Meeting of the Health Select Committee
Thursday 25th April, 2024 at 6.00pm
In Committee Room 2 at the Council House, Priory Road, Dudley, DY1 1HF

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

1. Apologies for absence.

2. To report the appointment of any substitute members serving for this meeting of the Committee.

3. To receive any declarations of interest under the Members' Code of Conduct.

4. To confirm and sign the minutes of the Health Select Committee held on 28th March, 2024 (Pages 4 – 23)

5. Public Forum

6. Proposed relocation of Community Mental Health Services delivered from The Poplars, Brierley Hill – Verbal update

7. NHS Quality Accounts (Pages 24 - 31)

8. Update on the Development of the Integrated Care Partnership (Pages 32 - 47)

9. Update on the Household Support Fund (Pages 48 - 60)

10. Director of Public Health and Wellbeing – Verbal Update

11. Progress Tracker and Future Business (Pages 61 - 64)

12. To consider any questions from Members to the Chair where two clear days notice has been given to the Monitoring Officer (Council Procedure Rule 11.8).

Chief Executive
Dated: 17th April, 2024

Distribution:

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

Cc - Councillor I Bevan - Cabinet Member for Adult Social Care (Invitee)

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Minutes of the Health Select Committee
Thursday 28th March, 2024 at 6.00 pm
In Committee Room 2 at the Council House, Priory Road, Dudley

Present:
Councillor J Clinton (Chair)
Councillor R Collins (Vice-Chair)
Councillors A Aston, T Creed, K Denning, M Evans, J Foster, K Lewis and K Westwood.

Dudley MBC Officers:
Dr M Abu Affan (Director of Public Health and Wellbeing), J Edwards (Public Health Manager) and H Mills (Senior Democratic Services)

Also in attendance:
Councillor I Bevan (Cabinet Member for Public Health)
Councillor R Buttery (Cabinet Member for Children Services and Education)
Councillor S Ridney (Shadow Cabinet Member for Children's Services, Young People and Families)
Black Country Integrated Care Board - N Bucktin
Black Country Healthcare NHS Foundation Trust – K Kaur, C Green and E Aspinall
The Institute for Community Research and Development - J Rees
The What Centre – J Duffy

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47 **Apologies for absence**

Apologies for absence from the meeting were submitted on behalf of Councillors B Challenor, M Hanif, D Harley, W Little; and J Griffiths – Dudley HealthWatch (Co-opted Member).

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48 **Appointment of Substitute Members**

It was reported that Councillors T Creed, K Denning and K Lewis had been appointed to serve as substitute Members for Councillor D Harley, M Hanif and B Challenor, respectively, for this meeting of the Committee only.

49 **Declarations of Interest**

Councillor A Aston declared a pecuniary interest in any matters directly affecting his employment with West Midlands Ambulance Service.

Councillors I Bevan and K Westwood declared pecuniary interests in any matters directly affecting their employment with Dudley Group NHS Foundation Trust.

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

Councillor K Denning declared a non-pecuniary interest as a volunteer at Dudley Group NHS Foundation Trust.

50 **Minutes**

Resolved

That the minutes of the meeting held on 8th January, 2024, be approved as a correct record and signed.

51 **Public Forum**

In referring to Agenda Item No. 7 – Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley, Councillor S Ridney made comments with regard to the immense issues experienced at her local primary school, as well as all other schools in the Borough, for a child to obtain an appointment for a mental health assessment. The essential support required by children experiencing mental health issues was referred to, together with the unacceptable waiting times for children/parents to access a service.

With agreement of the Committee, the Chair invited Councillor S Ridney and J Duffy, The What Centre, to participate and contribute to the meeting during agenda items 6 and 7.

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52 **All Age Mental Health Needs Assessment**

A report of the Director of Public Health and Wellbeing was submitted on the procurement and progress of the Dudley All-Age Mental Health Needs Assessment.

The Deputy Director of The Institute for Community Research and Development at the University of Wolverhampton and Birmingham Voluntary Service Council Research Unit, who was leading on the needs assessment, was in attendance at the meeting and provided an overview of the aims, objectives and details of what the project entailed. In doing so it was commented that the assessment would cover all population groups and would provide a full picture of the mental health and wellbeing needs across Dudley, identifying any gaps in service delivery, as well as discover good practises and innovations that may benefit local residents.

It was reported that an epidemiological needs assessment would firstly be conducted which would require access to a wide range of data sets, to enable data to be benchmarked with national, regional, and comparative local authorities to establish the magnitude of mental ill-health in Dudley. A review of literature would also be undertaken, as well as comprehensive interviews with key stakeholders within the health system which would include service professionals, the Council and NHS agencies, as well as people who have had lived experience of mental health and wellbeing services. The final aspect of the assessment would be the community and voluntary sector focussed element of the research and work was ongoing to identify key people to speak with as part of focus groups which would be held face to face within community venues. It was aimed for an accessible public facing report to be produced towards the end of summer 2024, which would then feed into the Dudley Mental Health and Wellbeing Strategy.

The Director of Public Health and Wellbeing emphasised that this was a joint project in association with Black Country Healthcare NHS Foundation Trust, the Integrated Care Board and other Directorates within the Local Authority associated with social care for children and young people, to provide a system wide all age group approach. The Mental Health and

Wellbeing Strategy was envisaged to be a short strategy which would comprise two components, namely a preventative approach provided from parenting on how to keep people well and mentally healthy, with the second component for those that required mental health services and how they could access services and the pathway redesign. It was expected that the Strategy would also address waiting time issues.

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

a) In responding to a question raised by Councillor A Aston in relation to what extent patients and service users were planned to be consulted and how, the Deputy Director of The Institute for Community Research and Development suggested that this project did not have capacity to speak with a large number of people accessing services, but would contact those involved in organised or community groups. There would be an opportunity to work with the peer researchers to potentially speak with service users, however suggested that service users could be consulted by way of a consultation survey.

b) In referring to paragraph 8 of the report, Councillor R Collins expressed her disappointment that children looked after and care leaver cohorts had been omitted from the list for consideration and that their vulnerability had not been taken into account as part of the research. It was emphasised that the study covered all ages and therefore captured all cohorts, however Members input, and points made with regards to key group contacts were valued and would be taken into account.

c) Councillor R Buttery expressed her disappointment that the report on the Changes to the Children in Care Emotional Wellbeing and Mental Health Service, considered by the Children's Corporate Parenting Board Working Group on 5th October, 2023 had not been taken into consideration.

d) In responding to a question raised by Councillor R Buttery with regard to Dudley's comparative neighbours, it was commented that in terms of the assessment, comparisons would be made with local authorities across the West Midlands. There were 12 to 15 statistical neighbours based on the level of poverty and make up of population across the country, however the only statistical neighbour in the West Midlands was considered to be Walsall MBC.

e) Councillor R Buttery commented on the number of previous meetings that she had attended on similar topics and assessments that had been undertaken with no evidence of any action or outcomes achieved. The Director of Public Health and Wellbeing acknowledged the comments made, however emphasised that the report at this stage was a progress update. Further reports at every stage of the process would be presented to the Committee together with a confirmed action plan.

f) In referring to paragraph 10 of the report and in response to questions raised by Councillor M Evans in terms of when it was anticipated for the comparative benchmarking with others to be completed and what lessons had been learned so far and how did Dudley compare, it was considered that it was too early in the assessment of the data to provide this level of information. Initial findings were expected to be shared with Officers from 16th April, 2024, with subsequent detail about the data analysis to follow. Information was requested to be shared with Committee Members once available.

g) Councillor K Denning referred to the age ranges indicated in paragraph 8 of the report, in that they were not in line with the national standard, particularly for children and working age adults. The Deputy Director of The Institute for Community Research and Development advised that these were the age ranges stipulated as part of the tender, although would address accordingly.

h) Councillor K Denning referred to the wording of paragraph 30 of the report and commented that in his view poverty was not reducing and that greater number of residents were required to seek additional support in terms of foodbanks, in order to support their families. It was considered that the lack of food was a contributing factor in a person's social, emotional and mental health wellbeing. Whilst the Director of Public Health and Wellbeing acknowledged the comments made, it was emphasised that paragraph 30 related to how the report would support the Council's Borough Vision and Council Plan 2022-25 and it was envisaged that the outcomes of the assessment would contribute towards the Council's aspirations to reduce poverty.

i) Councillor S Ridney concurred with the comments raised with regard to poverty within the Borough, and whilst it was recognised to be an aspiration for the Council to address, it was evident that poverty was not reducing at any rate and contributed to the emotional welfare of the Borough's population.

j) Councillor S Ridney expressed her disappointment in the reply provided with regards to how various cohorts of people, particularly the most vulnerable and those accessing services, would be contacted as part of the assessment. It was considered that the demographics of the Borough had changed over the last 5-year period, with all wards now affected and that all residents were entitled to access and benefit from high quality health and social care support. The Deputy Director of The Institute for Community Research and Development commented that they did wish to speak with as many people as possible to establish a true reflection of the current experiences and welcomed the opportunity to speak with Elected Members to enable this.

k) The Chair, in responding to comments made by Councillor J Foster on the role of the Cabinet Members of Children's Services and Public Health and Wellbeing, together with the respective Directors, in the scrutiny of the report, commented that a joint committee of Children's Services and Health had previously been suggested to consider agenda items 6 and 7. However, at the request of the Chair, it was agreed for these items to initially be considered by the Health Select Committee with the Director and Cabinet Member for Children's Services both invited. It was later suggested that the Shadow Cabinet Member for Children's Services and the Chair of Children's Services Select Committee also be invited. Upon completion of the assessment and finalised reports, a joint meeting of both Select Committees would be arranged.

Councillor R Buttery welcomed the opportunity to attend and commented that it was not just the Local Authority that was being scrutinised as part of the two agenda items, but the NHS and health service partners also.

l) In responding to a question raised by a representative of the What Centre, the Deputy Director of The Institute for Community Research and Development gave assurance that the Voluntary Sector would form an integral part of the research, with The What Centre included on the list of consultees.

Resolved

(1) That the All-Age Mental Health Needs Assessment proposals and timescale, as outlined in the report and presented at the meeting, be noted.

(2) That Initial findings and data analysis from the assessment, to be shared with Committee Members once available.

