Healthy Weight Priorities				
Dudley Daily Mile	Continue to roll out the Daily Mile initiative.	Public Health team	Amber	Ongoing.
	Identify and target schools not currently participating and secure buy in.		Amber	Schools identified & contacted
	Support and guidance to all schools to both maintain and implement.		Amber	All schools contacted. Links to Half Marathon currently underway
	Agree timescale for implementing in all schools.		Red	Links to free swimming currently being explored
Walking to School Programme	Insight work to understand what the 'enablers' and 'barriers' are for CYP walking or cycling to and from school.	Public Health team	Green	Learning shared with Scrutiny Development Group.
	Triangulate the findings of the insight work, school crossing patrol review and other intelligence to inform how future active travel services, programmes and infrastructure are shaped and streamlined.	Road safety Team	Green	
	Report with recommendations		Green	

School Food Plan (Whole Setting Approach to Food)	Continue to ensure key aspects of the national School Food Plan are adopted and promoted in Dudley. Identify and target schools not currently participating and secure buy in.	Public Health team Education settings	Amber	Limited staff capacity and website issues has hindered continuation of 'Whole Setting Approach to Food' for schools and colleges. Recovery plan in place.
Healthy Pregnancy and first months (including Breastfeeding)	Review of maternity services currently commissioned by Public Health to include Interdependencies with Children are Social Care, Early Help and the Multi Specialist Community Provider (MCP). Maintain UNICEF baby friendly initiative across all partners.	Public Health team	Amber Green	Ongoing – pilots services in breastfeeding to be evaluated in December with recommendations made in January. Achieved, ongoing work to be continued
Healthy Weight services	Review of all healthy weight services for pregnant women and children. Implement the findings of the review.	Public Health team	Amber Red	Review of NCMP complete. Commissioning of services currently being explored

Activity / Programme area	Action	Lead/s	Timescale /RAG	Progress
Enablers to embed Healthy Weight priorities and approaches				
System Wide approaches	Work with Leeds Beckett University to apply a systems based approach to obesity.	Public Health team (initially)	Green	Ongoing. Roadmap currently being finalised by LBU.
	Expression of interest in testing the reflective Actions Mapping Tool as part of the Whole Systems Approach to Obesity Programme and to partake in the research project.	Wider partners to be established	Green	Workshops completed. Causal levers identified. Work ongoing.
	Workshop to be planned with wider	All CYPA	Green	Community engagement currently being explored.

	<p>partners, families and CYP.</p> <p>Workshop to help shape governance of healthy weight priority across the partnership across life course.</p>	H&WBB and both Alliances	Green	Workshop completed. Report to HWBB September 2018. Work ongoing.
Voice of Child	Utilising participation strategy approaches to shape the healthy weight priority.	DCVS Public Health team	Amber	Young people will coproduce service specifications for the commissioning of services. Ongoing. Work with school councils to commence in the Autumn.
	Work with young health champions to develop the healthy weight programme and explore opportunities to encourage participation from CYP in leading programmes like 'sugar detectives' and similar roles for CYP.	Health champions	Amber	
	Continue to utilise case studies and feedback from existing reviews and services to shape future plans.	CYP	Green	Ongoing
Campaign on Healthy Weight	Explore high profile campaign on Healthy Weight with CYP and families	Public Health team	Amber	Commences September 2018
	The campaign and approaches to be led, developed and designed by CYP.	CYP to be identified	Green	School Councils will lead the campaign
Leading by example	Explore opportunities for key figureheads to pledge commitment to healthy weight agenda, e.g. pledge to lose weight, increase walking, champion key messages etc...	All	Amber	Pledges yet to be discussed.

Whole Systems Obesity

Dudley Programme Timeline

Event / work	Date / venue	Actions delivered
Whole systems obesity workshop	July 2017 - Leeds	Dudley Public Health staff attend workshop delivered by Leeds Beckett University (LBU) about plans for piloting whole systems work and submit expression of interest in becoming a pioneer site.
Selection as pioneer site	5 October	LBU inform DMBC of selection as a pioneer site.
Manual Introduction and Training (Phase 1)	17 October 2017 - Leeds	DMBC interview with LBU research team to identify expectations from involvement in the programme. Work through the manual, to understand process, requirements and identify any areas requiring further clarity
Preparation for Workshop 1 (Pre-systems)	October - November 2017	Undertake Pre-systems work from manual/training. This included: <ul style="list-style-type: none"> • Demonstrating senior level support • Setting up a Core Working Group (CWG) and agreeing the two dates between workshop 1 and 2 when the Core Working Group will meet (Building the local picture (developing slides to be presented at Workshops 1) • Stakeholder engagement (business case) • Reporting back to senior leaders on pre-systems Preparation for Workshop 1. This includes: <ul style="list-style-type: none"> • Book venue for workshop 1 and 2 • Invite attendees for workshop 1 and 2 • Slide & Workshop 1 preparation
Workshop One Event – Mapping the Causal System (Phase 2)	2 November 2017 DL Dudley	Workshop 1 delivery by local Core Working Group
Identifying opportunities to disrupt the system (Phase 3)	November -	Local Core Working Group; <ul style="list-style-type: none"> • Create causal maps from WS1 • Identify themes from causal map • Identify where any proposed actions from WS1 may link to themes • Identify current actions in relation to themes Preparation for Workshop 2

	Longer, safer, healthier lives for all	
Workshop Two Event – Building and aligning actions (Phase 4)	23 November 2017 Canal and River Trust	Workshop 2 delivery by local Core Working Group Conduct feedback and evaluation with LBU
Building and aligning actions training	11 December 2017 Leeds	Conduct feedback and evaluation of workshops 1 & 2 with LBU. Planning for next steps and feedback provided from LA perspective.
Action Planning (Phase 5)	January 2018	Collate and process actions suggested in workshop 2 and develop into 5 theme based action plans.
	February 2018	Disseminate action plans to stakeholders and established working groups for each theme.
Whole systems obesity workshop	16 March 2018 - Leeds	Feedback session at Leeds and review of manual for Phase 5. First draft of the route map shared.
Building and aligning actions (Phase 4)	20 March 2018	Held an event for engagement of stakeholders not represented in workshops 1 & 2 (GP practices and schools).
Community engagement planning (Phase 5)	13 April 2018	Meeting held with DMBC PH Communities team to look at how to engage and involve the local community to coproduce the action plans.
Evaluation	4 July 2018	Core Working meeting with LBU to provide feedback on the process to support the national evaluation and development of the WSAOP toolkit for LA's

DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 9

DATE 5th December 2018

TITLE OF REPORT Reducing the Impact of Poverty in Dudley. Project initiation proposal

Purpose of the report

The Board will be well aware that one of the 3 strategic goals in the Health and Wellbeing Strategy 2017-22 is to reduce the impact of poverty across the Borough. This report proposes the establishment of a multi-agency project to establish and address some of the causes of poverty in Dudley.