(3) That a joint meeting of the Children's Services Select Committee and Health Select Committee be considered for the 2024/25 municipal year upon complete of the assessment and finalised reports.

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53 **Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley**

Members considered a joint report of the Director of Public Health and Wellbeing, the Chief Strategy and Partnership Officer – Black Country Healthcare NHS Foundation Trust (BCHFT) and the Managing Director of Dudley – Black Country Integrated Care Board (ICB), on the collaborative working across Dudley between public sector organisations and the community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people.

An outline of the current mental health and wellbeing needs in the borough was provided, together with the current interventions and mental health services available. An explanation of the THRIVE framework which had now been adopted was also presented.

It was reported that working relations and partnerships had significantly improved, with working arrangements collaboratively aligned. It was recognised that mental health was fundamental to the outcomes of a person's life and that early prevention and intervention, namely the 1st 1001 days of a person's life was considered crucial.

In referring to statistical benchmarking it was acknowledged that Dudley was in line with national figures and achieved better in some respects than neighbouring authorities. It was recognised nationally, as well as within the Dudley Borough, that there had been a sharp increase in attendance difficulties in schools reported since Covid-19, with a key absence factor being in relation to an increase in emotional and mental health issues and it was evident that some cohorts of children and young people were more vulnerable and perceptive to experience mental health issues than others.

The Thrive framework was reported to be a systems approach to look at how children and young people's mental health and wellbeing could be supported. It was acknowledged that previously it would be suggested and considered that all cases be referred to Child and Adolescent Mental Health Services (CAMHS). However, THRIVE was considered to be a much broader and whole approach in addressing and improving mental health and wellbeing, and was based on five needs led groups around supporting children and young people to thrive. THRIVE provided consistency for families as all service partners would be using the same terminology and had access to consistent information. It was further reported that targets support would be more tailored to a person's needs.

It was considered that the needs led assessment, discussed during Agenda Item no. 6, would play a vital role in identifying any gaps in service delivery, as well as, identifying where additional funding or focus may be required to address the needs of Dudley residents and determine what the future need may look like.

In concluding the presentation, it was reported that the strategic group had now been re-established and renamed Dudley Strategic Infant, Children and Young People's Emotional Mental Health and Wellbeing Group. The Group would be co-chaired between Dudley's Public Health and the BCHFT, and comprised a broad membership to address all aspects of emotional and mental health.

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

a) Councillor J Foster commented positively on the report, however was of the view that the inclusion of data in relation to waiting times would have been beneficial for the Committee to scrutinise. Councillor J Foster also referred to the outcomes that were reported as being good and requested if information was available in terms of those that re-entered services.

In response, the Chief Nursing Officer provided the current average waiting times for access to the following services, however emphasised that these were subject to regular change:-

- What Centre – Average wait was 7 weeks, with a current waiting list of 80 people. The target waiting time was 4 weeks.
- Barnardo's child sexual abuse service – Average wait was 15 weeks, with a current waiting list of less than 10 people. The target waiting time was 18 weeks.
- Phase Trust Emotional and Wellbeing Service – Average waiting time was 5 weeks, with a current waiting list of 34 people. The target waiting time was 8 weeks.
- Edward's Trust Service – Average wait was 4 to 6 weeks, however there was no current waiting list.
- Specialist CAMHS – Average waiting time for 1st assessment was 4 weeks. It was reported that there had been a 230% increase in referrals, with 50% of those assessments waiting for Neurodiversity, Autism or Attention Deficit Hyperactivity Disorder (ADHD) investigations and 55% were referrals made by schools.

It was commented that a small nominal and below national average number of patients were re-referred within 12 months. It was also emphasised that specialist requirements such as eating disorders were urgently referred within 7 days, a target which was consistently achieved. Whilst it was recognised that the lived experience in the community and demand differed, the trajectory to meet demand was being achieved.

It was requested that the information presented verbally at the meeting and the quality data to support the narrative of the report, be provided in writing following the meeting and also included in all future reports.

b) In response to a question raised by Councillor R Collins with regards to the timeframe from assessment to treatment for a person with suspected ADHD or Autism, it was recognised that the majority of increased referrals were in relation to this cohort. It was reported that neurodevelopment did not necessarily mean a mental health issue or need, and how this was managed was different across the four areas of the Black Country. In Dudley it was within the remit of CAMHS. Across the whole of the Country there were multiple year waits for a diagnosis which was a real issue.

It was reported that a programme of work, focussed on children and young people's autism diagnostic services had commenced, to develop an understanding of current numbers and specific waits, as well as to identify the opportunity for improvements. It was recognised that it would not be an easy or quick fix and would require a lot of money and resource to address, and there was a real need to think differently in terms of pre and post support, which was considered equally as important as a diagnosis. It was further reported that waiting lists were live and fluctuated, particularly as patients who had comorbidity were treated as a priority and would be placed at the top of the waiting list, which subsequently impacted on those already waiting.

c) Arising from further questions raised by Councillor R Collins it was confirmed that children looked after would be considered within the comorbidity cohort and that the recommendations from the Children and Young People Autism Diagnostic work would be completed by June, which would then be shared with all partnership boards. Therefore it was anticipated that there would be no changes or impact to waiting times for at least 8 to 12 months.

d) Councillor R Collins referred to the WYSA AI Coach App and requested clarification to how this could be accessed by families as an access code was required. In response it was confirmed that a link to the App was available on the BCHFT website, although the location was under review. The mental health support team were also aware of the App and shared the information with schools when visiting. Meetings had also been held with Headteachers and consortiums to raise awareness of the support App.

It was requested that a link to the WYSA App be circulated to Members following the meeting.

e) Councillor R Collins referred to the online support application known as KOOTH, which had been subject to some controversy across the country with regards to advice and guidance provided in relation to gender dysphoria and requested clarification as to who would be liable should a child or young person come to harm as a result of using that application.

In response, it was commented that from a commissioning perspective, there had been no quality surveillance issues raised with regards to the provider and no investigations were being untaken. Whilst it was recognised that there had been some negative media regarding the application, no quality concerns had been raised and it was considered that providing information to navigate and explore that aspect did not hit the threshold for liability, permitted that the information was current and in line with national guidance, as well as in keeping with informed choices to support the individual.

f) In responding to a question raised by Councillor M Evans with regard to what areas Dudley were not achieving as well in comparison with neighbouring authorities and what action plan had been put in place to address that, it was commented that an area of concern was in respect to school absences and that a lot of work had been done by Public Health and the Education Outcomes team in Children's Services to improve attendances, as Dudley's absences were recorded to be much higher than anywhere else. It was recognised that this was impacted by the increased number of emotional and mental health issues experienced by the child or a parent, as well as an increase in elective home education. Work was ongoing to address the issue and a written response following consultation with the Children Social Care team would be provided in terms of what was being done and when the issue would likely be fully addressed.

In commenting on the same topic, Councillor R Buttery advised the Committee that the Local Authority was unable to access the home of an elective home educated child, unless there was a clear safeguarding need, in which case a Social Worker would then be able to intervene. Ensuring a child remained in a School environment was paramount and therefore it was vital for the CAMHS service and other early intervention and prevention support to be readily available and accessible within a reasonable timeframe to achieve this aspiration.

g) Councillor R Buttery referred to the successful opening of five Family Hubs within the Borough and the positive impact they had within the community in terms of providing families with early intervention and prevention support. The Family Hubs had supported the NHS in terms of reducing the Did Not Attend (DNA) rates, increasing engagement and a reduction in the number of children going into care had been identified. It was commented that the Hubs were currently funded by the Government for a period of three years and assurance was requested from the ICB that there would be a commitment for that funding to continue moving forward. It was emphasised that funding would cease within 12 months and that the fundamental support of Family Hubs had been referred to frequently throughout the report, therefore a prompt commitment from the NHS was required to avoid closure of the Hubs and the loss of a valuable service in order to address early intervention and prevention.

In responding, the Dudley Managing Director, ICB advised that regular reports on the progress of the Family Hubs were considered by the Children and Young People's Partnership Board and the Health and Care Partnership Board. An early evaluation of the service was required to enable a decision to be made on the future investment requirements. An initial report had been considered by the Board and further reports, together with an evaluation from the Children's Services Directorate, was expected before a formal decision in terms of investment would be agreed.

h) Councillor K Denning also commented on the lack of data included in the report to help the Committee consider the impact.

i) In responding to questions raised by Councillor K Denning with regard to the amalgamation of the mental health services and the age range in which CAMHS worked and why there was no mental health car in the Black Country, it was confirmed that as a result of the amalgamation and to bring CAMHS in line with best practise, the model had been extended up to the age of 18 years.

With regard to the Black Country Mental Health Car, it was confirmed that a car was initially commissioned several years ago, however West Midlands Ambulance Service withdrew from the contract, as the activity levels across the Black Country did not warrant the service, therefore the service was decommissioned.

As part of the national programme, an alternative model had been developed and was currently being piloted, namely the Community Response model, which worked in conjunction with West Midlands Police and Ambulance Service when an urgent mental health crisis was identified at a scene.

Data and outcomes on how the new model supported West Midlands Police and Ambulance Service was requested to be provided once available.

j) In response to a further question by Councillor K Denning in regard to BCHFT's interface with Local GP's, it was acknowledged that there had previously been an issue, which was recognised nationally. Primary Care Mental Health workers had now been introduced across the Black Country which were embedded into primary care networks to bridge the gap between Primary Care and Secondary Mental Health Care. Primarily they had been introduced for Adult Mental Health Services, although Children and Young People services were now being piloted.

k) Councillor K Westwood sought clarification with regards to paragraph 25 of the report, in particular referring to Senior Mental Health Leads in Schools and the DfE accredited training offered to all eligible state-funded schools and how this would impact Academy Trusts. In response, the Committee were advised that the national training was offered to all schools in the borough regardless of their category status. A list of those schools that had accepted the offer of training, together with a list of those schools with a Senior Mental Health Lead was requested to be circulated to all Members of the Committee.

l) In responding to a comment made by Councillor J Foster with regard to the cohort of people which may be disproportionately impacted by mental health, in particular referring to the children looked after cohort, it was recognised that with every outcome, whether it be dental, medical or psychological, it was recognised that children looked after did struggle and therefore it was vital that that special group had the best chance in life.

m) In response to a request for further information from Councillor J Foster with regard to the emerging evidence that suggested other key risk factors that contributed to poor mental health, in particular the reference made to Climate Change, it was commented that children and young people were at the start of their life journey and were more exposed and aware of the effects of climate change, which when looking at what the future may hold for them and hearing the news in relation to the impact of climate change, it was evidenced to be a factor which caused increased concern and anxiety.

n) Councillor A Aston referred to paragraph 32 of the report and whilst it was recognised and acknowledged that the Accident and Emergency Department (A&E) was not the best place for anyone experiencing a mental health crisis, the report referred to when a home intervention was not clinically appropriate, a patient would then be advised to attend A&E and questioned whether that was a clinical or capacity decision.

In response, it was commented that an urgent appointment at home or another safe space would always be offered, unless a child or young person had taken an overdose or inflicted harm upon themselves, which they would then be advised to go to A&E. It was also suggested that should there be any previous events of harm for that person, then they too would automatically be referred to A&E.

Arising from a supplementary question by Councillor J Foster with regards to how long it would take for the child to be assessed under these circumstances at A&E and whether they would have an overriding priority, it was commented that there were specialist staff within A&E who work as part of the liaison officers and there were people that would attend peripatetically if there was a specific A&E that needed support. If an adult presented at A&E experiencing a mental health crisis, they should be seen within 1 hour. For a child they should be seen within 2 hours and have an assessment completed within 4 hours, however this was subject to how emotionally distressed the child was and the time it had taken to calm them down. It was further commented that the Barnardo's Project was also within reach of A&E, together with children workers to provide support. Every effort would be made not to admit a child permitted that it was safe not to and that alternative substantial wrap around support was available within the community. Data on performance of the service would be provided at a future meeting.

o) In responding to a question raised by Councillor S Ridney with regard to whether or not the family situation as a whole was taken into account when assessing an adult's mental health, the Chief Nurse commented that during her short time working within the Black Country she had seen some integrated working particular within the MASH services, and good outcomes had been identified from that work. When an at-risk family was identified, strategy meetings were arranged initially to discuss specific needs, however it was recognised that there was much more that needed to be done to improve in this area. It was commented that she had lobbied for a talking therapy plus model to be implemented which would offer parenting and family support, however this had not yet been achieved.

p) In response to a further question raised by Councillor S Ridney in relation to whether enough bereavement counselling for families was provided, particularly children, it was commented that bereavement services were available within the talking therapy services as well as through Phase Trust and Edwards Trust and children were currently being seen quite rapidly, within a 5 week period.

q) Arising from a question raised by Councillor K Lewis with regard to the whole process that would be experienced for a child referred for an Autism assessment, it was agreed, due to the complexity of the process, that a flow chart of the complete journey be provided following the meeting.

r) Councillor R Buttery referred to paragraph 15 of the report and the reference made to the low number of young people admitted to hospital as a result of self-harm and questioned if there was a reason for this, particularly when Dudley was higher in all other data aspects than statistical neighbours and the region. It was commented that the Black Country had a well-developed crisis offer which contributed to the low numbers. A request had been made to the Tier 4 Collaborative Provider for measures to be implemented that could be monitored to ensure that patients were not being left in the community too long and that detention rates were not higher. Data would be included in all future reports submitted to the Childrens and Young People's Group.

Resolved

(1) That the joint report on the collaborative work across Dudley between the public sector organisations, community and voluntary sector to improve the emotional health and wellbeing of infants, children and young people, be received and noted.

(2) That the implementation of the THRIVE framework in Dudley, as an evidence-based approach to address mental health and wellbeing needs, be supported.

(3) The assurance that partners were working collaboratively to address the mental health and wellbeing needs of Dudley's infants, children and young people in line with evidence-based best practice, be noted.

(4) That Black Country Healthcare NHS Foundation Trust provide the following information, which is to be circulated to all Members of the Select Committee:-

- Performance quality data to support the narrative of the report submitted, which is to be included in all future reports moving forward.

- A link to the WYSA website.

- Data and outcomes on how the new Community Response model supported West Midlands Police and Ambulance Service.

- Performance data in relation to CAMHS Crisis Intervention and Home Intervention, to include the waiting and assessment time for children and young people that attend A&E.

- A flow chart identifying the complete journey of a child referred for a neurodiversity assessment.

54 **Development of Dudley's Integrated Model of Health and Care**

A report of the Dudley Managing Director – Black Country Integrated Care Board (ICB) was submitted to provide an update on the current position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust (DIHC) and the development of integrated care pathways.

During the presentation it was reported that the DIHC would be dissolved by the Secretary of State on 1st July, 2024 and the existing services would all transfer to the perspective providers with the exception of one service, namely the School Health Advisor Service, which would transfer to Shropshire Community Health NHS Trust from 1st April, 2024.

It was further reported that the work undertaken by the Integrated Pathways Group had now concluded and the responsibility for the future development of pathways would be transferred and considered by the most appropriate group within the health and system, as indicated in Appendix 1 of the report.

Arising from the presentation of the report and in response to questions raised by Councillor R Collins as to whether the transfer of services could destabilise the mental health process as referred to in the previous agenda items, it was confirmed that there would be no change in the way services were delivered and all transfers should result in either an equal or better experience for patients.

Resolved

That the position in relation to the future delivery of services provided by Dudley Integrated Health and Care NHS Trust and the development of integrated pathways, be noted.

55 **Update from the Director of Public Health**

Progress of Poverty Proofing the School Day

A progress update was provided on the poverty proofing the school day pilot programme which was approved to be piloted from November 2023 to May 2024.

It was reported that eight schools had been selected to participate based on their commitment to the scheme, their geographical location and deprivation data. The good practices that were already implemented by the participating schools were outlined, together with suggested recommendations from completed audits which included promoting how the school could support families with financial matters and implementing an annual calendar which provided ample warning of trips and charity days to enable families to plan ahead.

The next steps and future plans were highlighted and it was stated that a full report of the key findings including best practises, ideas and recommendations would be shared with the Committee and the school population. It was also noted that one of Dudley's primary schools had already purchased the Children North East programme from their own school funds.

In responding to a question raised with regard to the list of schools, in particular Ham Dingle School, which was considered to be located within an affluent area in the Borough and the reasons why these would be eligible to partake in the pilot, it was commented that other schools within the Borough with higher deprivation had initially been asked, however they had declined the offer to participate.

Councillor R Buttery, whilst welcomed the report, was of the view that teachers were already overwhelmed without the additional pressure of providing financial advice to parents and questioned whether as part of the North East Programme a representative from Christians Against Poverty (CAP) or the Citizen Advice Bureau (CAB) or a similar service would be able to provide a free session for parents that may be experiencing financial difficulties. The Public Health Manager commented that the request for support on financial advice had been recommended as part of the audit and was not necessarily something that needed to be provided as part of the programme. It would however be something that would be looked at collaboratively with partners to see if or how it could be implemented and the suggestion of involving CAP and CAB, would be taken into consideration by the Poverty Steering Strategy Group.

<u>Pensnett and Brockmoor Project</u>

The Director of Public Health and Wellbeing provided an update on the Pensnett and Brockmoor project and reported that an engagement event had been held on 26th January, 2024 with a number of actions identified which included the need to develop peer support groups or community champions for physical activity to help shift mindset and stigma around obesity and to develop hubs for men to connect. It was emphasised that the priority was to address childhood obesity and an engagement event with parents and children was planned for May 2024 at the three primary schools within the ward, to help develop an understanding in terms of the barriers.

It was further reported that cost of living hubs had been extended until the end of May 2024 across the whole Borough and the household support fund had extended until September 2024 and new plans for distribution were being developed.

Councillor J Foster commented positively on the update, in particular the work of the family hubs and the number of vouchers that had been issued to support families, however requested an update as to whether there had been an improvement to the appointment system as raised at the previous meeting. The Director of Public Health and Wellbeing confirmed that they were looking to address the appointments issue by leaving some availability for walk-ins.

In response to a further request by Councillor J Foster on an update in relation to High Oak, it was confirmed that there was no further update at this time.

Resolved

That the verbal update be received and noted.

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56 **Health Select Committee Progress Tracker and Future Business**

As a general comment and moving forward into the next municipal year Councillor J Foster requested that data performance of NHS partners and the Local Authority be included for consideration at future meetings. It was considered that the business of the Committee should be focussed on hard evidence which identified areas where outcomes were not being achieved, the Committee should then be undertaking a deep dive to address the issues.

In referring to the items of business discussed during the meeting in relation the Children and Young People's Mental Health and the overlap in remit with the Children's Services Select Committee, the Chair suggested that a future joint meeting of both Select Committees be arranged.

Resolved

(1) That the Health Select Committee progress tracker and future business, be noted.

(2) That the inclusion of performance data agenda items for future meetings, be considered.

(3) That the need for a joint meeting of the Children's Services Select Committee and Health Select Committee to scrutinise future reports on Children and Young People's Mental Health, be considered for the 2024/25 municipal year.

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57 **Questions under Council Procedure Rule 11.8**

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

The meeting ended at 8:23 pm

CHAIR

Meeting of the Public Health Select Committee - 25th April 2024

Report of the Director of Public Health and Wellbeing

NHS Quality Accounts 2023-4

Purpose of report

1. To consider the draft Quality Reports and Accounts of NHS providers for 2023/24 and the priorities set out for their services for the forthcoming year.

Recommendations

2. It is recommended that the Committee:-
   - Notes the contents of report and appendices to the report circulated;
   - Provide feedback and comments on the draft quality reports and accounts of NHS providers.

Background

3. A Quality Account (QA) is a public report, published annually by healthcare providers about the quality of its services and its plans for improvement with the aim of enhancing accountability, and supporting the local quality improvement agenda. Providers are required to publish their QAs for the previous year (April 1st of the previous year to end of March 31st) on the National Health Services Choices website by June of each year. Under The National Health Service (Quality Accounts) Regulations 2010, healthcare providers are required to present a draft of their QA document to local authority Overview and Scrutiny Committees or equivalent by 30th April.