Background

A poverty baseline analysis for the Borough has been completed by Dudley Council's People Directorate Intelligence Team. An executive summary of the full document is attached as appendix 1 to this report. The full baseline report is available on – www.allaboutdudley. The analysis shows that there are significant levels of poverty in Dudley. Dudley's position against most indicators of poverty, or the factors that most influence poverty levels, show that the extent of poverty is lower in Dudley than in the West Midlands region as a whole, but is higher than the national average. Poverty is also not evenly spread across the borough, but is concentrated in the central and eastern parts of the Borough.

The Board has already recognised the impact that poverty has on people's health and wellbeing through identifying reducing the impact of poverty on health and wellbeing as one of its 3 strategic priorities. Clearly, achieving this is a huge task and to make a positive impact will take time. Many of the ways that poverty impacts on health and wellbeing are driven by the national economy and by central government policy. The effect that local agencies can have is more limited but nonetheless there is a range of actions that are already being taken locally and more that might be done to increase resilience to the impact that poverty has on health and wellbeing.

The root causes of poverty are greatly influenced by national government policy, economic and societal factors, thus there is a limit to what can realistically be achieved at a local level. The baseline analysis suggests that at a local level, there are 3 main areas on which to focus to prevent and reduce the impact of poverty on health and wellbeing. These are:

- Maximising household income; minimising outgoings- with the aim to reduce absolute and relative poverty by raising housing income and ensuring that everyone can benefit from growth and regeneration- through inclusive growth approaches
- Building community resilience with the aim increase resilience to the effect that poverty has on health and wellbeing, through community outcomes, such as a sense of purpose, autonomy, community connections, a sense of pride in the neighbourhood, good relationships and continually learning and developing skills .

- Tackling child poverty with the aim to improve the life chances of children in poverty compared to children not living in poverty, with a particular focus on improving the education and skills gap.

There are a number of agencies across the borough, public, voluntary and community, and private, already actively working to help those in poverty and a range of resources to give support and information. There are many different projects and sources of help for different client groups. Whilst there are links made between some of these assets, there is likely to be scope both for better coordination and joint working, and for a better understanding of their contribution towards reducing the impact of poverty.

The work of many agencies has an impact on poverty even if this is not their primary goal e.g. schools and colleges aim to improve educational attainment but this in turn, gives their students better employment prospects thus impacting on poverty.

Further scoping to fully understand the current picture is required but a preliminary review of this non exhaustive picture, does demonstrate clearly that, in order to be most effective, work to reduce the impact of poverty has to be conducted on a partnership basis across the Borough.

Partners in the borough have recently launched the Forging the Future Vision for 2030. Work that will be progressed to achieve that vision should positively contribute to preventing and reducing the impact of poverty in the borough ensuring that there is a specific focus on preventing and reducing the impact of poverty in projects contributing to the vision e.g. inclusive growth programmes will help.

Opportunities should also be taken to link with wider initiatives or with changes in Government policy. Examples might include:

- Dudley is working with the West Midlands Combined Authority on an inclusive growth corridor which aims to ensure that investment along the Brierley Hill Metro Extension benefits the disadvantaged communities along the route
- Regionally, the West Midlands Combined Authority have a number of projects aimed at increasing employment opportunities for people across the region. More information is on their website <https://www.wmca.org.uk/>
- The Financial Guidance and Claims Act 2018 will underpin the creation of a new publicly-funded debt advice, pensions and money guidance body, which will replace the three existing statutory bodies with similar functions: the Money Advice Service, the Pensions Advisory Service and Pension Wise.
- The Government has stated in its response to the call for evidence regarding a “breathing space scheme” that it intends to lay regulations to establish a scheme during 2019. A breathing space scheme would give someone in serious problem debt the right to legal protections from their creditors for up to 6 weeks in order for them to receive debt advice and enter into a sustainable debt solution. The scheme could also create a statutory debt repayment plan.

Recommendations

1. It is proposed that during January to March 2019, an engagement plan is delivered. The purpose of the engagement will be:
 - to understand better the assets in the borough that can contribute to mitigating the impact of poverty on health and wellbeing.
 - to identify what agencies feel could be done better or differently locally in order to reduce the impact of poverty; and
 - to begin to draw together some initial priority actions for each of the 3 areas outlined above. This may involve a number of small events and one-to-one conversations, including community engagement.
 - To identify some early wins to reduce the impact of poverty, for example a “P card” to address period poverty.
2. It is proposed that a project task group, chaired by the Public Health Manager (Healthy work and economy) is established that reports to the Board via the Safe and Sound Board who are sponsoring this strategic goal.

Key asks of the Board/wider system

Initial commitment required from the Health and Wellbeing Board

The project is anticipated to be a long term multi agency project throughout the life of the health and wellbeing strategy. Health and Wellbeing Board is asked to actively engage in the delivery and development of the project by:

1. Committing/prioritising relevant officer time to tasks agreed under the project;
2. Commit to funding/Resourcing (where agreed) e.g. venue provision; website/advertising of engagement events;
3. Taking part in the engagement activities during January to March 2019;
4. Healthwatch and DCVS to develop community engagement events.

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DUDLEY HEALTH AND WELLBEING BOARD

Agenda Item no. 10

DATE	<u>5th DECEMBER 2018</u>
TITLE OF REPORT	<u>H&WBB Conference Report- Developing Different Relationships with our Communities</u>
Organisation and Author	<u>Karen Jackson- Head of Health Communities and Place- Dudley Council</u> <u>Julia Simmonds- Manager – Strategic Partnerships - Dudley Council</u>

1. Purpose

To update the Board on the outcomes from the 2018 annual Health and Wellbeing Board conference and agree next steps for the conference themes:

- Growing connected, resilient communities
- Prioritising adversity across the life-course

2. Background

At the April Health and Wellbeing Board meeting, the Board decided to hold a whole system conference each year in Autumn. It was agreed that a conference would take place in October 2018 which would have 2 themes:

- Growing connected resilient communities
- Adversity across the life-course and how the system can work to prevent Adverse Childhood Experiences (ACEs) and build resilience to their negative outcomes.