4. Members are requested to note their contents in advance of the Public Health Select Committee meeting on 25th April 2024. At the meeting, a senior representative from each NHS organisation attending will present a summary of their QAs to Members who will have the opportunity to ask

questions about them. Support and guidance about what Members may wish to focus particular attention on has been provided by Public Health Officers in the accompanying Quality Accounts Checklist. NHS partners will give due consideration to incorporating any feedback into the final version.

5. Members may also wish to provide a short statement to each NHS organisation immediately after the Public Health Select Committee meeting on 25th April to endorse them and/or highlight particular points of praise or concern in the provider's Quality Accounts. Providers may wish to include these statements in the final version of their Quality Accounts. Final versions of the QAs will be circulated to Members electronically.

Finance

6. The costs of operating the Council's scrutiny structure are contained within existing budgetary allocations. There are no direct financial implications arising from the report.

Law

7. NHS Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts.

8. Under The National Health Service (Quality Accounts) Regulations 2010, healthcare providers are required to present a draft of their QA document to local authority Overview and Scrutiny Committees or equivalent by 30th April.

Risk Management

9. The Quality Accounts are reports from external providers and any risks listed should be included on the NHS provider risk register.

Equality Impact

10. Quality Accounts can be seen as contributing to the equality agenda in the pursuit of improving care for all. This implies a challenge to ensure that services meet the needs of all sectors of the community to make this an even greater reality in Dudley.

Human Resources/Organisational Development

11. Human resources and organisational development implications for NHS Providers may be addressed within each respective draft QA report.

Commercial/Procurement

12. Commercial/Procurement implications for NHS Providers may be addressed within each respective draft QA report.

Environment/Climate Change

13. Environmental and climate change implications for NHS Providers may be addressed within each respective draft QA report.

Council Priorities and Projects

14. The Dudley Borough Vision refers to building stronger, safer and more resilient communities and protecting our residents' physical, and emotional health for the future. This includes monitoring and scrutinising the impact of local services on the health, wellbeing and safety of the Borough's citizens.

Director of Public Health Mayada Abuaffan

Report Author: Dr David Pitches
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Appendices
Appendix 1 - A guide for Members that provides suggestions on what to look for when appraising Quality Accounts.

List of Background papers
Draft Quality Accounts for 2023-4 for the following providers of NHS services to residents of Dudley have been circulated to Members separately:

- Dudley Group NHS Foundation Trust
- West Midlands Ambulance Service

Appendix 1

What is an NHS Quality Account?

A Quality Account is a report about the quality of services provided by NHS healthcare services, excepting primary and continuing healthcare. The report is published annually by each NHS healthcare provider and made available to the public.

What is included in an NHS Quality Account?

- A statement from the Board (or equivalent) of the organisation summarising the quality of NHS services provided;
- The organisation's priorities for quality improvement for the coming financial year;
- A series of statements from the Board;
- A review of the quality of services in the organisation.

Quality Accounts from different organisations will all differ slightly. Below is a description of what is usually included in a Quality Account, with definitions of key terms and questions that Members may wish to consider when scrutinising them.

At least three priorities for improvement

Looking back – Quality Accounts will likely include a review of the previous year's priorities, the rationale for inclusion and the progress made against them

Looking forward – Organisations must decide on at least three areas where they are planning to improve the quality of their services in the upcoming financial year.

Questions to consider:

1. *Do the provider's priorities match with those of the public?*
2. *Has the provider omitted any major issues (particularly ones of importance to your constituents)?*
3. *Has the provider demonstrated they have involved patients and the public in the production of the Quality Account?*

Review of services

This will include information on what services are provided. These are often reviewed against three quality domains:

- Patient safety – having the right systems and staff in place to minimise the risk of harm to patients and being open and honest and learning from mistakes if things do go wrong.
- Clinical effectiveness – the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients.
- Patient experience – what the process of receiving care feels like for the patient, their family and carers.

Question to consider:

4. *Does the description of health care in the Quality Accounts resonate with the experience of local people accessing the service recently?*
5. *How is the organisation capturing learning from complaints and ensuring that it is being used effectively to improve services?*

Providers are asked to demonstrate or measure quality in the following ways.

Indicators of quality

Quality indicators are standardised, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

NHS providers are required to report on a prescribed set of quality indicators in their Quality Accounts. There are fifteen quality indicators, covering five domains of quality:

Domain 1 - Preventing people from dying prematurely
Domain 2 - Enhancing quality of life for people with long-term conditions
Domain 3 - Helping people to recover from episodes of ill health or following injury
Domain 4 - Ensuring people have a positive experience of care
Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

Trusts only have to report on those that are relevant to the services they provide. As all NHS trusts report against these quality indicators in a standardised way, they provide a useful way for trusts to compare their performance against the national average. However, some indicators should be interpreted with particular caution, for example the Summary Hospital-level Mortality Indicator (SHMI) (see guidance). There may be justifiable reasons that a trust appears to be performing outside of where the average range of values lies.

Question to consider:

6. *Where a trust is performing below or worse than national average for a quality indicator, what explanation has been given?*

Clinical audit

Clinical audit is a way of providers finding out whether they are doing what they should be doing by reviewing how well they are following guidelines and applying best practice.

These may be national, e.g. Royal College of Emergency Medicine Fractured Neck of Femur audit. This looks at whether patients coming to Accident & Emergency departments with a broken hip are treated in a timely way and in accordance with national guidelines. National audits allow providers to compare themselves with other services across the country.

Local audits are conducted by the organisation itself. Here they evaluate aspects of care that the healthcare professionals themselves have selected as being important to their team.

Providers are expected to make statements on their participation in clinical audit in their Quality Accounts. This demonstrates the healthcare provider is concerned with monitoring the quality of their services and improving the healthcare provided.

Question to consider:

7. *How is the organisation capturing learning from audit and ensuring that it is being used effectively to improve services?*

Clinical Research

Clinical research evaluates treatments or compares alternative treatments when there is uncertainty about what the best way of treating or managing patients is. Clinical research is a central part of the NHS, as it's through research that the NHS is able to offer new treatments and improve people's health.

Providers are expected to make statements on their participation in clinical research to demonstrate they are actively working to improve the drugs and treatments offered to their patients.

Statements from the Care Quality Commission (CQC)

The CQC is responsible for ensuring health and social care services meet essential standards of quality and safety. Healthcare providers must register their service with the CQC or they will not be allowed to operate. A statement must be provided in the Quality Account about a providers CQC registration. They must also give information on what reviews or investigations the provider has taken part in and what the CQC said about the provider.

Data quality statements

Organisations need to collect accurate data so they can define the quality of the services they provide. The statements in the data accuracy section are designed to give an indication of the quality and accuracy of the information an organisation collects. Organisations are asked to give statements on:

- The percentage of patient records held by an organisation that include a patient’s valid NHS number and General Medical Practice Code
- The score that a provider achieved after a self-assessment. Organisations use the Information Governance Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes used in the organisation to collect data.
- The third statement provides information on the number of errors introduced into a patient's notes.

Additional question to consider

8. *Dudley Council's three core priorities (Grow the economy and create jobs, Create a cleaner and greener place, and Support stronger and safer communities) all impact on health, either directly or indirectly. Does the organisation bring any wider benefits to the population of Dudley that align with these priorities?*

Dr. David Pitches, Head of Healthcare Public Health and Consultant in Public Health, DMBC

Agenda Item No. 8

Meeting of the Health Select Committee – 25th April 2024

Report of the Integrated Care Partnership (ICP) Meeting

Update on the development of the Integrated Care Partnership

Purpose of report

1. To update the Committee on the development of our Integrated Care Partnership highlighting progress to date.

Recommendations

2. It is recommended: -

    - The committee is asked to take note of progress to date.

Background

3. The meeting held on the 18th January was the third meeting of the Black Country Integrated Care Partnership (ICP) and the first in public – a report summarising the discussion is included in the Appendices.
This report sets out the key points of discussion and the subsequent publishing of the refreshed Integrated Care Strategy guidance.

Terms of Reference

4. The Terms of reference were formally signed off. They include the LA membership that the partnership has agreed as set out below:

ICP CX / Director representative	**LA lead**
Lead Chief Executive	**Sandwell**
Substitute	Walsall
Lead Director for Adult Social Services	**Walsall**
Substitute	Wolverhampton
Lead Director for Childrens Services	**Dudley**
Substitute	Sandwell
Lead Director for Public Health	**Wolverhampton**
Substitute	Dudley

5. In addition to LA membership the TOR also include 4 members from the ICB and 4 wider partner members drawn from Fire, Police, Academia and Voluntary Sector infrastructure organisations.

6. The full terms of reference are attached as Appendix 2 to the report.

ICP Strategy Forums

7. The Partnership considered the role of the ICP Strategy forums (listed below).

Prevention and Personalisation Forum – Chaired by Dr Mayada Abu-Affan
Refugee and Migrant Forum – Chaired by Dr Nadia Ingliss
Health Inequalities Forum – Chaired by Dr Salma Reehana
Health and Housing Forum – Chaired by Connie Jennings (whg – Director)
Black Country Anchor Institutions Network – Chaired by Taps Mtemachani

8. The primary role of the forums are to support the ICP to co-develop strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also reviewed alongside an initial set of objectives which will be further refined with the support of the Academy. The strategy forums will be reviewed in July to determine whether they are achieving the objectives.

Population Outcomes Framework

9. The Partnership discussed the development of the population outcomes framework and suggested that further work be done through each of the Places to ensure that the framework delivers against local expectations.

WorkWell Vanguard Bid

10. The Work Well vanguard bid was submitted on 22nd of January and sets out a proposal from the ICS to support local residents into employment. This is particularly aimed at people with long term conditions. The Bid builds on some of the great work led by Black Country NHS Foundation Trust through the Thrive Programme and brings in some of the contribution of wider Anchor partner including social housing. The outcome of this bid will be informed in April.

Accelerating Social Care Reform Bid

11. The Accelerating Reform Fund is designed to promote partnership across local areas, as well as the sharing of learning and best practice nationally from the Department of Health. If successful, the Black Country will receive an allocation of £300 thousand and each of the four local authorities receiving tops-up based on the usual adult social care relative needs formula. The bid submitted by the ICS is based on supporting unpaid carers through digital innovations (app-based technology). The bid weas submitted in January and the lead LA on this is Walsall. The outcome is imminent.