The target group for the conference was agreed to be members of the Boards that make up the Health and Wellbeing Board governance system and all the associated sub-groups.

The purpose of the conference was agreed as:

- To raise awareness and provide the opportunity to listen to the experiences of people and service users.
- To gain a common understanding of the 2 conference themes and how to address them as a whole system.
- To ensure an integrated approach and prevent silo working
- To provide an opportunity to analyse the 2 themes and identify gaps and next steps
- To gain commitment and identify partner contributions to take the issues forward

The conference took place on the 19th October 2018. This report gives an overview of the feedback from attendees, the main outcomes from the 2 themed workshops and proposes next steps for the Dudley health and wellbeing system.




3. Key Points:

Conference Evaluation:

All members of the Boards, sub –groups and task and finish groups within the H&WBB's governance system were invited to attend the conference- a total of 364 people, from across all sectors. Overall 99 attended all or part of the day. 63(64%) completed the 'on the day' snap shot evaluation. A follow-up on line evaluation has also been disseminated and was still live at the time of writing this report.

The snap –shot evaluation was aimed to get a feel for if the conference had been able to energise and mobilise people into action. Overall the majority of people felt positive about the conference with the video's and case-stories being specifically commented on and seen as powerful, inspiring and thought provoking. Attendees also valued the networking time and being immersed in interesting conversations and ideas.

The main reasons for people feeling less positive was due to the challenging and distressing content of the case-studies and videos and how it made them feel.

		
55 (87.5%)	6 (9.5%)	2 (3%)

Provisional feedback from responses received so far to the on-line evaluation, show a similar result, with people feeling that the workshops, particularly the prioritising adversity workshop would improve their practice.

Growing Connected Resilient Communities

The aim of the workshop was to build on the insight work about social connectedness and resilience that was undertaken with Dudley communities in St James's ward and the story-telling work undertaken across the borough to inform the development of the adult's alliance. The workshop aimed to:

1. Enable the development of a shared narrative for understanding community resilience- what it is, why it is important and how to work in a way that nurtures it. The workshop explored this with attendees, bringing public and voluntary sector insight alongside the community insight already gained. The responses will be used with the community insight to generate a whole system narrative for community resilience.

2. Enable attendees to think about what sorts of things can be done by individual workers, services and organisations to foster community resilience. Attendees were asked to make a pledge of something they would do or offer as a result of the conference, which would be emailed out to them in coming months as a reminder and then followed up in 6 months time.
3. Enable strategic partners to consider how to invest and commission for community resilience. A separate group of senior leaders, councillors and commissioners were asked to consider this issue.

Narrative

The workshop generated a wealth of descriptions and themes for understanding community resilience which reflected very closely the community views from the previous work. Emerging themes:

	Goals of community resilience	
We want to feel productive, valued and in control of their lives	We want to have strong and enduring relationships	We want to feel secure, connected and independent where we live
<ul style="list-style-type: none"> • Sense of common purpose, interests and shared understanding • Building self-esteem and confidence- sense of worth • Investing/giving time, skills and knowledge to make our community better • Having tools to bounce back/ overcome adversity 	<ul style="list-style-type: none"> • Connected with others in our community • Good relationships in our community- welcoming friendly, inclusive, non-judgemental, caring, all age • Resourceful, supporting and looking out for each other • Being neighbourly • Doing more for ourselves and each other 	<ul style="list-style-type: none"> • Loving where you live- pride in our community • Sense of belonging in the community • Doing things together to make our community better • Places to go and get together in our community • Self sufficient- SIY- sort it yourself • Having fun and enjoyment, making friends

Why is it important?		
To organisations	To the person	To the community
<ul style="list-style-type: none"> • Reduces reliance on, demand for and cost of services • Increases public confidence in public services • Free up funding to be used in other ways ie – prevention and targeted provision • Better informed system- more effective services • Empower and unblock the system • Reduced violence, crime and disorder 	<ul style="list-style-type: none"> • Cope with adversity • Develops self sufficiency • Develops confidence and self esteem • Reduce isolation and loneliness • Happy, healthy and well • Productive and fulfilling lives 	<ul style="list-style-type: none"> • Thriving • Connected • Breaks intergenerational gap • Strong • Cohesive communities • Pride and ownership • Increased safety

Approaches to Foster Community Resilience

Attendees identified a range of ways they could work differently in order to encourage community resilience and 78 attendees made personal pledges. Themes included:

- Help initiate people to get together – finding a community catalyst and getting established groups to work together
- More meaningful engagement to find out what the community needs– ask, listen, hear, act together
- Raising awareness of what is available/ signposting to community assets
- Restorative practice
- Nurture more health champions, volunteers, peer support
- Enhance working practice- e.g. build into MDT to look holistically at the whole family
- Find out more about what is available in communities
- Share examples of good practice
- Give staff the time and resource to build the approach into their work
- Build in provider contracts

A number of ‘asks’ of the system were also identified that would create a working environment and culture to support and encourage staff to work in this way. This includes the responses in relation to commissioning and investing for community resilience:

- Breakdown barriers/boundaries/red tape to make it easier for residents and communities to take things on

- Commission for community resilience outcomes:
 - develop outcomes/indicators/evaluation measures- a common set across the system
 - build into contract templates, commissioning policy and procurement processes
 - Adopt the Preston modelⁱ
 - Resources/funds for communities- e.g. more innovation fund approaches
- Clear consistent message
- Single information point- mapped community assets available, roll out DCID (Dudley Community Information Directory)
- Develop a way to share practice and share stories
- Training for staff
- Provide free spaces in building for groups to meet
- Work collectively – system wide approach
- Develop organisation rules/ policy that is supportive of this approach
- Commit/ pledge to this approach – needs to be long-term and sustainable

Prioritising Adversity – tackling ACES: a trauma based approach across the life course

The aim of the afternoon workshop was to:

- Raise awareness across the system of the link between ACEs and poor outcomes for individuals across their whole life-course
- Explore how as a system we can prevent ACEs and build resilience to minimize their negative impact
- Consider how we can maximise the opportunity of having ACE coordinators in the borough

The session began with three case studies where young people shared their stories. Whilst listening to these stories, the audience was asked to consider the following questions:

- How the outcome/s for the person in the stories may have been improved if we as individuals, services or organisations had acted in a different way at various points through their life-course
- What were the opportunities missed
- What were the opportunities taken

Using their thoughts from the stories, groups were then asked to identify what ‘good’ looks like and what they or their organisations need to do to achieve this.

Themes that came out of this discussion:

- The importance early intervention and prevention
- The key role that families can play in building resilience, particularly parenting skills
- Communication is key, along with effective pathways
- Services need to work together more effectively
- Practical training and awareness raising
- Increasing professional curiosity - it's everybody's business
- Commissioners and schools have a key role to play

Groups were then asked to identify what support they thought would be needed from the ACE Co-ordinators. The main areas of support that were identified were:

- More creative approaches to training to enable individuals to recognise the signs and symptoms of trauma in clients, families, staff and others involved within the system, particularly:
 - Recognising warning signs
 - Step by step approach led by experts by experience, using real life case studies and storytelling
 - Where families/individuals can get support
- Raise awareness of ACES across the system
- Promote the voice of the child
- Helping with communication – unblocking through information sharing and developing networks
- Encouraging individuals and organisations to share knowledge and resources
- Engaging with key statutory and voluntary sector partners to understand their role.

Individuals were then asked what they will do differently as a result of the workshop. They recorded these changes as pledges on post it notes that will be followed up via email during the next few months.

4. Emerging issues for discussion

Next steps in relation to the conference feedback:

- Pledges to be emailed out as a reminder followed by a 6 month follow-up
- Completion of outcomes report and dissemination

Next steps community resilience:

- Develop a draft system wide narrative for community resilience and disseminate for final comment to organisations and communities
- Implementation of the system wide 'asks' to foster community resilience

Next Steps- Prioritising Adversity

- Use the findings from the conference to inform the work plans of the ACE co-ordinators
- Identify the key areas that they can provide support and training on
- Co-ordinators to engage with all key statutory and voluntary partners (especially those not present at the conference) to understand the widespread impact of trauma across the life stages as a result of ACES
- Develop a training package for use across the health and wellbeing system.

5. Key asks of the Board/wider system

The Health and Wellbeing Board is asked to:

1. Consider what the conference outcomes report should include and who it should be disseminated to
2. Consider the emerging themes for the narrative and agree the proposed next steps
3. Consider and comment on, add to the system wide actions to foster community resilience and agree a process and governance for implementing them
4. Consider and comment on system wide actions to achieve a trauma informed approach.

Contribution to H&WBB key goals:

- Healthy weight
- Reducing loneliness & isolation
- Reducing impact of poverty

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ⁱ An approach taken in Preston: Working with 'anchor' agencies (big agencies that will be there even when the economy is struggling) to maximise the money spent locally and foster community economic development.

DUDLEY HEALTH AND WELLBEING BOARD

REPORT SUMMARY SHEET

DATE	5th December 2018
TITLE OF REPORT	Better Care Fund and Transforming Care Partnership
Organisation and Author	Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG
Purpose of the report	To provide an update on the status and performance of the Dudley Integration & Better Care Fund Plan 2017-19
Key points to note	<p>Delivery of the plan's improvement schemes is underway. Oversight is being exercised on behalf of the Health & Wellbeing Board by the Integrated Commissioning Executive (ICE).</p> <p>ICE is delivering the plans within the overall financial budget set as part of the BCF. A revised financial plan for 2018/19 has been approved by NHS England to reflect the budgets approved by the Council and CCG</p> <p>The improvements reported in the second half of 2017/18 have been sustained. There has been a significant reduction in emergency admissions to Russell's Hall Hospital, and Delayed Transfers of Care have been maintained below the target level of 3.5% for ten months.</p> <p>Quarterly monitoring by NHSE is in place and reports have been delivered on time with all targets delivered</p>
Recommendations for the Board	Note the report and assurance it provides
Item type	Approval
H&WB strategy priority area	Integration

DUDLEY HEALTH AND WELLBEING BOARD

DATE **5th December 2018**

REPORT OF: **Joint report of the Chief Officer, Adult Social Care, DMBC and the Director of Commissioning, Dudley CCG**

TITLE: **Better Care Fund and Transforming Care Partnership**

PURPOSE OF REPORT

1. To provide assurance over the approval and delivery of the Dudley Integration & Better Care Fund Plan 2017-19.

BACKGROUND

2. The Dudley Integration & Better Care Fund Plan 2017-19 was submitted to NHS England and the LGA for assurance on 11th September 2017 under delegated authority. The financial element of the plan has been updated to reflect the budgets approved by the Council and CCG for 2018/19. These amendments have been approved by NHS England.
3. Integration & Better Care Fund Plans provide the basis for integrated health and social care provision. The Dudley plan makes clear that this is happening in parallel with the emergence of the Dudley Multispecialty Community Provider. I&BCF activity will help establish the capabilities needed once the MCP is operational.

MAIN ITEMS OF THE REPORT

4. Since the update to the Health and Wellbeing Board in September, further performance data has been received demonstrating that the key areas of focus for the Better Care Fund are being delivered. There have been significant reductions in emergency admissions to hospital and delayed transfers of care for those who are admitted. Permanent admissions to nursing homes have reduced significantly between April and September, reflecting the increasing effectiveness of reablement services

Performance	Annual Target	Target for Period	Actual for Period	YTD Target	YTD Actual
Non-elective admissions (General and Acute) – August data	33,463	2,842	2,600	14,118	12,661
Permanent Admissions to Residential & Nursing Care Homes **	520	130	95	260	184
Number of patients aged 65+ discharged into reablement services still at home 91 days after discharge **	383/440			191/220	203/225
Proportion of patients aged 65+ still at home 91 days after discharge % **	87%			87%	90.2%
Delayed Transfers of Care (Dudley Residents Delayed Days – Aug-18)			508		
Delays per Day per 100,000 adults - NHS		4.7	3.86		
Delays per Day per 100,000 adults - ASC		4.3	1.91		
Delays per Day per 100,000 adults - Both		1.1	0.88		
Delayed Transfers of Care as % of Occupied Beds – DGFT (all patients)		3.5%	2.18%		
Delayed Transfers of Care as % of Occupied Beds – DGFT (Dudley patients)		2.15%	1.17%		

- There are a number of programmes targeted at reducing emergency admissions to hospital which overlap with the BCF; multi-disciplinary team management in primary care, single point of access in care homes, telehealth and front of house services in social care and health.
- Emergency Response Team – **10** diversion beds have been commissioned to prevent avoidable admissions to hospital.