Integrated Care Strategy Guidance

12. Refreshed national guidance for Integrated Care Partnerships (ICPs) on preparing Integrated Care Strategies (ICSt) was published on 1 February. It is available here: https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies. Some key points from the Guidance include:

Overall, the “feel” of the document is of a deepening of the direction established in the first guidance document.

13. Additional guidance on localised decision-making at place level, including how place-level plans and strategies (including shared outcomes frameworks) should shape the integrated care strategy is included. The integrated care strategy should complement the production of local strategies, identifying where needs could be better addressed at ICS level, bringing learning from across places and the system to drive improvement and innovation. Alignment between system and place level strategies and plans should be the aim and the ICP must consider refreshing the ICSt when it receives a new joint strategic needs assessment.

14. Greater clarity on the opportunity for integrated care strategies to consider the wider determinants of health in setting the overall direction for the system (for example, housing and crime) and health-related services (services that are not directly health or social care services but could have an impact on health)

15. ICPs should involve chairs of health and wellbeing boards and local authority directors, statutory safeguarding partners in the production of the integrated care strategy.

16. Strong emphasis on the expectation for ICPs to promote widespread involvement with people and communities when developing their integrated care strategies, including engagement with voluntary sector organisations, and consideration of:

    - inclusion health groups
    - seldom heard voices
    - groups that may be routinely missed in needs assessments important life phases and transition points (such as childhood to adulthood)

17. CQC’s reviews will assess how the ICSt is used to inform the commissioning and provision of quality and safe services across all partners within the ICS.

18. The impact of the refreshed guidance will be discussed at the next ICP meeting on the 11th of April.

19. A successful ICP will have contributed to:
    - Improved population health outcomes
    - Addressing inequalities
    - Ensuring VFM, sustainability and productivity
    - Supporting broader socio-economic development

Finance

20. A report taken to the ICB System Development Committee advised that consideration would need to be given to the adequate resourcing of the ICP and its attendant workstreams.

Law

21. Not Applicable.

Risk Management

22. There is a legal requirement for the Integrated Care Board to jointly form an Integrated Care Partnership (ICP) with Local Authorities.

Equality Impact

23. No equality impacts have been identified.

24. No equality impacts have been identified.

25. One of the priority areas the ICP has identified is Children and Families. Further work is being done to better understand what deliverables will sit within that broad area.

Human Resources/Organisational Development

26. A report taken to the ICB System Development Committee advised that consideration would need to be given to the adequate resourcing of the ICP and its attendant workstreams.

Commercial/Procurement

27. Not Applicable.

Environment/Climate Change

28. Not Applicable.

Council Priorities and Projects

29. The current priorities within the Integrated Care Partnership are as below;

    - Mental Health & Emotional Wellbeing
    - Children & Young people
    - Adult social Care
    - Workforce

    Work is also being carried out to take to the next Integrated Care Partnership Meeting around the Place Based Partnership terms of reference to see if they align to the ICP. There is also consideration being given to how the ICP could add value to the work of Health and Wellbeing Boards and Scrutiny.

Tapiwa Mtemachani
Director of Transformation Partnerships & Population Health Academy
tapiwa.mtemachani@nhs.net

Appendices

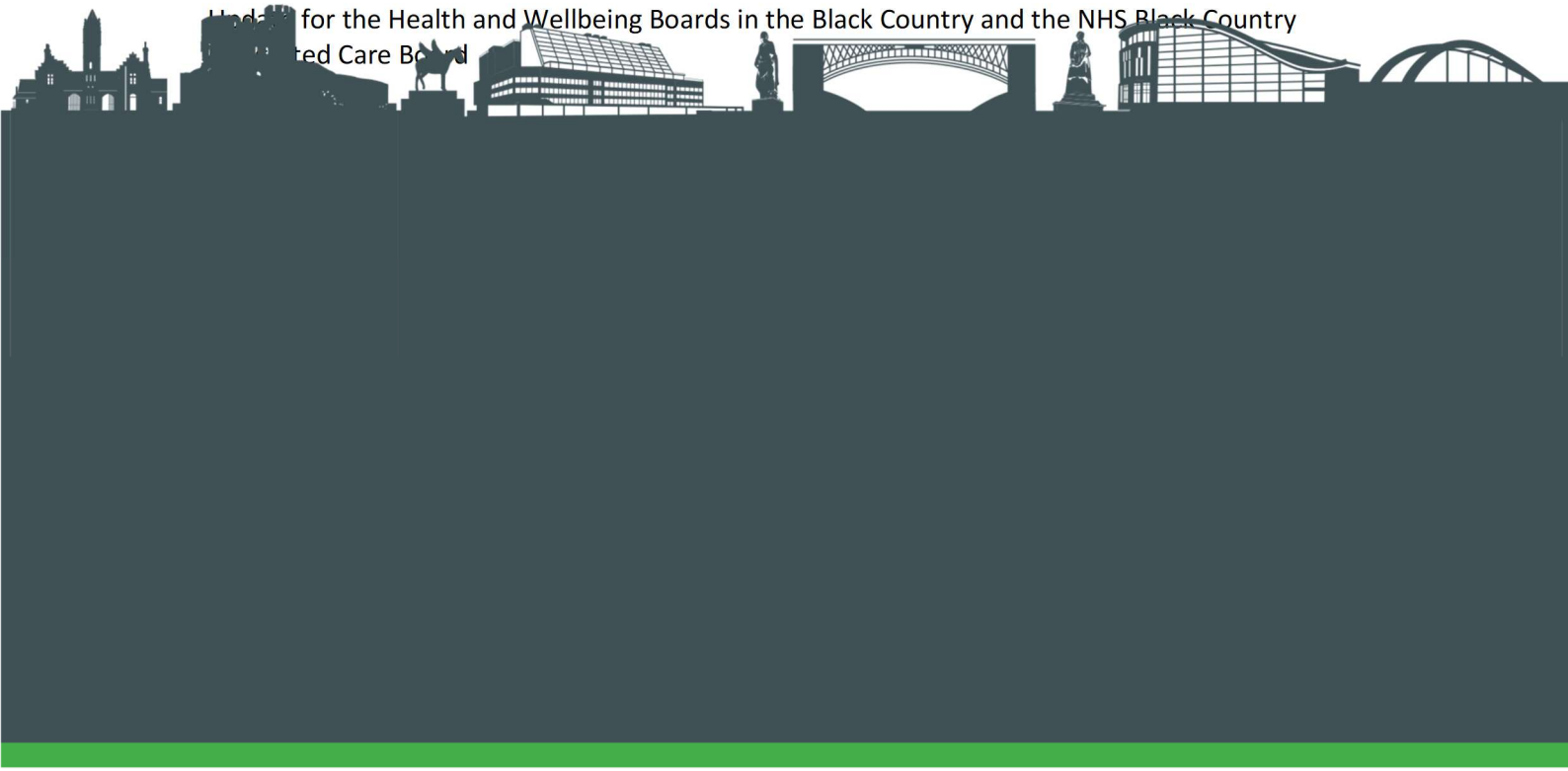
- *Appendix 1 – Black Country Integrated Care Partnership Meeting*
- *Appendix 2 – Black Country Integrated Care Partnership Terms of Reference*

Healthier Futures
Black Country Integrated Care System

Black Country Integrated Care Partnership Meeting

Thursday 18th January 2024

Updates for the Health and Wellbeing Boards in the Black Country and the NHS Black Country Integrated Care Board



1.0 Introduction

The meeting held on the 18th January was the third meeting of the Black Country Integrated Care Partnership (ICP) and the first in public. The notes of the meeting are intended to be shared both with partners and with the Health and Wellbeing Boards (HWBs) across the Black Country, so that they are sighted on the aims, ambitions, and progress of the ICP. Plus, importantly, how the ICP is intended to complement the ongoing activities of the HWBs.

2.0 Black Country Integrated Care Partnership Terms of Reference

The ICP met in private in October and then again in December 2023 resulting in partners drafting a term of reference which were then formally signed off during this meeting. The Terms of reference are available here.

3.0 Integrated Care Partnership Strategy Forum

The Partnership considered the role of the ICP Strategy forums, listed below, based on a paper presented by the ICB Director of Transformation and Partnership. The paper set out the role of the forums in supporting the ICP to co-develop strategy with a broad range of partners across each of our Places. The terms of references for each of the forums were also included alongside an initial set of objectives which will be further refined with the support of the Academy. The strategy forums will be reviewed in 6 months to determine whether they are achieving the objectives.

- Health Inequalities Network
- Prevention and Personalisation Network
- Health and Housing Forum
- Asylum Seeker and Refugee Health Network
- Black Country Anchor Institutions Network

The prevention and personalisation network co-developed a prevention and personalisation mandate, which sets out the ambition that partners have on moving service resource allocation from curative treatment to prevention. – ICP partners recognised the need for this outcome ambition to be strengthened and a clear set of deliverables agreed. To that end a clear economic case that supports the mandate is to be developed and presented to the Partnership.

4.0 Population Health Outcomes Framework

The population outcomes framework has been developed in conjunction with place-based partners to provide a mechanism for measuring outcome-based initiatives that extend beyond health to enable the provision of services and the removal of barriers. It allows the place-based partners the autonomy to drive outcome-based improvements within their place infrastructure and assure ICP partners of the measurable impacts, as well as forming a basis for equitable resource allocation.

An overview was provided on the areas that are covered by the four pillars within the outcome's framework, which included:

- Wellbeing – Community, Education and Connectiveness
- Prevention – Indices of Deprivation
- Management – Health focused conditions
- Intervention – Out of Hospital and Emergency Care

Data was presented as an example on one of the sub-outcome measures against the pillars, identifying that they each have different drivers to dive down into more specific measures. There was a recognition from partners around the utility of the framework; however, understanding that further work is needed across the partnership to understand their priorities and to also get these added into the tool and allow short-term, measurable, smart objectives to be set. Therefore, the partnership proposed that further work should be done across each of our Places and a review to be had on the front end of the platform to ensure it simpler for us to access as a system. The partnership requested an update in April.

5.0 Final Submission – Work Well Vanguard Funding Bid

Since the initial report back in December 2023, further work has been done with partner members to construct the final bid, along with the appropriate supporting evidence. The deadline for submission is 23:59pm on the 22nd January 2024, with the outcome being informed in April and the affect to mobilise immediately for 6 months with the view to run the programme for 18 months following that.