For the period 01/09/2017 to 05/11/2018, there have been **120** admissions and **112** discharges from this resource (all bed stock is used flexibly). The outcomes for the discharges are as follows:

- **41** people returned home
- **54** people transferred to long term placements
- **14** people were admitted to hospital
- **3** people sadly died

For the period 01/10/2017 to 31/09/2018, **1,081** patients (not distinct count) have been seen by Front of House staff, providing hospital diversions through **non** bed based activity. The breakdown of the outcomes is as follows:

- **133** diverted with nil services
- **120** into emergency bed placement
- **503** home with a package of care
- **181** signposted
- **144** hospital admission

86.7% of those people seen by the Emergency Response Team have not been admitted to hospital as a result of their initial hospital attendance.

75.6% of those people seen by the Emergency Response Team have not been admitted to hospital and returned to their own home as a result of the team's intervention.

7. Pathway 3 – **29** beds have been commissioned (*Bed stock figure as at 05/11/2018*), **15** residential, **9** nursing care beds and **5** complex beds for Dementia.

We currently have **19** non-block beds, **10** residential and **9** nursing beds. This number is in constant flux based on demand (*Bed stock figure as at 05/11/2018*).

Some beds have been sourced for under 60 years of age placements, to reduce hospital length of stay for these complex clients.

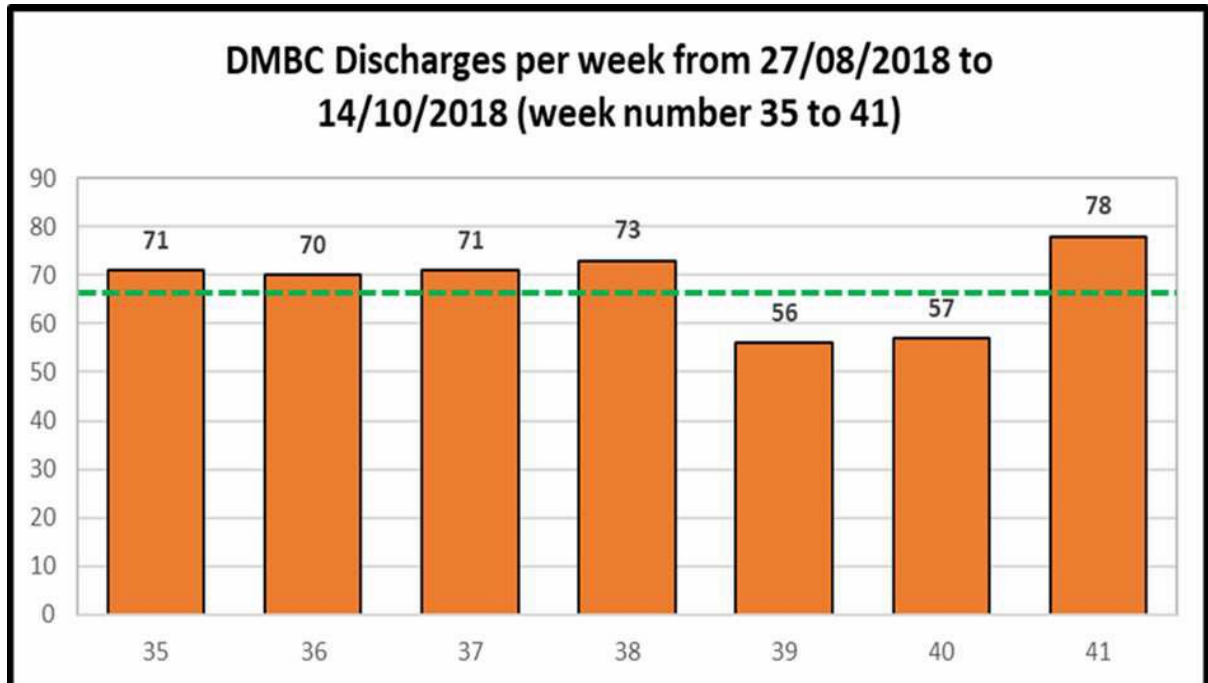
There have been **465** admissions into these temporary placements, reducing the length of stay in hospital.

There have been **422** people discharged from their Pathway 3 placement and the outcomes are as follows:

- **8** people returned home without care
- **46** people returned home with a care package provided
- **202** people transferred to 24hrs placements
- **68** people were readmitted into hospital
- **49** people sadly died
- **49** people were in a self-funding position and received time away from the acute setting to identify their long term placements

All of these people achieved a timelier discharge. All these people were identified as requiring 24hrs placement, though with time away from hospital and the ability to be supported to recover with **12.32%** of people returned to their own homes.

8. **Improved Discharge Flow** – additional assessment and screening capacity (alongside increased reablement care hours in the community) have enabled the discharge team to increase the level of discharge activity. The updated Improved Discharge Flow data is as follows:



9. Single Handed Care – Recent progress includes:

- **Single Handed Care** Training organised with A1 Risk Solutions now completed.
- Community Equipment Store (CES) managing the stock of SHC equipment from 07/01/2018.
- There has been 10 staff appointed. Last one joined the team on 01/03/2017, ACC Social Worker.
- All staff in post have been trained.
- The pilot has started with **383** assessments completed so far (05/11/2018), **236** reviews of existing packages of care (PoC) and **147** reviews of new referrals

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There has been a **14.32 %** reduction of hours for POC's assessed by the Single Handed Care Team. ***N.B. Changes in care hours still based on a small sample.***