The partnership supported the bid.

6.0 Social Care Accelerating Reform Funding

The Accelerating Reform Fund is designed to promote partnership across local areas, as well as the sharing of learning and best practice nationally from the Department of Health. It provides a total of £42.6 million in grant funding over 2023/24 (£20 million) and 2024/25

(£22.6 million), to support innovation in adult social care and build capacity and capability. If successful, the Black Country will receive an allocation of £300 thousand and each of the four local authorities receiving tops-up based on the usual adult social care relative needs formula.

Walsall Council are leading on the bid for the consortium. As part of the funding, it has been asked that two or more projects are selected from the list of twelve priorities for investment; however, one project must be focused on an unpaid carer option. Expression of interest submissions were due the 12th January 2024, with final funding amounts confirmed on the 9th February 2024, so the outcome will be shared at the next ICP meeting on the 11th April 2024. The partnership supported the bid.

7.0 Final Review - Stationary / Reporting Templates

The partnership formally agreed the branding and document templates that will be used for our Black Country ICP.

8.0 Health Inequalities Funding 2024

A paper was presented by Sandwell's Interim Director of Public Health highlighting the need as a collective to invest in our Health Inequalities, focusing upon the Voluntary Sector Organisation offers around supporting community health. There is data readily available through the Visualise, Understand, Improve and Transform (VUIT) software, which compares the hotspots on the main areas for mental health, unemployment, and obesity, as well as areas of discrepancies. The Partnership agreed that a formal analysis-based proposal is to be brought to the next meeting on the 11th April 2024 which includes the areas in which Health Inequalities investment could be utilised. This will then be recommended to the ICB for consideration as part of the planning process for 24/25 financial year.

9.0 Questions from the Public

One question was received from a member of the public in advance of the meeting and was responded to by the ICP Chair.

- **Do we have a plan for networking events for social care and voluntary sector? As working for both, I have noticed a big gap where social care providers are unaware of the offer within the**

community and are not taking the advantage of many services. The partnership confirmed that there has been a lot of work which the Communications Teams have done on the co-production and engagement, including various community conversations and place-based partnerships, there is still a lot of work to do in each of the four places to understand what services exist.

However, it is acknowledged that this is something that we do need to work on to make sure that there is a consistent approach across all four places.

10.0 Agreed Actions of Date of Next Meeting

The actions from the previous meeting on the 19th December 2023 were completed or not due until April 2024. The agreed actions and their deadlines from the meeting held on the 18th January 2024 were:

- To consider a revised/strengthened Prevention and Personalisation mandate alongside work on health economics. (April 2024)

- To further work with partners on the Population Health Outcomes and to review what can be done from the front end of the platform to make is simpler for us to review as a system. (April 2024).

- To share and update partner members on the outcome of the Social Care Accelerating Reform Fund. (April 2024).

- To provide an in-depth formal analysis on the Health Inequalities Funding, looking at what areas we can direct into to support and bolster. (April 2024).

The next meeting of the ICP will be held in public on **Thursday 11th April 2024**.

DRAFT V6 – NOVEMBER 2023

BLACK COUNTRY INTEGRATED CARE PARTNERSHIP TERMS OF REFERENCE

BACKGROUND

The Black Country Integrated Care System (ICS) was established in July 2022 to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The ICS is based on establishing collective accountability across partners to command the confidence of NHS and other public sector leaders across their system as they deliver for their communities.

As well as the NHS Integrated Care Board (ICB) and the other statutory organisations operating in the Black Country, the ICS includes the following elements:-

- The Integrated Care Partnership (ICP), the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population of the ICS, jointly convened by local authorities and the NHS.
- Place based Partnerships between the NHS, local councils and voluntary organisations, local residents, people who access services, their carers and families, leading the detailed design and delivery of integrated services within the four places (Dudley, Sandwell, Walsall and Wolverhampton) in the Black Country.
- Provider Collaboratives, bringing NHS providers together (both within the ICS and beyond), working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

ICP RESPONSIBILITIES AND PRINCIPLES

These Terms of Reference describe the role of the Black Country Integrated Care Partnership, which is a Joint Committee established by NHS Black Country Integrated Care Board, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Walsall Metropolitan Borough Council and the City of Wolverhampton Council under Section 116ZA of the Health and Care Act 2022.

Each ICP has a statutory duty under Section 116ZB of the Health and Care Act 2022 to create an integrated care strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of:

1. the integrated care board for its area,
2. NHS England, and
3. the responsible local authorities whose areas coincide with or fall wholly or partly within its area

An initial Black Country Integrated Care Strategy was developed by partners during 2022 and launched across the system in March 2023. This contains four priority areas:

- **Black Country people, great and skilled** – workforce recruitment, education and training
- **Growing up in the Black Country** – children and families
- **Black Country Cares** – social care system
- **Feeling well in the Black Country** – mental health and emotional wellbeing

The Black Country ICP will work in accordance with the following key principles:-

- The ICB and local authorities will work together through the ICP to meet cross-cutting priorities for which they are all responsible, alongside other ICP partners.
- The ICP will support partnerships and integrated working across places, at system level, specifically looking at broad health and care experiences and outcomes that cannot be solved by one organisation or place alone.
- The ICP will complement the ongoing activities of Health and Wellbeing Boards (HWB) by promoting integration from the place-level to the system-level. HWBs will have local and place-based insight that will be incredibly valuable to the ICP when looking at and developing a strategy to address cross-cutting, long-term health and care challenges.

The ICP will oversee and co-ordinate work on the achievement of the priorities agreed in the Integrated Care Strategy.

- The ICP will consider the resources needed to support its work and will make recommendations to the constituent organisations on how they will be provided.
- The ICP will use data from across the partner organisations including for determinants of health and wellbeing such as employment, environment, and housing, to help identify and deliver its responsibilities.
- The ICP will work where possible through existing groups, including existing partnership arrangements such as Safeguarding or Community Safety, to deliver its responsibilities.
- The ICP will seek to identify opportunities for innovation, plus to identify and to communicate areas of achievement and good practice.

ICP MEMBERSHIP

The initial membership of the ICP is:

Name	Organisation / Role
Jonathan Fellows	Chair, Black Country ICP and Chair, NHS Black Country ICB
Shokat Lal	Council Chief Executive Sandwell MBC
Kerrie Allward	Director for Adult Social Services Walsall Council
Catherine Driscoll	Director for Childrens Services Dudley MBC
John Denley	Director for Public Health City of Wolverhampton
Mark Axcell	Chief Executive NHS Black Country ICB
Sally Roberts	Chief Nurse & Deputy CEO NHS Black Country ICB
Dr Ananta Dave	Chief Medical Officer NHS Black Country ICB
Taps Mtemachani	Director of Transformation and Partnerships NHS Black Country ICB
Richard Fisher	Chief Superintendent West Midlands Police
Sam Samuels	West Midlands Fire Service
Prof Sharon Arkell	University of Wolverhampton
Sharon Nanan-Sen, Wolverhampton CVS Andy Gray, Dudley CVS Vicky Hines, Walsall CVS Mark Davis, Sandwell CVS	Community and Voluntary Sector (CO's rotating attendance)

ICP membership will as a minimum comprise:

- Four members nominated and agreed by the four local authorities,
- Four members nominated and agreed by the ICB
- One member nominated by the police service
- One member nominated by the fire service
- One member nominated by the education sector
- One member nominated by the voluntary sector

Where agreed as part of the nomination process, membership can be undertaken in rotation.

Where ICP members are unable to attend meetings, a nominated deputy may attend in their place.

The ICP can agree to appoint other members or to invite other people to attend meetings.

CHAIRING ARRANGEMENTS

The ICB chair has been agreed as the initial ICP chair. There will be no remuneration payable by the ICP as a result of the joint chair roles.

The ICP membership is responsible for agreeing arrangements and appropriate remuneration for the chairing of the ICP. When the initial arrangements are reviewed, DHSC guidance states that the principle of parity of esteem and respect between the ICB and ICP should be considered when deciding appropriate remuneration. The ICP membership will need to agree how any remuneration costs are met by partners.

MEETING ARRANGEMENTS

The ICP will:

- meet at least four times a year; and
- meet in-person wherever possible, making arrangements for members and the public to dial in where necessary; and
- meet in public, unless it is agreed to exclude the public on the grounds that it is believed not to be in the public interest

ICP development meetings will be conducted in private.

QUORACY AND DECISION MAKING

For meetings to be quorate, the minimum attendance required will be:

- at least two members from local authorities; and
- at least two members from the ICB; and
- at least two members from the police, fire service, education and voluntary sector.

Any decisions taken will require consensus. Should this not be achieved, decisions will be deferred and the chair will be responsible for seeking to establish an agreed way forward.

REPORTING ARRANGEMENTS

The ICP will produce a report following each meeting which will be published and made available to the Board of the ICB and the Health and Wellbeing Boards of the four local authorities and can be sent, on request, to any other partner for consideration.

REVIEW

These Terms of Reference will be reviewed by ICP members at least annually.

Meeting of the Health Select Committee - 25th April, 2024

Report of the Director of Public Health and Wellbeing

Update on the Household Support Fund

Purpose of report

1.
- To provide a comprehensive update of the Household Support Fund (HSF) and how funds have been used to date.
- To share case studies from residents and reflections and learning from partners to inform use of the HSF5 grant.
- To provide early sight of the proposals for a Financial Wellbeing Strategy which will focus on prevention and early intervention, as well as crisis response and to seek the Committee's early views on this and HSF5.

Background

2. In response to the Cost-of-Living Crisis the Government made an extra £842 million available to help the most vulnerable people across England. Between 1st October 2021 and 31st March 2024, Dudley MBC were allocated £13,127,595.21.

3. The HSF is to provide support to households, who would otherwise struggle to buy food or pay essential utility bills or meet other essential living costs or housing costs (in exceptional cases of genuine emergency).

4. Dudley has received four tranches of the Household Support Fund. Fund allocations for each round were as follows:

- HSF1 £2,625,519 (six months) 01.10.2021 to 31.03.2022
- HSF2 £2,625,519 (six months) 01.04.2022 to 30.09.2022
- HSF3 £2,625,519 (six months) 01.10.2022 to 31.03.2023

- HSF4 £5,251,038 (01.04.2023 to 31.03.2024)

The government has just announced that we will receive HSF5 for 01.03.24 to 31.09.2024. The exact amount has not been verified, but based on past figures, we anticipate it to be around £2,625,519.

5. The HSF4 grant conditions detail that local authorities should consider prioritising the allocation of funds to three key priority groups:

   1. Disabled people.
   2. People with caring responsibilities.
   3. A small amount of funding can be used for provision of advice services, directly related to dispersal of funds.

6. From 1st October 2021 to 31st December 2023, funds in Dudley have been issued a total of 250,866 times through the HSF. This includes:

   - 182,523 households with children and families
   - 68,343 households with pensioners, disabilities and 'other.'

7. While we have assisted many residents, we acknowledge that there are still others that require support. The council and the community partners distributing HSF have received a high volume of applications and requests for assistance, and some routes for funding have encountered overwhelming demand at times.

   Distribution of Funding HSF4 Grant Profile 23/24

8. The table below shows the breakdown of how the Household Support Fund has been allocated in 2023 -2024 (1st April 2023 – 31st December 2024). The allocations were agreed across different council teams and with the community and voluntary sector based on the levels of demand that they were experiencing and learning from HSF 1-3. Funding has been reallocated based on demand during the year, with additional funding going to cost-of-living hubs, the revenues and benefits application process and schools in the most deprived areas.

9. Allocation 01 Apr 23 - 31 Mar 24 Total £5,251,038

   Estimated Spend Profile

Spend area:	£	%
Applications through Revenues and Benefits	800,000	
	35,000	

Total applications	**835,000**	15.90%
Adult Social Care: Adult Social Care	320,000	
Welfare support	55,000	
Total Adult Social Care	**375,000**	7.14%
Children and Families: FSM eligible pupils' payment	1,905,000	
Schools' hardship fund*	637,000	
Family Hubs	50,000	
Care leavers	180,500	
Total Children and Families	**2,772,500**	52.80%
Working Age Adults: Winter warmth team	335,000	
DCVS	100,000	
Homelessness Team	200,000	
Emergency assistance scheme - cost of living hubs (CAB)	470,000	
Total Working Age Adults	**1,105,000**	21.04%
Administration and Management	163,538	
Total Administration and Management	**163,538**	3.11%
Total	**5,251,038**	100.00%

*Schools were given any outstanding funding in the last quarter because some were reporting high demand for coats, shoes, and travel costs to get to school and were able to distribute funds within a short timescale.

Accessing HSF

10. To increase accessibility to all residents in need, Dudley Council applied a holistic approach to directing funding to households via several routes. This included working with community and voluntary sector partners to ensure that those who are not usually in contact with the council could also access funding.

11. Funds were allocated in different ways depending on the application route, the applicant's situation, and the level of urgency. This included:

- Emergency cash payments

- Purchase of essential items such as furniture and white goods
- Direct support such as food and energy vouchers

12. Alongside this, we aimed to give wider advice and referrals to other services to help with household finances, health, housing, and welfare.

13. This is a summary of what was available:

    Applications (through Revenue and Benefits) - there is a requirement for this fund that the public can apply directly to the council for hardship payments. This was done via the Dudley Council website and via assisted telephone applications for residents who experienced difficulties in applying online.

14. It was agreed that, to ensure fairness to all residents, the funding be split into two schemes: -

    - A Summer Scheme (April – September)
    - A Winter Scheme (October – March)

15. Residents were permitted to receive one payment from each of the Summer and Winter schemes. The total payment each resident could receive for the financial year was £250 or £300 (for claimants with a disabled person within the household).

16. Each quarter the scheme opened; it was proven that demand would be extremely high. To manage the available budget accordingly, the scheme was paused when the number of applications had reached the appropriate level of funding. It is important to note, the scheme was not closed and would re-open again at the next quarter.

17. Each quarter, the time in which the scheme was opened was reviewed, reflecting on feedback received, to ensure availability was accessible to residents who may be working, or unable to claim at the time the scheme opened. The below table demonstrates the times the scheme was opened between April 2023 and January 2024 the number of applications received, and the time in which we had to pause the scheme: -

18.

	Time Opened	Time Closed	Applications Rec'd
Quarter 1	24/4/23 09:00	24/4/23 11:00	1044
Quarter 2	05/07/23 12:00	05/07/23 15:00	889
Quarter 3	04/10/23 17:00 05/10/23 12:00	04/10/23 19:30 05/10/23 13:00	1891
Quarter 4	17/01/24 12:00	17/01/24 12:54	1161

NB Times are approximate.
NB Further applications were received after the closing date, as these were assisted applications.

Note that Dudley Council has endeavoured to make the online application accessible to the maximum amount of people by releasing funds in four tranches at different times of the day to fit around different personal circumstances.

19. **Cost-of-Living Hubs** - delivered by Citizens Advice Bureau with operational costs funded from the Public Health grant and the Integrated Care Board. These hubs have offered support and information on how to save money and make money stretch further. They also provide practical help relating to food, fuel and access to available grants and funds based on qualifying criteria.

20. This service has been available 9.30am to 3.30pm Tuesday, Wednesday, Thursday, and Friday at five different locations based in the most deprived areas of the borough.

- Dudley – Provision House
- Lye - Christchurch
- Halesowen - Library
- Brierley Hill – B Hill Methodist Church
- Pensnett & Brockmoor – Grace Community Church

21. These hubs are accessed via pre-booked appointments that are made via Eventbrite and that are accessed on the Cost-of-Living Website (details below).

22. Households can book appointments via Eventbrite and if eligible can attend up to a maximum of three times to be issued with an HSF voucher.

23. This criterion was implemented for HSF4, and the cost-of-living hubs reopened access to all households again to be able to reapply for up to three more vouchers per household from 20th November 2023 providing households across the Dudley borough with up to £300 in HSF vouchers.

24. Due to the opening of the Lye sessions during the afternoon, once a week on a Thursday for the Roma community the hubs have opened it up so each eligible household who attends the dedicated afternoon sessions when translators are present, can receive up to the six appointments to mirror what all other households have been able to apply for to remain consistent and fair across the community.

25. **Dudley Schools' and Education Outcomes** runs two initiatives as part of the HSF, these are holiday free school meals and a hardship fund.

- Holiday free school meals were provided for means tested eligible pupils. For HSF4 this is £10 per eligible pupil per week. This supports around 13,000 children and is proactively provided to those eligible via the schools they attend.
- The Hardship Fund is an allocation given to each school to be used at their discretion to support families experiencing financial hardship and assisted families in need (e.g., purchasing winter coats and shoes). Schools received differing amounts depending on their size and levels of demand. An additional £14,000 was held centrally for mainstream schools to use in connection with children with disabilities.

26. **Family Hubs** are accessible to families of children from pregnancy to 19 years of age and 25 if SEND. The hubs provide guidance and support to families on a range of topics. They have been able to support families in need by issuing HSF vouchers for essentials such as food and clothing and purchase essential items such as white goods.

27. **Care Leavers Service** supports young individuals leaving care at the age of 16 are assigned a Young Person's Advisor (YPA) to guarantee they receive necessary support until they reach 25 years old. Care leavers have been offered supplementary support for essentials through the HSF. This has been instrumental in providing additional assistance to some of our most vulnerable young people.

28. **Winter Warmth Support Scheme** from Dudley Energy Advice Line aimed to help keep vulnerable people warm and well during the winter months. Anyone struggling to afford their energy bills or concerned about getting cold themselves, or worried about a friend, relative or neighbour can call and request assistance. This included access to HSF vouchers for fuel.

29. **Adult Social Care** services encompass a range of support and assistance provided to adults who may require help due to age, disability, illness, or other challenges. These services aim to enhance individuals' wellbeing, independence, and quality of life. This service has distributed HSF support to some of our most vulnerable residents, including older adults and disabled people. They have also supported residents with welfare rights.

30. **Homelessness Team** actively strives to avert homelessness whenever feasible. They provide advice and support regarding housing options to individuals facing homelessness, those at risk of losing their homes, those with urgent housing needs, or anyone seeking information about available options. The HSF has been utilised in various ways, such as covering housing arrears, to prevent residents from becoming homeless.

31. **Dudley CVS** has coordinated the allocation of HSF funds across the voluntary sector. HSF funds have been disseminated throughout the borough to various voluntary community groups actively working on the ground in our most deprived areas. This includes funding for soup kitchens over the winter period, vouchers for those in need, and buying essential goods for residents.

32. For more details please visit this link to the Dudley Cost of Living Webpage.

Case Studies and Resident Views

33. During the year, teams have been collecting case studies and stories from residents in relation to what they have received from the HSF grant. Here are some examples:

Cost Of Living Hubs

Background

34. A resident accessed the hub because she had no money for food, she had lived the last week on a single loaf of bread without even the money for butter. The resident was elderly and had no access to the internet, she

did not know whether she was receiving all the benefit money she was entitled to.

Intervention

35. The resident was very upset and so was taken to a quiet area by one of the hub workers. She was invited to attend financial support workshop, but could not attend the group presentation because of her emotional state therefore she was given individual help on a 1:1 basis.

36. She was given a Water Assure tariff application form to fill out and was told how to do use the Turn2us Benefit Calculator instructions which she said she would ask a family member to help her so she can make sure she is on the correct benefits. She was given a £50.00 ASDA voucher which they were extremely grateful for and a fuel voucher for £30.00 towards her gas and electric.

Outcome

37. The resident was able to buy food to put in her cupboards which she said is a very rare occasion. The fuel voucher meant she could cook a warm meal for the first time in weeks. She also said they would fill out the Water Assure Tariff to get a 60% discount off her water bill in the first year and 40% in the second.

Family Hub

Background

38. Father and son were homeless and sofa surfing, mainly staying with family. The family experienced a sudden bereavement. Father shared he needed help with budgeting and had been prescribed medication for Anxiety. The family were allocated to Early Help (EH) Housing team following Stourbridge Multiagency action meeting (MAAM). An intensive FSW has supported the family via EH to bring support services together to meet the needs of the family. Father has one child living with him, and he is struggling financially. The family have secured a tenancy through Midland Heart, but the son aged 11 years old needed a carpet for his bedroom.