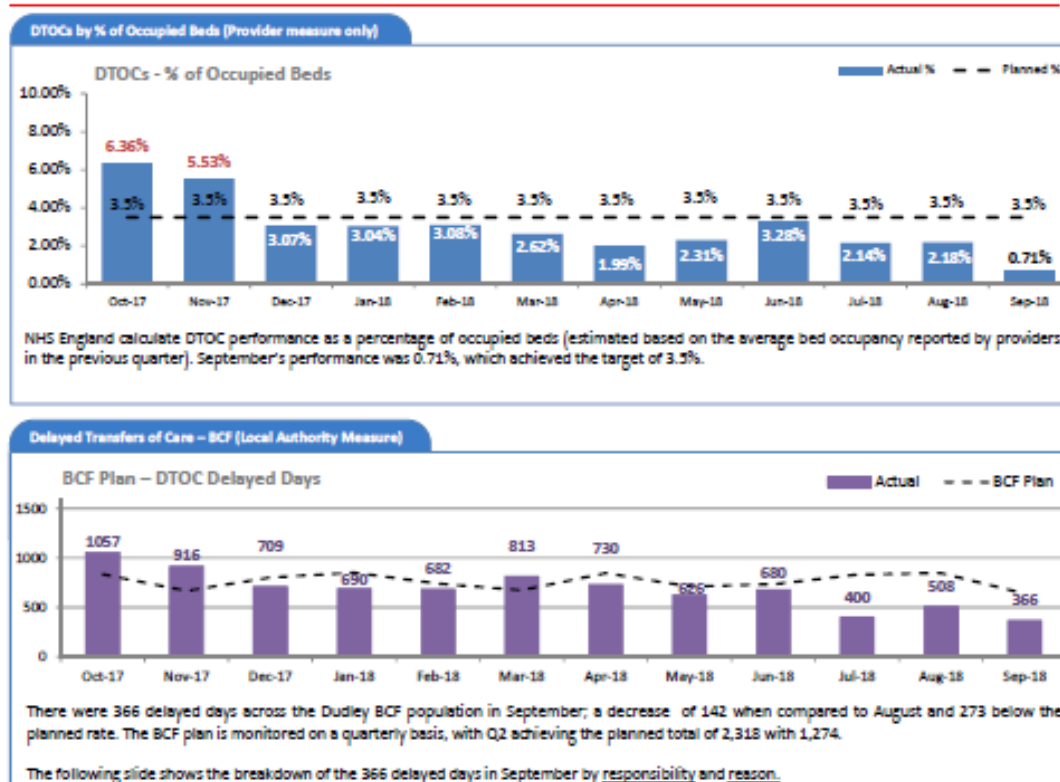
10. Palliative Care – Ongoing discussions at the Integrated Commissioning Executive in regard to the future needs for this service are yet to be determined. Agreement has been made for additional investment from the ibcf monies to be invested in

this service for 2018/19. This will allow for service partners to scope, model and implement an updated model that will transfer to the MCP.

Delayed Transfers of Care (DToC)

11. The Better Care Fund schemes have delivered a significant reduction in Delayed Discharges of Care. At the time of the March report to the Health and Wellbeing Board, Dudley had achieved the 3.5% DTOC target for the first time. The latest figures demonstrate that this improved performance has been sustained at Russell's Hall

Better Care Fund - Delayed Transfers of Care Overview



12. In terms of national performance, the following is based on the most up to date available national DTOC data (September 2018). This represents considerable improvement on 12 months ago

Table 1 - Dudley Delayed Days National Ranking (1 to 151, highest - 151 lowest)														
Ranking Type	March	DOT	April	DOT	May	DOT	June	DOT	July	DOT	August	DOT	September	DOT
DMBC ASC Ranking	131 st	↘	105 th	↗	77 th	↗	101 st	↘	60 th	↗	70 th	↘	58 th	↗
Whole System Ranking	88 th	➡	80 th	↗	66 th	↗	81 st	↘	33 rd	↗	50 th	↘	28 th	↗

Scheme Evaluations

13. In the past year all of the iBCF schemes have been evaluated to evidence delivery against their original targets. These evaluations have helped to inform the priorities for the next 12 months and work is underway to underpin these services with recurrent funding to reflect the tapering of the iBCF funding over the next year. Commissioning intentions for the next 12 months demonstrate commitment to ensuring all schemes contributing to the performance improvement are maintained.

Transforming Care Partnership

14. There is a possibility that the existing “Transforming Care Programme” for people with learning disabilities may be linked to the BCF in the future.

Members will recall that this programme is designed to reduce reliance on inpatient assessment and treatment facilities for learning disability clients. Work is progressing locally with the development and commissioning of alternative community based services as an alternative to inpatient beds and a further update will be given to the Board in due course.

In the meantime, further guidance on any potential link between the two programmes is awaited

LAW

15. As previously advised, the legislative framework is provided by The Care Act 2014 whilst planning conditions are set out in the Integration & Better Care Fund policy framework for 2017-19 and associated planning guidance. Funding conditions have been imposed through NHS England’s powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). The use of the Improved Better Care Fund Grant to local government requires that local agreement over expenditure plans is reached and that the money is used only for permitted purposes. The council provided confirmation to DCLG in July

that these conditions were met and this has enabled the release of the IBCF Grant for investment as planned.

EQUALITY IMPACT

16. There are no new equality impacts to be considered.

RECOMMENDATIONS

17. The Board is asked to note the report and the assurance it provides

Signature of author/s



Matt Bowsher
Chief Officer, Adult Social Care
Dudley MBC



Neill Bucktin
Director of Commissioning
Dudley CCG

Contact officer details

Geraint Griffiths-Dale
Deputy Director of Commissioning
Dudley CCG

Dudley Health and Wellbeing Board – Wednesday 5th December 2018

Report of the Strategic Director People

Dudley Safeguarding Adults Board Annual Report 2017/18 and the Deprivation of Liberty Safeguards