Intervention

39.
- Vouchers to support with gas, electric and water costs.
- Signposted to HAF (free school holiday activities and food for children aged 5-16 who are eligible for benefits-related free school meals)

- £192 purchase card payment to Carpet Right to purchase carpet and fitting.
- Costs linked to energy and water or example heaters, thermal curtains, carpets, warm clothing or bedding, white goods, and insulation.
- Referral made to winter warmth.

Outcome

40. The family have their basic needs met and the HSF made a real difference to enable this. Other local support services explored by the support worker this time, as their funding bids were closed. We were fortunate that HSF was available for the family. The residents voice *"the support has helped me out a lot financially and my son can actually walk in his room, it is now safe as before the flooring had pins sticking out and was a very dirty floor".*

Quotes from residents accessing Household Support Funding

41. *"The household support grant has helped me fund a bus pass towards getting back and forth to work, it has also helped me pay for essentials such as gas and electric. If I couldn't get this grant, it would have been difficult for me to get back and forth to work, and I might have lost my job".*

42. *"Since losing my job, it has really helped. I have been struggling financially and this has been a real help as I don't have financial support of family members This has enabled me to eat the food I need to with my IBS and diabetes. Food bank do not cater for my needs. Also helped with rising cost of utility bills to prevent me from getting into debt".*

Reflections and learning on HSF4.

43. We have undertaken a rapid reflection and learning exercise with partners involved in the distribution of the HSF funds to inform what we could do differently with the six-month HSF5 and to inform our wider approach to financial wellbeing.

44. In summary:

- The HSF has provided an essential lifeline for our most vulnerable residents experiencing hardship and unexpected costs as cost-of-living has been high.

- This discretionary crisis support has been a vital part of the welfare safety net and has been helping people with cost-of-living pressures since Autumn 2021.

- It has acted as a gateway to a range of other advice and support for families and as strengthened partnerships between the Dudley Council, voluntary and community organisations in the area. However, a greater focus on prevention and earlier intervention is needed to improve residents' financial resilience and life chances, alongside a safety net to support those in crisis.

- Without HSF funding we would struggle to give adequate support for people in desperate situations as there is no alternative, local funding. Given the higher current costs of living, we would anticipate seeing more pressure will be put on the local community and voluntary sector and with impacts on statutory services.

45. With the announcement of HSF5 in the Spring Budget we will be looking at:

- Re-thinking some of the delivery of the scheme with, and where grant conditions allow, an increased emphasis on building/increasing financial wellbeing and supporting people to be more financially sustainable. For example, there have been numerous examples of where residents in crisis have not been fully aware of all of support they could have been receiving (e.g., reductions on water bills). We may also be able do more work to look at specific opportunities to increase employment and skills.

- Minimise the administration burden and establish a centralised single administration team required to solely administer HSF payments. The administration of lots of small payments has been time-consuming for teams and could be done more efficiently while still supporting a wide range of residents through multiple channels.

<u>Developing a Financial Wellbeing Strategy for Dudley</u>

46. To enable a greater shift to prevention and early intervention we will be developing a Financial Wellbeing Strategy for Dudley. This is currently all in development, including wider discussions with partners, so the details are subject to change.

47. The aim of the strategy will be:

"To build on Dudley's strong thriving communities, where people can reach their full potential and lead good quality and fulfilled lives".

48. Dudley should be a place where everyone can experience a decent quality of life, including access to good healthcare, clean and safe housing, healthy food, and a job that pays a living wage. Instead, too many people are struggling financially making it difficult to meet their needs.

49. Public Health and Wellbeing is currently collaborating with partners from across the sector to develop a Financial Wellbeing Strategy, with a primary focus on mitigating poverty. Instead of terming it a Mitigating Poverty Strategy, we have opted for the name Financial Wellbeing Strategy. This choice reflects a comprehensive approach, considering not only income but also aspects like mental health, money management, and overall quality of life. It is also less stigmatising.

50. The strategy adopts a whole-system, strength-based approach to prevent poverty and encompass systemic changes aimed at enhancing financial resilience and safeguarding the financial health and wellbeing of residents.

<u>Our Proposed Goals – still being discussed</u>

51. 1. Increase access to healthy and affordable food for all ages.

2. Create well insulated homes, strengthening support for people in fuel poverty and for people without household and/or furniture items.

3. Expand resident awareness about support services in Dudley, widening knowledge about financial support and education.

4. Maximise work and education skills for residents aged 16+.

5. Promote healthy workplaces across the Borough, working across sectors.

6. Increase support for Dudley families, expanding opportunities to give children and young people the best start in life.

52. Overseeing and managing the strategy is the Strategic Financial Wellbeing Group, led by Public Health and Wellbeing and reporting to the Health and Wellbeing Board.

53. The development and implementation of this strategy is pivotal to achieving all of our health and wellbeing goals in Dudley, given the generally far poorer outcomes for those who are living in the most deprived areas of the borough.

Finance

54. Finances are outlined in the body of the paper.

Law

55. The Council is required to spend against the terms of the grant allocation and report back spend to DWP.

Risk Management

56. All HSF4 funds must be spent by 31st March 2024. Any remaining funds will need to be returned to central government. We are on track to spend all funds by the end of the year.

Equality Impact

57. Funds have been prioritised to those with the lowest incomes, living in areas of deprivation. There has been a specific focus on the priority groups as outlined in the grant allocation agreement from DWP. We deliberately set up multiple channels to access the funds to help support residents from different communities, including those who are not normally engaged with the council, to gain access to support.

Human Resources/Organisational Development

58. This is managed within existing resources assigned to HSF with administration of both referrals and applications for the scheme.

Commercial/Procurement

59. There are signed agreements between all partners and Public Health and Wellbeing for the delivery of HSF4.

    A contract is already held between Dudley Council and BlackHawk for the provision of vouchers.

Environment/Climate Change

60. HSF is designed to support households with the cost of living. Support with insulation and energy saving also has a beneficial effect on the environment, contributing to a positive impact on climate change.

Council Priorities

61. This report supports the council's priorities by ensuring:

    1. Our climate commitment is creating a sustainable borough on its way to net zero carbon emissions, improved air quality, reduced fuel poverty and outstanding waste and recycling services.

    2. People have a safe and welcoming indoor and outdoor environment which promotes healthy, physical and active lifestyles.

    3. Residents live in safe communities where safeguarding of vulnerable people of all ages protect them from harm and supports the prevention of crime and exploitation.

    4. Poverty is reducing as we address all forms of inequalities, improve social, emotional, and mental health and wellbeing.

    It also works towards our Children and young people benefiting from the best possible start in life in our Child Friendly borough.

Mayada Abuaffan
Director of Public Health and Wellbeing

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Public Health Select Committee

Progress Tracker and Future Business

Subject (Date of Meeting)	Recommendation/action	Responsible Officer/Area	Status/Notes
Minute No. 6 – The Life in Lye Programme (Meeting held on 31st July, 2023)	That the Acting Director of Public Health and Wellbeing pursue a twinned approach of quick fix options, together with long-term projects.	Director of Public Health and Wellbeing	**On going**
Minutes of the meeting held on 18th September, 2023	That the Director of Public Health and Wellbeing provide written clarification in relation to the roles of the two street cleansing operatives, appointed to work in Lye.	Director of Public Health and Wellbeing	**On-going**
Substance Misuse Commissioning and Delivery in Dudley (Meeting held on 23rd	That the Programme Manager (Dr M Andrews) provide information in relation to the number of heroin related deaths or injuries normally be experienced over a similar period.	Programme Manager (Dr M Andrews)/Director of Public Health and Wellbeing	**Powerpoint emailed to Members 16/04/2024**

November, 2023)	That a report on the associated work undertaken by Trading Standards be presented to a future meeting of the Select Committee.	Director of Public Health and Wellbeing	**Item to be rolled forward to the 2024/25 municipal year.**
Update from the Director of Public Health and Wellbeing (Meeting held on 23rd November, 2023)	That the Director of Public Health and Wellbeing provide Councillor M Hanif with details of future community funding initiatives, that could be shared with Community Groups.	Director of Public Health and Wellbeing	**On-going**
Update from the Director of Public Health and Wellbeing	Resolution (2) - That the Director of Public Health and Wellbeing provide an update on the Life in Lye project following the meeting.	Director of Public Health and Wellbeing.	**On-going**
All Age Mental Health Needs Assessment (Meeting held on 28th March, 2024)	Resolution (2) - That the Initial findings and data analysis from the assessment, to be shared with Committee Members once available.	Deputy Director of The Institute for Community Research and Development / Director of Public Health and Wellbeing.	**On-going**

	Resolution (3) - That a joint meeting of the Children's Services Select Committee and Health Select Committee be considered for the 2024/25 municipal year upon complete of the assessment and finalised reports.	Chair of the Select Committee/ Director of Public Health and Wellbeing/ Democratic Services	
Collaborative Working to address the Emotional Wellbeing and Mental Health Needs for Infants, Children and Young People in Dudley (Meeting held on 28th March, 2024)	Resolution (4) - That Black Country Healthcare NHS Foundation Trust provide the following information, which is to be circulated to all Members of the Select Committee:- • Performance quality data to support the narrative of the report submitted, which is to be included in all future reports moving forward. • A link to the WYSA website. • Data and outcomes on how the new Community Response model supported West Midlands Police and Ambulance Service. • Performance data in relation to CAMHS Crisis Intervention and Home Intervention, to include the waiting and assessment time for children and young people that attend A&E.	Black Country Healthcare NHS Foundation Trust	**Ongoing** **A link to the WYSA website was circulated to Members on 16/04/2024**

	• A flow chart identifying the complete journey of a child referred for a neurodiversity assessment.		
Health Select Committee Progress Tracker and Future Business (Meeting held on 28th March, 2024)	Resolution (2) - That the inclusion of performance data agenda items for future meetings, be considered.	Chair of the Select Committee/ Director of Public Health and Wellbeing/ Democratic Services	**To be rolled forward to the 2024/25 municipal year**
	Resolution (3) - That the need for a joint meeting of the Children's Services Select Committee and Health Select Committee to scrutinise future reports on Children and Young People's Mental Health, be considered for the 2024/25 municipal year.	Chair of the Select Committee/ Director of Public Health and Wellbeing/ Democratic Services	**To be rolled forward to the 2024/25 municipal year**