<u>Purpose</u>	
1.	To present the Adult Safeguarding Board's Annual Report to the Dudley Health and Wellbeing Board.
<u>Recommendations</u>	
2.	<p>It is recommended that:-</p> <ul style="list-style-type: none"> Dudley Health and Wellbeing Board is asked to consider and comment upon Dudley Safeguarding Adults Board's Annual Report for 2017-18.
<u>Background</u>	
3.	<p>Section 43 of the Care Act 2014 requires the Local Authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing, or being at risk of abuse and neglect. Dudley Safeguarding Adults Board has been established since 2008 and works to ensure there is an appropriate response from a whole range of professionals to situations where there is actual or suspected abuse, harm or neglect. The Board considers how partners across Dudley Borough responsible for safeguarding work together and the quality of support provided to people who have been abused, neglected or harmed. The board is required to meet the following 3 statutory responsibilities. They must:</p> <ul style="list-style-type: none"> Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute Publish an annual report detailing how effective their work has been Commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.
4.	The Board benefits from senior representation from all key agencies – Dudley MBC, Clinical Commissioning Group (CCG), Dudley Group NHS Foundation Trust, West Midlands Police, Dudley and Walsall Mental Health Trust, Healthwatch and the independent sector.
5.	In 2016-17 the Board established an Executive Group to oversee the work of its subgroups. The subgroup structure consist of the following

	<ul style="list-style-type: none"> • Quality and Performance • SAR • Workforce and Development • MASH Strategic • Comms and engagement
6.	The terms of reference for these groups reflect the Board's declared priorities and are published on the local authorities website.
7.	<p>The Board had three strategic priorities for 2017-18:</p> <ul style="list-style-type: none"> • To improve service user involvement in safeguarding development. • To make safeguarding personal for the victim of abuse, harm or neglect. • To develop information in order to prevent safeguarding incidents from occurring.
8.	The annual report demonstrates the progress achieved in these priorities in 2017-18 and highlights the following themes. There is evidence of effective partnership work, Making Safeguarding Personal is embedded, there has been a 4 % increase to 97.4% of all people who have been asked about their desired outcomes have been fully or partially achieved. Additionally there are improved outcomes for individuals who have been or are at risk of financial abuse. A multi-agency development was held on 22 nd June and there is a conference on financial abuse scheduled 26 th of November, this will name (shine a light on the hidden crime of financial abuse).
9.	Our action plan to improve service user involvement in the safeguarding process focused around increased working and formal links with user organisations across the borough. Healthwatch have presented a report relating to the voice of individuals who experienced the safeguarding journey. In addition, a number of reference groups which benefit from experts by experience have been held, and the documentation reflects the requirements of the population.
10.	Much work has been done to prevent safeguarding incidents occurring (priority three). Public information has been distributed, self-neglect practice was issued and a multi-agency practice learning event was held to facilitate learning.
11.	Work with Trading Standards on financial abuse has led to the agreement of a Scams Unit to provide support to the Safeguarding Team to raise awareness about financial scams in 2017-18, this work is ongoing.
12.	During this year Safeguarding Adult Reviews (SARs) referrals have significantly increased. There are approximately 2 referrals per month being received. There were previously two SAR's commissioned, it should be noted that the learning from these relating to dysphasia have as yet not been fully embedded, this work will continue to be monitored and regular updates provided.

13.	The creation of the MASH (Multi Agency Safeguarding Hub) has made progress in 2017-18. The MASH has become the central point for all unallocated safeguarding concerns to be reviewed and a timely decision made about how and if to proceed to a section 42 enquiry. There are plans to co-locate the Adult MASH with the Children's MASH around January 2019
	<u>Deprivation of Liberty Safeguards</u>
14.	These safeguards exist to provide a legal process and suitable protection for people in residential, nursing or hospital settings where deprivation of liberty is unavoidable and in a person's own best interest.
15.	In 2014 different thresholds were applied which has resulted in a significant backlog of cases regionally.
16.	Giving judgement, Baroness Hale said: "If it would be a deprivation of my liberty to be obliged to live in a particular place, subject to constant monitoring and control, only allowed out with close supervision, and unable to move away without permission even if such an opportunity became available, then it must also be a deprivation of the liberty of a disabled person. The fact that my living arrangements are comfortable, and indeed make my life as enjoyable as it could possibly be, should make no difference. A gilded cage is still a cage."
17.	A new scheme for the Deprivation of Liberty Safeguards is currently being developed following national consultation which Dudley contributed to in 2016-17. This recognises the backlog of cases nationally. Dudley had a backlog of 952 - which was comparable to many local authorities. However, monies from none recurrent monies have been secured and this has resulted in a specialist DoLs team being employed, as a result the original backlog now stands at approximately 300 and it is projected that this will be at nil before January 2019
	<u>Finance</u>
18.	The Board is supported by the Local Authority in accordance with statutory responsibilities. West Midlands Police and Dudley CCG are also contributors to the Board.
	<u>Law</u>
19.	The annual Safeguarding Board report shows compliance with the Care Act 2014.
	<u>Equality Impact</u>
20.	The West Midlands Safeguarding Procedures are implemented within Dudley and are consistent with the Equal Opportunities Policy of the Council.

<u>Human Resources/Transformation</u>	
21.	There are no direct human resource / transformation arising from the contents of this report.

Martin Samuels

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Martin Samuels
Strategic Director People

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Appendix 1 - Dudley Safeguarding Adults Board Annual Report

Dudley Health and Wellbeing Board – Wednesday 5th December 2018

Report of the Strategic Director People

Dudley Safeguarding Childrens Board Annual Report 2017 - 2018

<u>Purpose</u>	
1.	To present the Annual Report of the Dudley Safeguarding Childrens Board (DSCB) 2017/18 for consideration and comment by the Dudley Health and Wellbeing Board.
<u>Recommendations</u>	
2.	<p>It is recommended that:</p> <ul style="list-style-type: none"> The Committee receive the DSCB Report and comment accordingly and Members acknowledge the work undertaken by the DSCB during the year.
<u>Background</u>	
3.	DSCB is a partnership that is required by regulation. The main purpose of the Board is to ensure, effective, co-ordinated multi-agency arrangements for the safeguarding of children and young people.
4.	<p>It is a statutory requirement as set out in Working Together 2015 that the DSCB publishes an annual report. Working Together 2015 states that:</p> <p><i>‘The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area. The annual report should be published in relation to the preceding financial year and should fit with local agencies’ planning, commissioning and budget cycles. The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board’</i></p>
5.	In Dudley we have, in addition to the above, always presented the annual report to the scrutiny Committee given our shared roles in scrutinising and challenging local provision.
6.	Working Together states that the annual report should ‘provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the cause of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons learned from reviews undertaken with the reporting

	period. Clearly it is important for the Scrutiny Committee to test whether the report meets these requirements when it considers the DSCB Annual Report.
	THE ANNUAL REPORT 2017/18
7.	The report being presented covers the period 1 st April 2017 through to 31 st March 2018, and concentrates on key aspects of the Board's work; notably progress made in complying to the statutory functions, the improvement plan introduced following the outcome of the 2016 Ofsted inadequate judgement, and the strategic priorities outlined in the business plan. This year's report is deliberately shorter than reports of previous years, so needs to be seen as an evaluation of the work in progress rather than a comprehensive report.
8.	<p>Given the above, this report covers the extent to which the functions of the DSCB as set out in "Working Together to Safeguard Children 2015" have been effectively discharged, and includes:</p> <ul style="list-style-type: none"> • A foreword by the Independent Chair; • A brief overview of the local area safeguarding context with some key context data; • An overview of the Board's governance and accountability arrangements; • Analysis of performance against each of the three overarching themed strategic priorities as outlined in the 2017/18 business plan, these are: <ul style="list-style-type: none"> • Strategic Priority One: Children and young people are safe from harm in the home, outside the home and online. • Strategic Priority Two: Children and Young People have access to the right service in the right place at the right time. • Strategic Priority Three - Effective partnership working and accountability to improve safeguarding outcomes for children, young people and their families.
9.	<p>The report draws on the key activities from each of the seven Sub and two task & finish groups, all are mandated by the Board to deliver many of the functions; these are:</p> <ul style="list-style-type: none"> • Performance and Quality Assurance • Workforce Development • Serious Case Review • Child Death Overview Panel • On-Line Safety • Child Sexual Exploitation and Missing • Policy and Procedures • Female Genital Mutilation (FGM)
10.	Note: along with FGM, the activities focusing on Neglect is delivered via task and finish groups, and are being aligned to other strategic groups to add to their portfolio from 1 st April 2018. Going forward these will be monitored through agreed annual updates to the Board.
11.	The final section of the report provides additional evidence to demonstrate further monitoring duties undertaken on an annual basis, these include:

	<ul style="list-style-type: none"> • Local Authority Designated Officer (LADO) • Safeguarding Lead for Education • Private Fostering Arrangements • Elective Home Education (EHE) • Prevent Duties
12.	The report summarises by reflecting on the achievements of the DSCB during the reporting period and concludes on the basis that, whilst there is evidence in some areas of business where developments are in train, progressing these will only further strengthen the existing safeguarding processes.
13.	In considering the full report, overall there is evidence of significant progress to justify that Dudley Safeguarding Children Board are complying to the statutory functions as outlined in the statutory guidance 'Working Together' 2015, have made remarkable progress in delivering the improvement plan introduced following the outcome of the 2016 Ofsted inadequate judgement, and has met most of the objectives as defined in the strategic business plan 2017/18, all of which qualifies as an effective Board.
	<u>Policy / Procurement Implications</u>
14.	The DSCB promote the inclusion of safeguarding requirements in the commissioning of services for children, young people with an expectation that contract performance arrangements will test providers performance in meeting expected safeguarding standards such as those tested through our Section 11 audit process.
	<u>Finance</u>
15.	There are no financial implications from this report. There is a financial contribution to the DSCB's budget from the core statutory partners being the local authority, the police and the Dudley Clinical Commissioning Group (DCCG).
	<u>Law</u>
16.	DSCB is a statutory partnership body. Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. As explained in 2.2 above the Annual Report must be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board. It has always been considered best practice in Dudley to include the relevant Scrutiny Committee in the presentation of the DSCB's Annual Report particularly since we share a scrutiny and challenge role in relation to safeguarding.
	<u>Equality Impact</u>
17.	An Equality Impact Assessment (of LSCB Annual Reports) is not required. It is important to emphasise that the focus of the work of the DSCB includes those groups that are deemed most vulnerable from a safeguarding perspective.

	All safeguarding performance data is collected in such a way as to identify gender, ethnicity and disability and other protected characteristics so that impact on specific groups can be monitored.
18.	The proposals in this report do not have any direct Human Resources /Transformation implications.

Martin Samuels

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Martin Samuels
Strategic Director People

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Appendices

Annual Report
DSCB Strategic Business Plan

Agenda Item no. 13

Health and Wellbeing Board Executive group- update:

The Board received a verbal report from the Chief Officer Health and Wellbeing on 2 items that have been approved by the Health and Wellbeing Board Executive group since the last meeting of the Health and Wellbeing Board.

1. Time to Change hub application
2. Better Mental health prevention Concordat

Time to Change is a campaign run by Mind and Rethink Mental Illness, which has an ambition to change how we think and act about mental health problems. A Time to Change Hub is a partnership of local organisations and people who are committed to ending mental health stigma and discrimination.

During 2016 to 2021, Time to Change are aiming to establish 16 Hubs across eight regions in England, with initial, one-off funding for 18 months of £25K to cover champion expenses and a fund pot. One Hub will be funded from the West Midlands region during 1 March 2019 to 31 August 2020.

Dudley Mind and Dudley Council have submitted have submitted a bid on behalf of the Dudley system, with Dudley Mind acting as the Hub 'coordinator' and the Health and Wellbeing Board taking the strategic role of hub host. A wide range of partners have also been brought into the wider partnership.

Hubs are expected to focus on two main areas of activity:

- Campaigning and social contact -activities can range from community and Time to Change Champion-led social contact events to tailored local social marketing campaigns.
- Embedding mental health anti-stigma work in local strategies and organisational policy

The executive agreed that the application could be submitted and that partner agencies would support the bid.

The **Better mental health prevention concordat** is being led by Public Health England in collaboration with a number of national organisations and government departments such as the Department of Health, the Local Government Association, and the Mental Health Commission. The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across local authorities, the NHS, public, private and voluntary, community and social enterprise (VCSE) sector organisations, educational settings, employers.

Areas are asked to sign up to a consensus agreement which describes a shared commitment of the organisations who sign up to it work together to prevent mental health problems and promote good mental health.

Key features of the consensus statement align to Dudley's principles in the health and wellbeing strategy to focus on prevention and integration.

The H&WBB executive agreed that the partnership would sign up to the concordat.